

Elements of upcoming Handbook on Addressing Substance Use in Humanitarian Settings and in situations of displacement

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Current system wide scale emergencies

(November 2022)

System-wide Scale-up Responses: As part of its global presence, which includes country and regional offices across the globe, OCHA supports IASC Scale-up Responses. Such responses are activated in the most complex and challenging humanitarian emergencies, when the highest level of mobilization is required, across the humanitarian system, to ensure that the right capacities and systems are place to effectively meet needs.

In 2 out of 4, UNODC has joined the health cluster

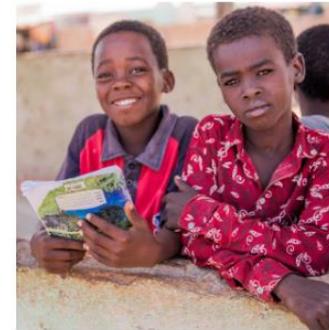
Making sure “no one is left behind” and substance use does not get forgotten in humanitarian response planning



Afghanistan



Northern Ethiopia



Somalia



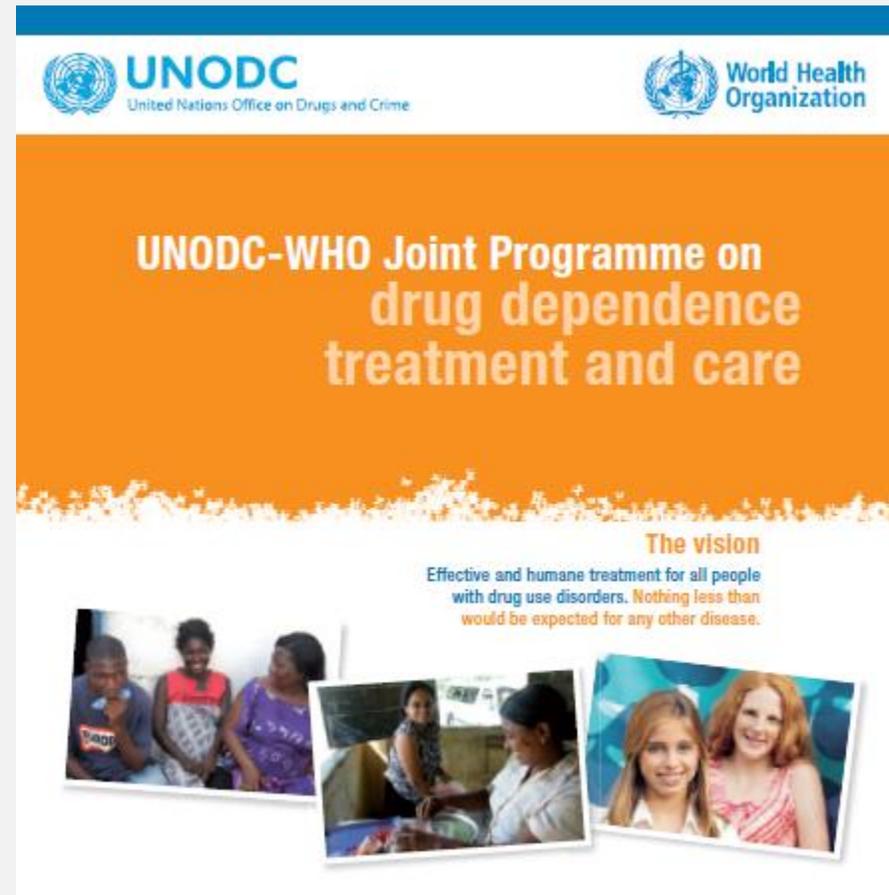
Ukraine

274 Mio people in need of humanitarian assistance in 2022 (UNOCHA)
82.4 forcibly displaced in 2020 (UNHCR)

Interagency programme for addressing SUD in humanitarian settings

“Addressing drug use and associated health and social consequences in relief and humanitarian settings and situation.”

