



Joint UNODC-WHO Action Programme On Drug Dependence Treatment

**Scaling Up Evidence-Based Services
For Drug Dependence Treatment And Care**

2009-2013

**Draft
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1. BACKGROUND AND SIGNIFICANCE

Substance abuse and dependence is a public health, developmental and security problem both in industrialized and developing countries. It is associated with health problems, poverty, violence, criminal behavior, social exclusion.

Estimated 205 million people in the world use illicit drugs, including 25 million with drug dependence that generate both overwhelming economic costs and an unacceptable waste of human resources (UNODC, 2008). Drug dependence is life-threatening and often disabling disease that has a devastating impact not only on afflicted individuals, but also on their relatives and other people that often bear the burden of costs and suffering associated with drug dependence.

Drug use is one of top twenty risk factors to health worldwide and among top ten in developed countries (WHO, 2004). Drug use disorders are associated with increased risk of development of many other diseases and health conditions, including HIV and AIDS, hepatitis, suicides, overdose deaths, tuberculosis and cardiovascular diseases (WHO, 2004, 2006).

Injection drug use is a major route of HIV and Hepatitis transmission in many regions, including Eastern Europe, Central, South and South East Asia and some countries in Latin America. Injecting drug use was documented in 148 countries and worldwide about 3 million people who inject drugs might be HIV positive (UN Reference Group on the Prevention and Care of HIV and AIDS among Injecting Drug Users, 2003, 2008). Up to 10% of global HIV infections are due to injection drug use. If Sub-Saharan Africa is excluded, up to 30% of global HIV infections are due to injecting drug use. Illicit drug use is one of top twenty risk factors to health worldwide and among top ten in developed countries (WHO, 2004).

Research has clearly shown the links between drug use and crime. Offences are committed 1) in relationship to the activities of the criminal organizations involved in illicit market, 2) with the aim of supporting with money the addictive habit, 3) under the influence of illicit drugs provoking or aggressive-violent behavior. In addition, many drug dependent individuals have shown antisocial-unlawful behaviors before taking drugs, in relationship to conduct disorder and antisocial personality traits pre-existing to drug initiation.

The costs for modern societies concerning the consequences of drug use and dependence, mostly in relationship to crime and security measures, health problems and underdevelopment are difficult

to calculate, but existing estimates of economic costs of drug use and dependence amount to 2% of GDP in some countries.

Prevention and treatment of drug dependence are essential demand reduction strategies of significant public health importance: on one side, preventing and treating drug use disorders may significantly reduce the demand for illicit drugs, on the other side these strategies represent the rational response to a disease and its severe health and social consequences. Law enforcement efforts to stop or reduce production and trafficking of illicit drugs (supply reduction) tend to be ineffective if not combined with prevention of drug use and treatment of drug dependence (demand reduction). However, appropriate balance between supply and demand reduction is still to be reached at international and national levels.

Good practice in drug dependence treatment is cost-effective and can be considered an economic investment, permitting to save money and direct them to welfare and development. According to findings of the NTORS in the UK for every £1 spent on drug misuse treatment, there was a minimum of more than £3 in terms of saving to the economy. Similar findings in the US indicate that every \$1 invested in treatment reduces the costs of drug-related crime, criminal justice costs, and theft by \$4 to \$7. When health care savings are added in, total estimated savings can exceed costs by a ratio of 12 to 1.

By helping people reduce or stop injecting drugs, substance abuse treatment reduces the transmission of blood-borne diseases, such as HIV and hepatitis B and C. Treatment can also improve the stability of family and community life and improve a person's prospects for employment. Additionally, research has shown that drug treatment in prisons or alternative measures to imprisonment can reduce post release use of drugs and re-offending, with a significant saving of resources.

2. DESCRIPTION AND JUSTIFICATION OF THE INITIATIVE

The overall aim of the UNODC-WHO large-scale initiative on demand reduction is:

To promote and support worldwide, with a particular focus on low- and middle income countries, evidence-based and ethical treatment policies, strategies and interventions to reduce the health and social burden caused by drug use and dependence.