(Paragraph C5, UNODC-WHO Agreement, 2009)



UNODC: Addressing substance use disorders in humanitarian settings

- UNODC (partly in coordination with UNHCR and WHO) conducted
 - Rapid assessments in Uganda, 2018 and Pakistan, 2017 (ongoing in Ecuador, 2022)
 - NV to Member States in 2019
 - Global expert group meeting in 2020
 - Resource Mapping, Expert needs identification & scientific publication (2021, Claire presented)
 - Capacity material development with new IASC-MHPSS group working group on substance use with UNHCR/UNODC/WHO
 - Learning by doing in real world humanitarian emergency response
 - [Upcoming UNODC/UNHCR/WHO handbook \(2023\)](#)

Draft outline: UNODC/UNHCR/WHO handbook

- Chapter 1 Introduction to humanitarian contexts
- Chapter 2 - Substance use in humanitarian contexts
- Chapter 3 – **Substance use prevention in humanitarian settings**
- Chapter 4 **Substance use disorder treatment and care in humanitarian settings**
- Chapter 5 - A response framework & field testing guidance: assessment, preparation, implementation, evaluation for humanitarian program planners
- Chapter 6 Policy and system level recommendations and future research needs



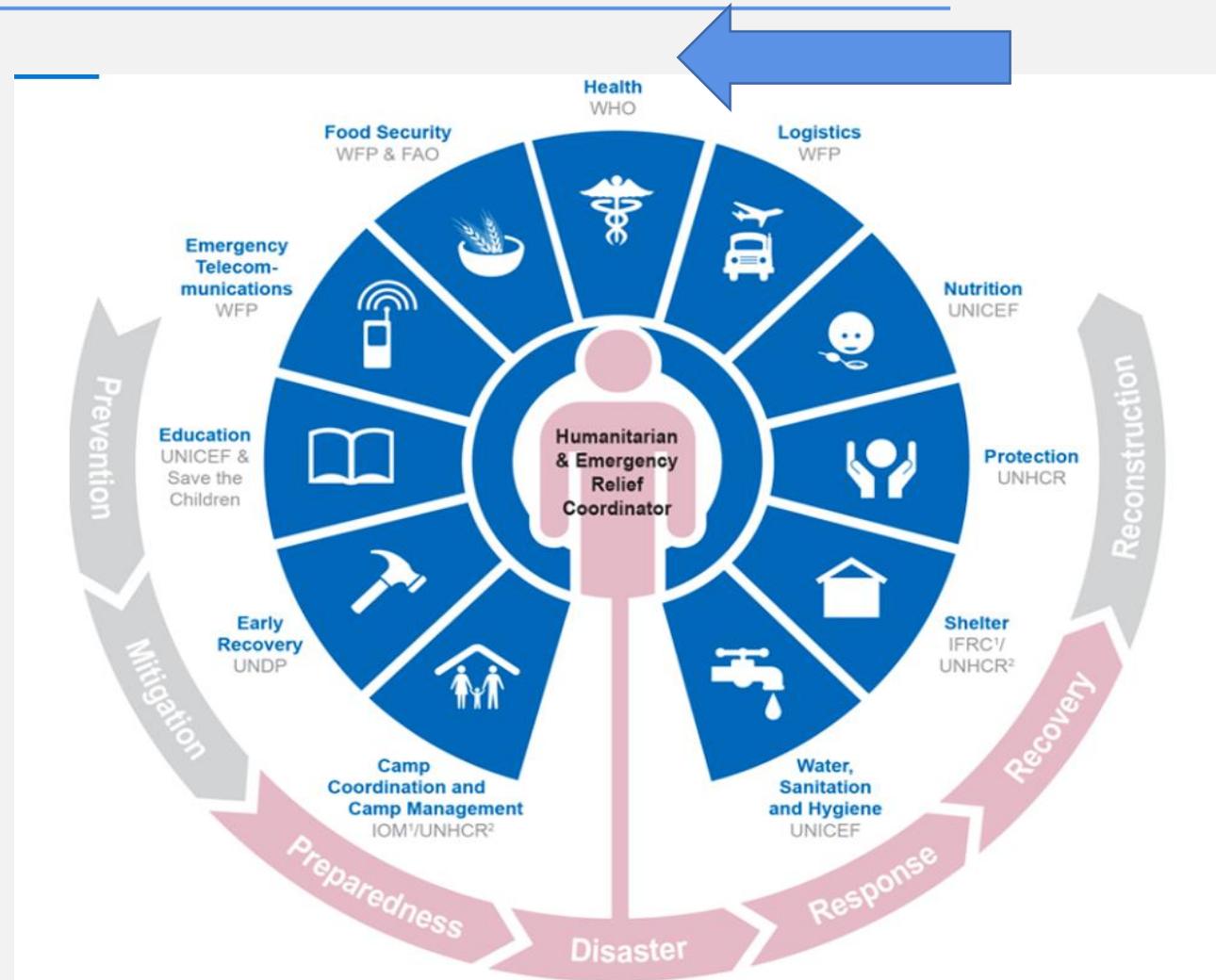
Humanitarian principles

Humanity	Neutrality
Impartiality	Independence

Mainstreaming attention to substance use in humanitarian action & clusters

- Awareness
- Identification

Inclusion of people with substance use disorders in ALL sectors



Selected Policy directions to address SUD in humanitarian settings and among displaced populations

- UNGASS 2016 outcome document highlights the need to “protect the health, safety and well-being of individuals, families, **vulnerable members of society**, communities and society as a whole”
- CND resolution 61/7 on “Addressing the specific needs of **vulnerable members of society** in response to the world drug problem” (2018)
- Sustainable development goals

- ECOSOC resolution 2004/39 on Drug control and related crime prevention assistance for **countries emerging from conflict**



Diversity of humanitarian contexts

Natural hazard-driven disasters

Conflict-driven disasters

Economic crises

Camps

Urban settings

Inaccessible situations

Humanitarian contexts with/without displacement

Host community

Displaced community

Resettlement

High/middle/low-income country context



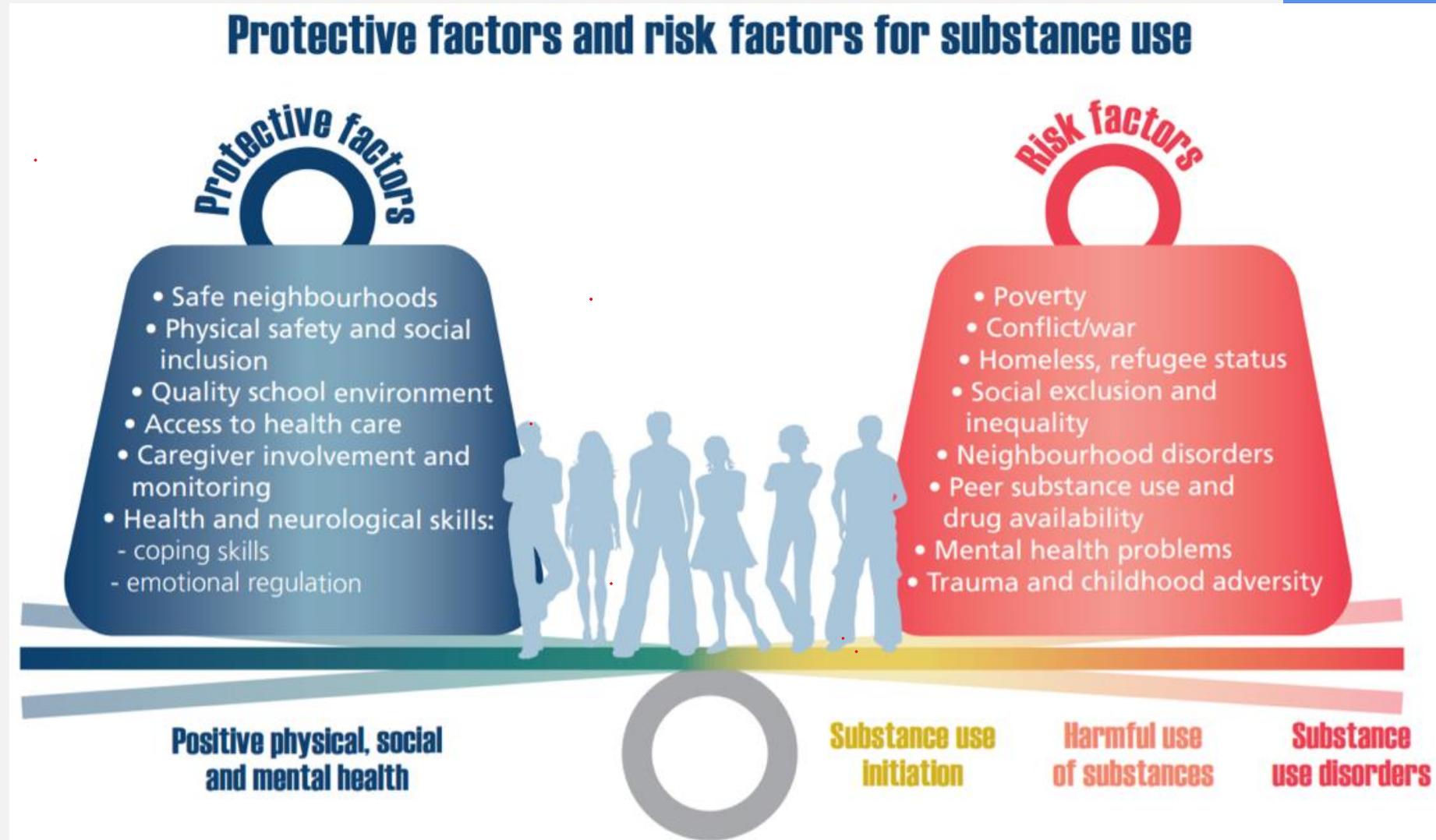
Demographics of affected population

Acute phase / Protracted Phase

Risk factors for substance use

World Drug Report 2020

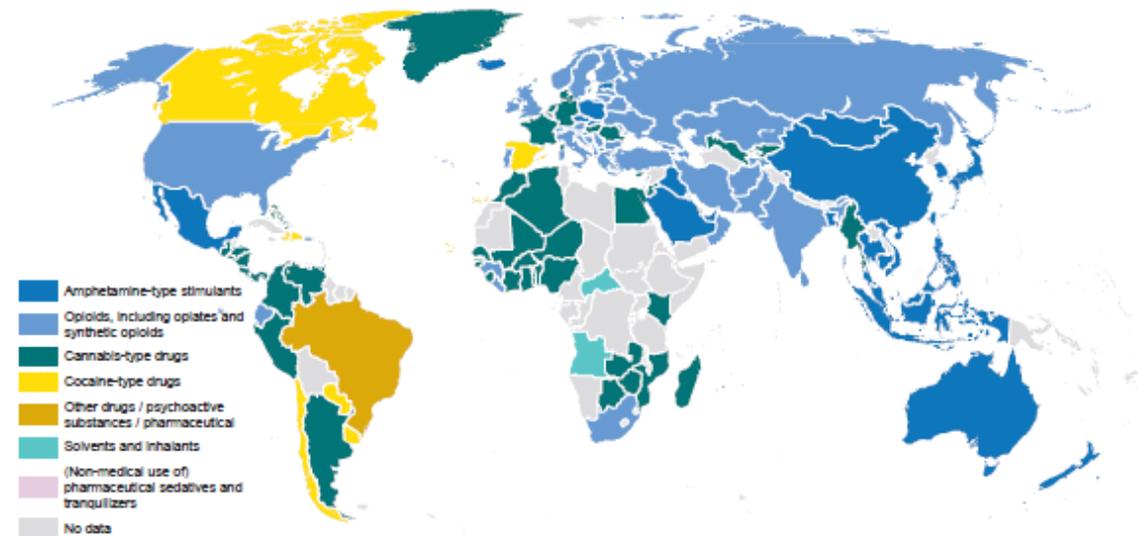
Poverty
Conflict
Social exclusion
Inequality
Trauma
Mental health problems
Childhood adversity



Different patterns of substance use, and healthcare demands across the world

Only limited information about substance use and substance use disorder treatment and care services in humanitarian settings and among displaced populations
(Nadine's presentation)

MAP 2 The most frequently reported drug group in drug treatment, 2020 or the most recent year for which data are available