Why a new large-scale initiative now?

The globalization of drug markets as well as globalization of lifestyles and drug consumption liability in various population segments call for a global approach in the efforts to curb drug use and dependence and its devastating consequences. In spite of previous and ongoing efforts, the scope of drug related problems is still unacceptably high. Social costs of drug dependence are enormous. Significant resources, including financial resources, are lost every year due to premature deaths and disability, loss of productivity, crimes and violence, infectious diseases, security problems, traffic accidents and numerous other problems closely associated with drug dependence.

In spite of the accumulated evidence of effectiveness and cost-effectiveness of treatment of drug dependence, large numbers of people suffering from drug dependence have no access to humane, ethical and effective treatment. Imprisonment often becomes the only alternative for those who suffer from drug dependence and have no access to treatment and rehabilitation services in the community, either because they do not exist or because they are not accessible for different reasons, including costs and admission restrictions. Often existing treatment options, either in health care or law enforcement systems, do not respond to the treatment needs of the populations, and violation of human rights and ethical principles of treatment are common. The right to health for people with drug dependence is deprived in a situation when effective treatment is simply not available due to stigma, discrimination, denial of recognizing drug dependence treatment as a disease, and refusal to accept responsibility for treatment of drug use disorders in health care system.

Good results are best achieved through adequate coverage of the treatment needs in a given population, and good practice. Good practice is most unevenly distributed in many parts of the world. Knowledge transfer from science to practice needs more efforts and support in order to optimize coverage and good practice. Facilitating such knowledge transfer by education and training, by international collaboration and networking, is an essential element of the new global initiative.

UNODC and WHO have constitutional mandates to address the issues of drug use and dependence as articulated in the international treaties. Taking into account the health, socio-economic and security implications of drug use and drug use disorders, the two international agencies are uniquely positioned to lead a joint initiative aiming to promote and support worldwide evidence-based and ethical treatment policies, strategies and interventions to reduce drug use and dependence, including the related health, social and economic consequences.

UNODC and WHO are organizations with complementary mandates, experience, competencies and networks. While UNODC has a longstanding focus on supply reduction efforts, it also has engaged in international demand reduction activities, and WHO has been successfully active in demand reduction for decades. Earlier collaboration between the two organizations has proven to be fruitful, particularly in the areas of HIV prevention among injecting drug users and treatment of opioid dependence.

Through this joint initiative UNODC and WHO will strengthen their collaboration on drug dependence treatment at the global, regional and country levels, sharing their networks of intervention and interacting with Member States and the other international organizations on a common basis. In particular, this joint initiative will permit to start or facilitate a dialogue with the Member States with the involvement of Ministry of Health, Ministry of Interior, Criminal Justice System and other relevant ministries and sectors. Such inter-ministerial approach in the framework of the joint initiative will facilitate the promotion of multidisciplinary-integrated policies, including both demand reduction/health strategies and supply-reduction/security/sustainable livelihood interventions. To extend its reach, the initiative will invite the participation of other International Organizations and interested partners.

The joint initiative's focus is to develop concerted action for evidence-based drug dependence treatment services responding to the needs of populations and therefore reaching the maximum number of individuals, having the greatest impact at lowest cost. Concerted action in demand reduction and reduction of health and social consequences of drug use and dependence by UNODC and WHO will prevent duplication of efforts and increase their effectiveness.

This initiative is closely linked to WHO Mental Health Gap Action Programme (mhGAP) on scaling up care for mental, neurological, and substance use disorders that was launched by the WHO Director-General Dr M. Chan on 9th November 2008 and that includes disorders due to illicit drug use as one of eight priority conditions. One of the key objectives of mhGAP is to establish productive partnerships for reducing the burden associated with mental, neurological and substance use disorders.