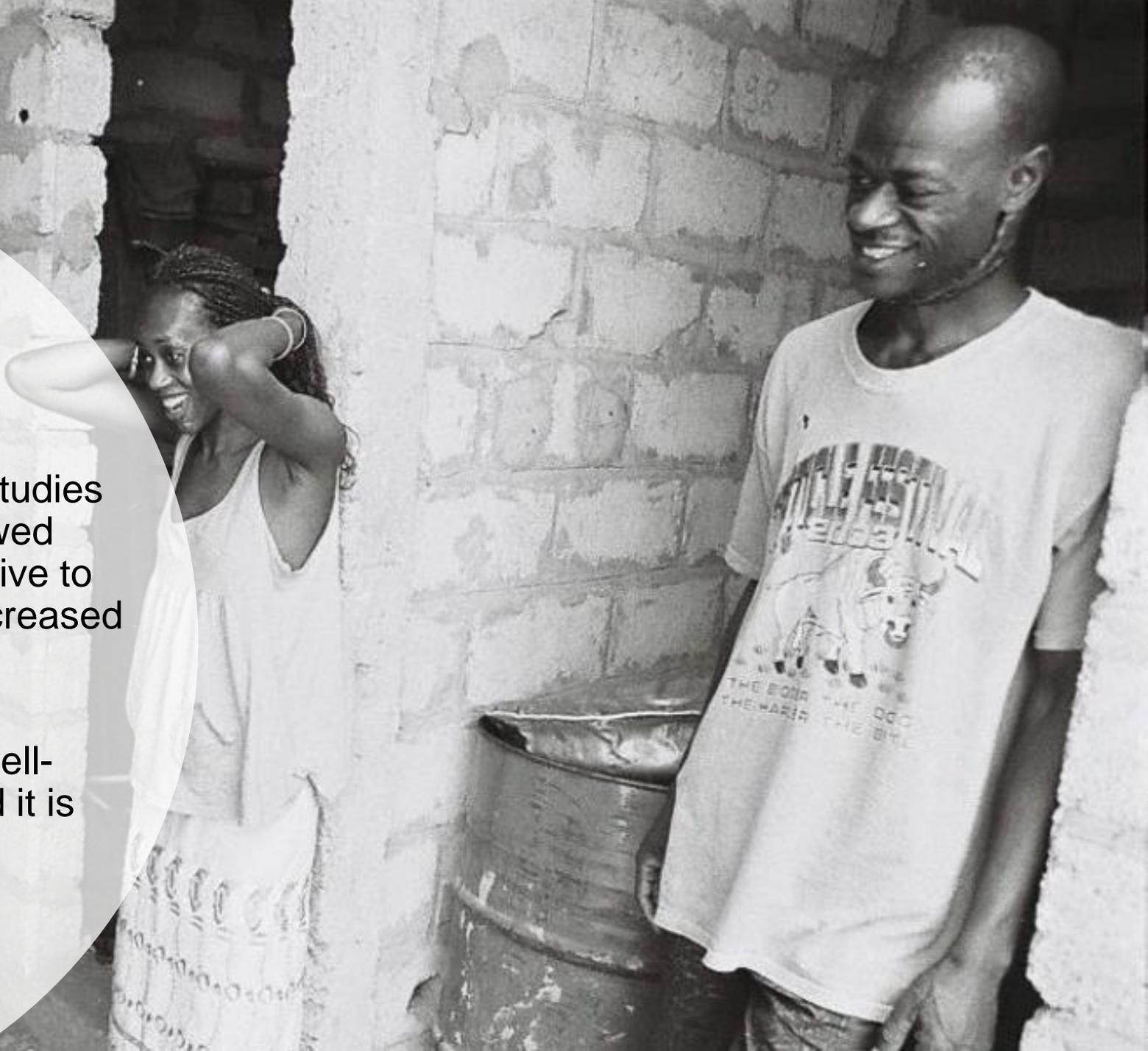


Source: UNODC, responses to the annual report questionnaire.