3. OBJECTIVES AND EXPECTED OUTCOMES OF THE INITIATIVE

Objectives:

1. Strengthen commitment to support the development and implementation of public health oriented drug treatment policies worldwide, with a particular focus on low- and middle-income countries.
2. Forming a global partnership for improving coverage and quality of treatment and care services for people with drug problems in low- and middle- income countries.
3. Promoting the provision of a continuum of care for drug users, including drug dependence treatment, HIV/Hepatitis B/C prevention and care, and reduction of other health and social consequences in targeted countries.
4. Mainstreaming treatment of drug dependence into the health care system, linking with NGOs at national and municipal level.
5. Increasing access to care for drug users through development of low-cost outreach and treatment services, also in rural and remote areas
6. Supporting training programs for health care and other professionals involved in provision of treatment and care for drug users.
7. Mapping population needs, legislative frameworks and available services and programmes for treatment of drug use disorders.
8. Developing and implementing international recommendations, guidelines and standards aiming at the knowledge transfer from research to practice.
9. Supporting regional networks of quality service providers, working on substance abuse treatment, social support services and HIV and AIDS prevention and care

Expected outcomes:

Improved ability of health and social systems to address effectively treatment of drug use disorders in populations, ultimately, improving human collective and individual security, and enhancing social development.

It is expected that the coverage of drug dependence treatment and HIV prevention interventions will increase evidence-based interventions in targeted countries by at least 30% by 2013.

In detail, the expected outcomes include the following:

1. Increased political, financial and technical commitment in Member States for public health oriented ethical and effective treatment of drug dependence and reduction of its consequences.
2. Improved coverage of treatment through provision of treatment interventions in health care settings, including primary health care.
3. Global partnership under leadership of UNODC and WHO for promoting treatment of drug use disorders worldwide.
4. Developed and widely disseminated principles, guidelines, recommendations and good practices for treatment and reduction of consequences of drug use disorders.
5. Information on legislative frameworks and resources for treatment of drug use disorders and their health and social consequences available from UNODC and WHO Member States.
6. Established and developed new low-cost services for drug users in selected countries, with involvement of NGOs and the public sector.
7. Regional networks of treatment providers established in different parts of the world.
8. Strengthened treatment centres' capacity to deliver quality treatment and to implement measures to reduce health and social consequences of drug use, in particular HIV and hepatitis B/C.
9. Improved education and training in the area of drug use and dependence through strengthened international collaboration in relevant curricula development for health professionals and on-site training of other professionals involved in treatment and provision of services for drug users.
10. Strengthened information and evidence base for treatment of drug use disorders as well as their health consequences such as HIV/AIDS and Hepatitis B and C, in low- and middle-income countries.

4. JOINT UNODC-WHO ACTION PLAN FOR 2009-2013: IMPLEMENTATION AND PROGRAMME ACTIVITIES

The joint UNODC-WHO action plan is developed to specify specific, measurable, attainable, realistic and timely implementation and programme activities to achieve objectives formulated in the Joint UNODC-WHO Global Initiative on Drug Demand Reduction. Implementation of the initiative in 2009-2013 envisages two stages:

- Stage I (2009-2010): advocacy and engagement of partners, development of programme models and technical tools, dissemination of good practices, capacity building, and implementation of the programme activities in selected countries, as described below. Stage I evaluation will precede the implementation of Stage II.
- Stage II (2011-2013): full implementation of all components including the activities in an increased number of countries with increasing support from the envisaged global and regional activities and consolidated and strengthened international collaboration on demand reduction. External evaluation of the action plan will form an important part of Stage II.

Both stages will include implementation at country, regional, and global levels.

A) COUNTRY LEVEL

This component aims at raising the priority given to treatment of drug use and dependence in target countries by working with the governments and appropriate national agencies and organizations for developing public-health oriented policies for drug use drug dependence treatment and reduction of health and social consequences of drug use and dependence. Country level activities envisage strong collaboration between UNODC and WHO regional and country offices. Selection of priority countries for joint UNODC-WHO action and establishment of appropriate frameworks for work with the respective governments and contributing partners, including other UN agencies. Programme officers will be recruited for implementation of the planned activities in UNODC and WHO country offices in selected countries for successful coordination and implementation of the programme activities in collaboration with the national authorities, other UN agencies and international organizations, service providers, NGOs and civil society groups. During the first stage of implementation (2009-2010), 20 countries will be included. In the second stage (2011-2013) at least 30 additional countries will benefit from the UNODC-WHO initiative. Selection of

priority low- and middle- income countries will be made according to the scope of drug-related problems, level of available resources, country's preparedness for scaling up activities in the area of treatment of drug use disorders and any donor interest to support the work envisaged by the current plan.

Proposed activities:

- A.1 **Mobilize national partnerships at the highest possible level** to develop and scale up evidence-based and ethical treatment policies, strategies and interventions to reduce the health and social burden caused by drug use and dependence. This activity will include assessment and, if appropriate, support of existing national interdisciplinary mechanisms with involvement of governmental agencies (such as Ministries of Health, Interior, Justice, national treatment agencies), NGOs, academic institutions and other stakeholders, or development of a new coordination mechanisms with involvement of different stakeholders including potential or actual service users. This activity will include also mobilizing financial resources, also through developmental agencies and such financing mechanisms as GFATM. Advocacy and communication package developed in the framework of this action plan and relevant other normative documents produced by UNODC and WHO will be used in implementation of this programme activity.
- A.2 **Assessment of existing needs and resources**, including the estimates of population needs for treatment of drug use disorders, structured assessment of existing treatment systems for drug use disorders using WHO and UNODC technical tools, assessment of current treatment policies, barriers for implementation and scaling up of effective treatment and harm reduction interventions according to the national legislation, needs and priorities. This activity will include also a review of existing protocols and treatment practices, and prioritizing education and training needs. Results of the assessment will be communicated to the national authorities through the coordinating mechanisms described under A.1 and serve as a baseline for monitoring progress in development of treatment interventions for drug use disorders in the country.
- A.3 **Development of supportive policy and legislation frameworks** for increasing coverage of treatment interventions. This activity includes the review of drug

treatment legislation frameworks from public health perspective, and support for development and/or revision of policy and legislation frameworks with involvement of relevant stakeholders on the country level and identifying means for implementation of public health oriented policies and plans.

A.4 **Support for development of effective models of intervention and service delivery**

to improve access to treatment and treatment coverage through the following interrelated and coordinated ways:

- Mainstreaming treatment interventions for drug use disorders into primary health care. This activity will include mainstreaming screening and brief interventions for drug use and drug use disorders in health care settings based on the WHO ASSIST package and integration of drug treatment interventions and support for a comprehensive approach to treatment of multiple health needs of people with drug use disorders. Availability of treatment and care at primary health care level improves access to treatment, reduces stigma, and integrate drug dependence treatment into mainstream health care interventions. The mhGAP intervention package for the priority conditions, which is under development in WHO, will be instrumental in implementing this activity.
- Development of decentralized low-cost substance abuse treatment and HIV/Hepatitis B/C prevention services involving NGOs and the health care system in a coordinated local network of services. Services and approaches will be diversified to respond to patients' clinical needs.
- Integration and linking of treatment interventions with treatment and care of other health conditions associated with high prevalence of drug use and drug use disorders, like HIV/AIDS, tuberculosis (TB) and sexually-transmitted infections (STIs). This activity will be implemented in close collaboration with the relevant WHO and UNODC programs.
- Evaluation of new models of service delivery in different health care, cultural and resource settings. This activity envisages scientific evaluation of new models of service delivery to strengthen evidence base for future service developments.
- Provision of essential medicines for treatment of drug use disorders.
- Development of demonstration projects in selected countries of stepped care service provision for drug use disorders envisaging several levels of service provision:
 - Open access community-based and other services, including self-health groups
 - Provision of interventions in primary health care

- Provision of interventions in specialized health care settings like STI and HIV/AIDS clinics, mental health care settings, TB services and services for patients with hepatitis B and C, with training, support and supervision from specialized centers;
- Basic addiction treatment centers: low-cost and decentralized drug dependence treatment services are mainstreamed into the health care system and therefore are more available, accessible and affordable;
- Specialized addiction treatment centers at a district/province level: They include a multidisciplinary approach, treatment for dually diagnosed patients in collaboration with mental health services, and in-patients facilities.