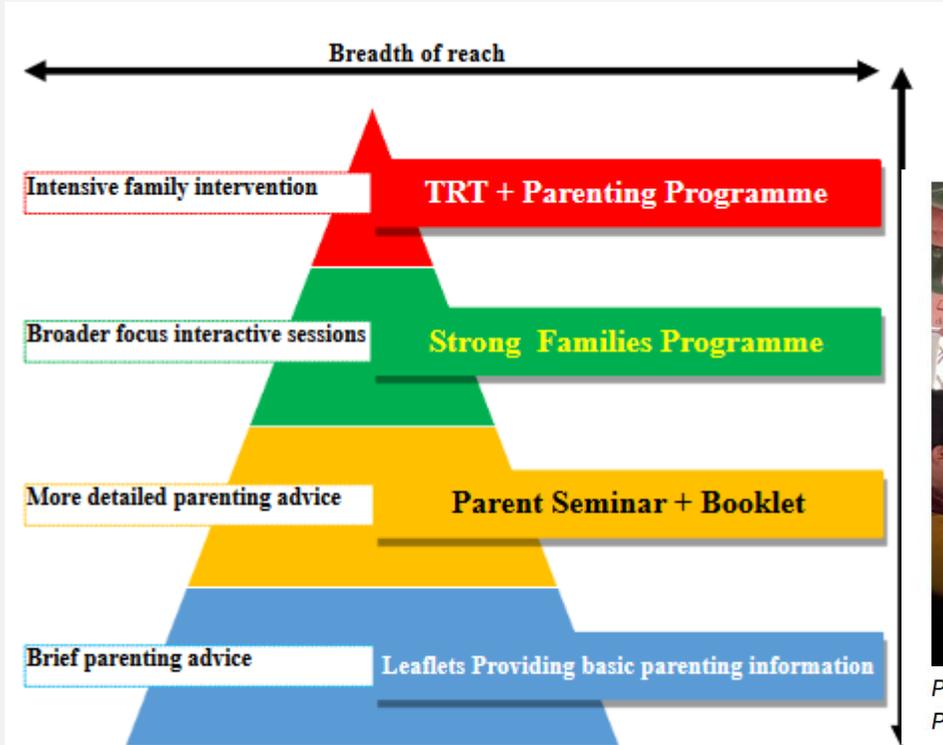
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties. The final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined. A dispute exists between the Governments of Argentina and the United Kingdom of Great Britain and Northern Ireland concerning sovereignty over the Falkland Islands (Malvinas).

Substance use and substance use disorders among displaced populations

- There is only limited evidence : most studies found that displaced populations showed similar or lower prevalence levels relative to the host community – despite likely increased vulnerabilities (“**refugee paradox**”?)
- The physical, psychological and social consequences of substance use are well-documented in stable populations, and it is likely that these findings hold true for displaced persons



Prevention –Wadih’s presentation



Participants in the Strong Families programme in Cox's Bazaar, Bangladesh.
Photo: © TH Shahin.

UNODC
United Nations Office on Drugs and Crime

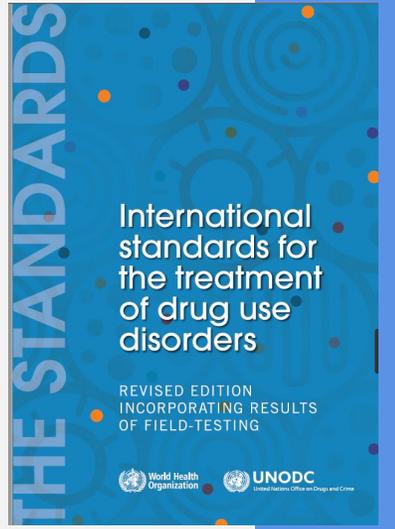
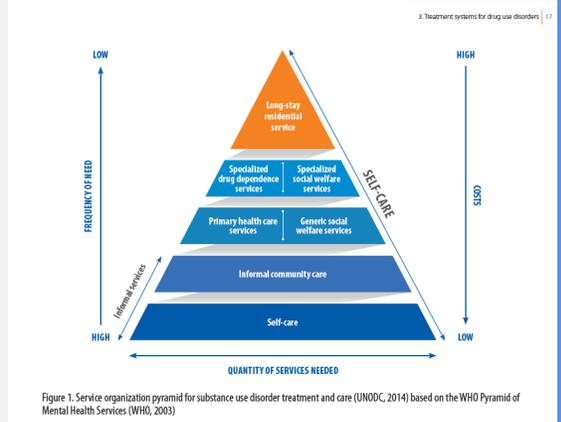
World Health Organization