A.5 **Strengthening of human resources and improving quality of preventive and treatment interventions.** Qualified staff at different levels of service provision, supported by adequate supervision and training opportunities, is key for improvement of provision of treatment interventions. This activity has the following tasks:

- Improve the ability of drug treatment service providers to deliver evidence-based interventions through capacity building (training);
- Promotion of national standards of care, quality indicators & accreditation which are developed in line with the best available evidence and international recommendations, guidelines and standards.
- Development of an improvement plan for compliance with quality standards.
- Support for dissemination of evidence-based psychosocial interventions (cognitive behavioral therapies, motivational enhancement interventions), both in community-based and residential setting, and linkage to vocational training and job facilitation services.
- Support for an adequate in-service training, national curricula development and undergraduate and postgraduate training of health professionals within existing structures and organizations at the national level.

A.6. **Implementation of appropriate diversion schemes from criminal justice system into public health care system and provision of quality treatment interventions in prison settings.** This activity aims at ensuring continuum of care between communities and closed settings and will be built upon previous work and complementary mandates of UNODC and WHO at the country level. The component

is linked to the other above-mentioned activities and particularly to the development of supportive policy and legislative frameworks.

- A.7. **Monitoring and evaluation.** This activity will focus on implementing at the country level the monitoring and evaluation tool developed as a part of the implementation of the joint UNODC-WHO global initiative on drug demand reduction.

B) REGIONAL LEVEL

This component aims at developing regional support mechanisms for successful implementation of the action plan on the country level taking advantage of existing regional structures and activities within UNODC and WHO. Implementation of the joint UNODC-WHO initiative and action plan at the regional level will allow to engage key regional partners and develop effective regional support mechanisms for country level activities. Capacity of UNODC and WHO regional offices to work on drug demand reduction will be strengthened in the framework of the current action plan. There may be a need to develop subregional coordinating mechanisms where the demand for a regional support may exceed available capacity in the area of drug demand reduction of UNODC and WHO regional offices.

Proposed activities:

- B.1 **Establishment of regional coordination and exchange mechanisms** to share experiences and good practices, and jointly adapt project tools to regional circumstances. The networks will involve Governments (Ministries of Health and Social Affairs), clinical centers for drug dependence treatment, universities, municipalities, and NGOs. A plan combining a relevant selection of the initiatives below will be developed jointly with relevant partners in specific sites:
- Identification and development of partnerships at the regional level;
 - Establishment and support of networks of treatment centers collaborating in training and mentoring programmes, exchanging data and research results, and involving other community partners in multidisciplinary activities on drugs;
 - Activation of training networks at the regional-country level: organization of workshops, courses and seminars to disseminate updated knowledge concerning treatment of drug dependence and HIV/Hepatitis B/C prevention;

- Establishment of an ongoing exchange system for academics working on addiction issues;
- Twinning between municipalities and universities to promote the dissemination of good practice.

B2. Training and capacity building at the regional level

- Identification of reference centres within the region (universities, hospitals, accredited NGO services) with long experience in drug dependence treatment and prevention of HIV and other health consequences of drug use and dependence with well recognized training capacities;
- Providing support for development of specialized training in addiction medicine, toxicology and neuropharmacology, psychology of addiction and social sciences; integration of screening and brief interventions procedures in different health care packages and guiding documents;
- Development of a cadre of master trainers and trainers at regional level, and delivery of regional training workshops.
- Adaptation, translation and effective dissemination of guidelines, standards, training packages and technical tools on treatment interventions.

B3. Development of the regional capacity for research, data collection, analysis and reporting responding to the regional needs and circumstances

- Supporting regional and national academic and clinical centres with a research and training capacity to provide support to other countries of the region.
- Supporting training workshops addressing regional priorities.
- Supporting research on epidemiology of drug use and dependence and associated health and social consequences like overdoses, HIV, hepatitis, tuberculosis.
- Supporting evaluation research on treatment interventions for drug use and dependence in the regions, also in the framework of a larger international research projects.

- Organization of data validation workshops on the regional level to triangulate and discuss data on drug use, associated health and social consequences and available treatment resources.

C) GLOBAL LEVEL

This component aims at strengthening demand reduction activities at the global level and raising the priority given to the treatment of drug use and dependence on the agenda of relevant international high-level meetings and forums for the development of public-health oriented policies for drug dependence treatment and reduction of health and social consequences. It will develop tools and strategic documents, and provide technical assistance for the implementation of evidence and human rights based treatment practices at national level. This component envisages creation of a global platform under the leadership of UNODC and WHO where UN agencies, other international organizations, non-governmental organizations, professional associations, academic institutions and private entities, as appropriate, join efforts in improving coverage and quality of drug dependence treatment in low- and middle-income countries.

Proposed activities:

C.1 Mobilise stakeholders at global level to support the development and implementation of public health oriented drug treatment policies.

- Joint development of advocacy and communication package under the logos of UNODC and WHO to promote awareness of the scope of the problems and availability of effective responses. Particular attention will be given to the relationship between drug use and dependence and poverty and development. The communication package will serve as a document in support of specific technical activities envisaged by the UNODC-WHO Global Initiative and action plan for 2009-2013.
- One-day technical global conference to be organized by UNODC in Vienna in collaboration with WHO on the margins of CND meeting to promote public health oriented treatment policies for drug use and dependence. UNODC-WHO Global Initiative on Demand Reduction to be formally launched at such conference in 2009.

- Finalization, publishing and dissemination of a joint UNODC-WHO position paper on treatment of drug dependence for essential guidance on . Launch of the position paper at the above-mentioned and large scale dissemination through UNODC and WHO networks and appropriate fora.

C.2 **Forming a global partnership for improving coverage and quality of treatment interventions in low- and middle- income countries.**

- Development of an appropriate framework for the partnership and programme document. Identifying interested parties, engaging appropriate stakeholders and defining their expected roles and responsibilities.
- Convening inaugural meeting of interested parties and establishing the partnership.
- Establishing the partnership secretariat for coordinated activities of different stakeholders and appropriate technical advisory committee. Meetings of the technical advisory committee.

C.3 **Data collection, mapping and regular reporting of population needs, legislative frameworks and available services and programmes for treatment of drug use disorders worldwide.**

- Coordinated and joint efforts on collection, validation and analysis of data on prevalence of drug use and drug use disorders, associated health and social consequences, including a support for international research projects implemented by WHO and UNODC.
- International technical meeting on developing key indicators for monitoring populations needs, coverage of preventive and treatment interventions and their impact on public health and disease burden attributable to illicit drug use organized by WHO in collaboration with UNODC and other relevant international organizations and institutions (like EMCDDA and CICAD).
- Support for incorporation of drug-related items into the current and planned surveillance and data collection activities of WHO and UNODC and their implementation at country level.
- Regular and coordinated data collection activities using established mechanisms and tools (among others: BRQ, ARQ, ATLAS-SU questionnaire) and technical meetings to discuss global data relevant for demand reduction, with involvement of other relevant international agencies like EMCDDA and CICAD.

- Support for international research projects, including national surveys on drug use and dependence, also as a part of a broader health and risk factor surveys.
- Technical support and coordination of data validating workshops organized at the regional level to triangulate and discuss data collected through different mechanisms (6 workshops).
- Review of drug control and treatment legislation frameworks in selected countries. This activity will be undertaken by WHO in collaboration with UNODC as an update of WHO publication "Drug and Alcohol Dependence Policies, Legislation and Programmes for Treatment and Rehabilitation" (WHO, 1999). The review will address changes in drug treatment legal frameworks from a public health perspective.
- Assessment of treatment systems for substance use disorders using the WHO SAIMS instrument to complement the information collected through other mechanisms. This assessment will be undertaken at least in all countries involved in the implementation of activities envisaged under A.1 of the current action plan. The main goal of the structured assessment of treatment systems - developing the detailed national plan of the system development with defined roles and responsibilities of different stakeholders and clear milestones for monitoring progress.
- Global Database on Treatment resources for substance use disorders established and maintained by WHO as a part of a broader WHO ATLAS project on available resources worldwide for treatment of mental health, neurological and substance use disorders.

C.4 **Development and dissemination of guidelines, standards and other technical tools for effective support of country level activities on scaling up treatment and effective harm reduction interventions.**

- Global conference/expert meeting to review best practices and trends in developing and implementing public health oriented treatment policies in low- and middle-income countries.
- Development and dissemination of good practice documents in key priority areas (community-based treatment, treatment in closed settings, drug dependence treatment and HIV/Hepatitis B/C and AIDS prevention and care, and sustainable livelihoods for rehabilitation and reintegration).
- Development of international guidelines on service provision and essential health care interventions for treatment of drug use disorders following rules and

regulations for developing WHO guidelines. Review of existing guidelines for identifying areas of consensus and dissent is a part of this activity. Development of technical tools to monitor adherence to recommendations in service provision.

- Development of minimal standards of care for drug use disorders in different settings and technical tools to monitor implementation of minimal standards in service provision.
- Development and dissemination of international training packages to support development of human resources involved in scaling up treatment and harm reduction interventions.
- Development of normative guidance and technical tools for supporting diversion schemes from criminal justice system into public health care system and improving accessibility and quality of treatment in closed settings. Implementation of demonstration projects in selected countries.

C.5 Addressing drug use and associated health and social consequences in relief and humanitarian settings and situation.

Drug use is increasingly seen and recognized as one of the issues of high public health importance in a variety of conflict or disaster affected situations, including camps for refugees and internally displaced people. Recently WHO produced jointly with INHCR a filed guide on Rapid assessment of alcohol and other substance use in conflict-affected and displaced populations, but the actual need for normative guidance and technical support to address drug use and associated problems is high in relief and humanitarian settings and situations and can rise in the future. This activity, to be implemented in close collaboration with other international agencies and organizations such as UNHCR, is aimed at developing capacity of UNODC and WHO to provide immediate support to any country, territory or setting affected by conflict or disaster for effective treatment of drug use disorders and reduction of health and social consequences associated with drug use and dependence.

C.6 Support of international research to inform and support development and dissemination of effective treatment interventions in diverse cultural and health and social care contexts.

This activity aims at expanding and strengthening evidence base to inform policy and service development by supporting research in low and middle income countries, with a particular emphasis on evaluation research. This activity envisages technical consultation

to identify and address priorities for international research to support scaling up of effective treatment interventions.

C. 7 Monitoring and evaluation

This activity will include development of monitoring and evaluation tool for UNODC-WHO global initiative on drug demand reduction and the action plan 2009-2013 and will include a set of indicators and monitoring mechanisms that cover the following domains:

- Input indicators for monitoring level and scope of country support provided in the framework of the UNODC-WHO action plan;
- Output indicators for monitoring and evaluation of effectiveness of the program implementation towards its objectives;
- Outcome indicators for monitoring progress towards the overall aim of the initiative and action plan for 2009-2013.

Evaluation of this action plan will be implemented twice:

- at the end of the first stage of the plan implementation (2010) preceding the implementation of the second stage;
- final evaluation at the end of the plan implementation (2013).

Monitoring of the project implementation by the two agencies at the global, regional and country levels will be a part of the core activities envisaged by the plan. Regular reports will be prepared and submitted to main stakeholders of the global initiative and supporting funding entities.

Programme budget

One important aspect of aid coordination is coordinated interagency funding. To provide donors with a such a coordinated funding mechanism, including a strategic overview of resource requirements and priorities of this interagency initiative, a central funding mechanism ("a UNODC project") will be established by UNODC in accordance with its rules and regulations.

The main responsibility to get donors to respond to this interagency initiative and to pledge funds against the UNODC project rests with both agencies. The main responsibility to manage and coordinate donor resources allocated towards this interagency initiative rests with UNODC. The main responsibility to agree on the amount of resources to be channelled from the UNODC project to WHO for activities to be implemented by WHO rests with both agencies.

The comparative advantages of a UNODC project include the following: (1) it can be set up and start delivering quickly; (2) it will promote transparency and accountability.

In view of these advantages of donors pooling their resources through a coordinated funding mechanism, a separate Exchange of Letters between UNODC and WHO will be annexed to this project document detailing the coverage, duration, operating principles, governance structure, and programme implementation modalities of the central funding mechanism.

Stage I (2009-2010)

Activities	Budget for 2 years (000's USD)		
	UNODC	WHO	Total
Country level activities (A1-A7)			
A1. Mobilisation of national partnerships	1000.-	250.-	1250.-
A2. Assessment of needs and resources	1400.-	800.-	2200.-
A3. Development of supportive policy and legislation frameworks	350.-	100.-	450.-
A4. Development of effective models of intervention and service development	4500.-	1500.-	6000.-
A5. Human resources and quality of interventions	1250.-	400.-	1650.-

A6. Diversion schemes and prison settings	4500.-	1500.-	6000.-
A7. Monitoring and evaluation	200.-	100.-	300.-
Total for country level activities (A1-A7)	13200.-	4650.-	17850.-
Regional level activities (B1-B3)			
B1. Regional coordination and exchange mechanisms	1800.-	600.-	2400.-
B2. Training and capacity building at the regional level	1200.-	600.-	1800.-
B3. Regional capacity for research, data collection, analysis and reporting	1800.-	1600.-	3400.-
Total for regional level activities (B1-B3)	4800.-	2800.-	7600.-
Global level activities (C1-C7)			
C1. Mobilisation of global stakeholders	450.-	150.-	600.-
C2. Global partnership and its structures	850.-	50.-	900.-
C3. Data collection, mapping and regular reporting	600.-	600.-	1200.-
C4. Guidelines, standards and other technical tools	500.-	250.-	750.-
C5. Addressing drug use in relief and humanitarian settings and situations	850.-	450.-	1300.-
C6. Support of international research	100.-	350.-	450.-
C7. Monitoring and evaluation	75.-	50.-	125.-
Total for global level activities (C1-C7)	3425.-	1900.-	5325.-
Grand total for all activities for 2 years (2009-2010)			
	21425.-	9350.-	30775.-

Stage II (2011-2013)

Activities	Budget for 3 years (000's USD)		
	UNODC	WHO	Total
Country level activities (A1-A7)			
A1. Mobilisation of national partnerships	1750.-	750.-	2500.-
A2. Assessment of needs and resources	1700.-	1300.-	3000.-
A3. Development of supportive policy and legislation frameworks	750.-	250.-	1000.-
A4. Development of effective models of intervention and service development	9000.-	2500.-	11500.-
A5. Human resources and quality of interventions	2250.-	750.-	3000.-
A6. Diversion schemes and prison settings	6000.-	1200.-	7200.-
A7. Monitoring and evaluation	500.-	150.-	650.-
<i>Total for country level activities (A1-A7)</i>	21950.-	6900.-	28850.-
Regional level activities (B1-B3)			
B1. Regional coordination and exchange mechanisms	2400.-	900.-	3300.-
B2. Training and capacity building at the regional level	1800.-	900.-	2700.-
B3. Regional capacity for research, data collection, analysis and reporting	2400.-	2200.-	4600.-
<i>Total for regional level activities (B1-B3)</i>	6600.-	4000.-	10600.-
Global level activities (C1-C7)			
C1. Mobilisation of global stakeholders	450.-	150.-	600.-
C2. Global partnership and its structures	1000.-	100.-	1100.-
C3. Data collection, mapping and regular reporting	1600.-	1600.-	3200.-
C4. Guidelines, standards and other technical tools	250.-	250.-	500.-
C5. Addressing drug use in relief and humanitarian settings and situations	1250.-	750.-	2000.-

C6. Support of international research	200.-	600.-	800.-
C7. Monitoring and evaluation	350.-	150.-	500.-
<i>Total for global level activities (C1-C7)</i>	<i>5100.-</i>	<i>3600.-</i>	<i>8700.-</i>
Grand total for all activities for 3 years (2011-2013)	33650.-	14500.-	48150.-