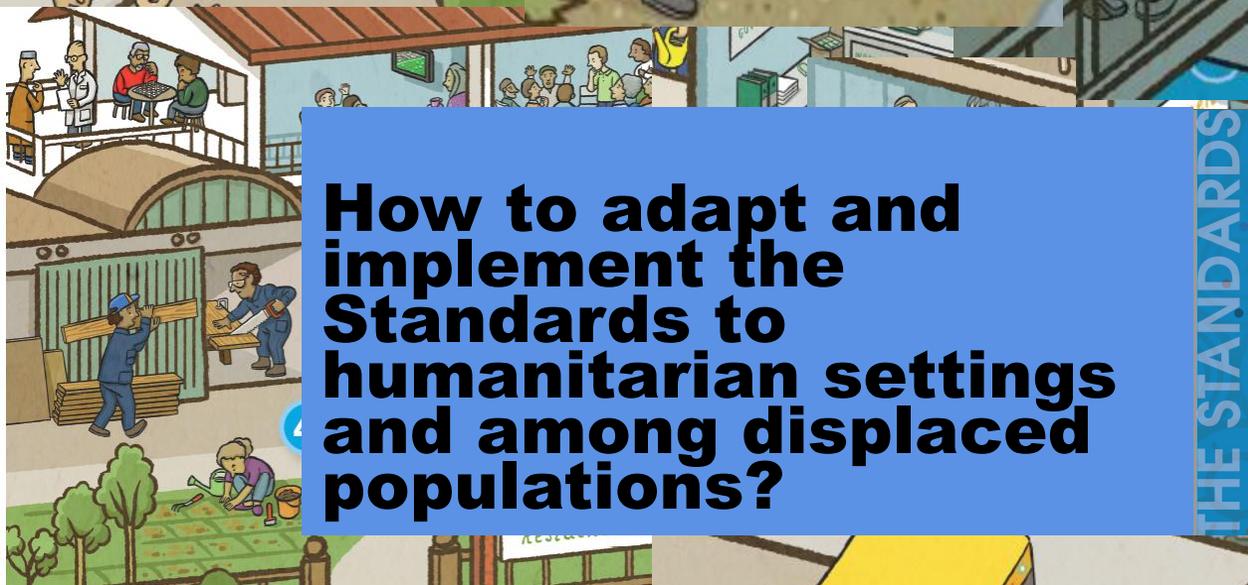
International Standards on Drug Use Prevention
Second updated edition

International Treatment Standards: Guidance at service & system level

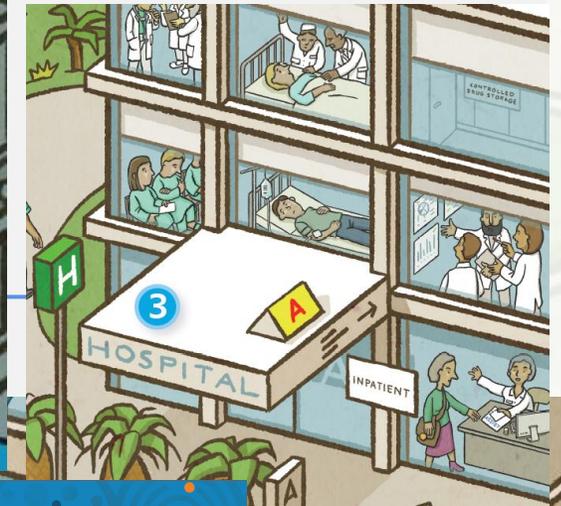
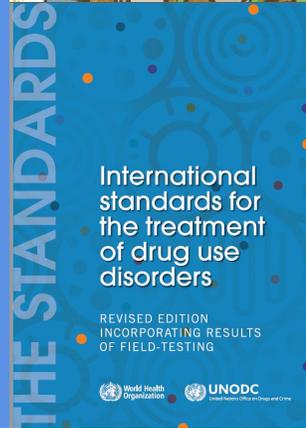
- Community-based outreach
- Non-specialized settings
- Specialized outpatient treatment
- Specialized short-term inpatient treatment
- Specialized long-term inpatient/residential treatment

- Screening, brief interventions and referral to treatment
- Evidence-based psychosocial interventions
- Evidence-based pharmacological interventions AND Overdose identification and management
- Treatment of co-occurring psychiatric and physical health conditions
- Recovery management





How to adapt and implement the Standards to humanitarian settings and among displaced populations?



1 Outreach / Drop-in
 Unconditional provision of basic support, screening, overdose/infectious disease prevention, education and referral for those people not currently receiving treatment.

2 Outpatient
 Services for people who do not reside in the treatment facility. Interventions vary considerably in components and intensity and can cover psychological, pharmacological treatments and social support.

3 Inpatient/Short-term residential
 Services for people with greater severity of symptoms, especially for those likely to experience significant signs of withdrawal or for patients in crisis with co-occurring mental health disorders.

4 Long-term residential
 Services for severely affected patients who require a structured environment over a longer period of time, as they are unlikely to control their compulsive, conditional behavior conducted by drugs.



Healthcare standards in emergencies

Support and develop existing health systems

ESSENTIAL HEALTHCARE – MENTAL HEALTH



Pyramid of multi-layered services and supports (Figure 10)

Source: IASC Reference Group for Mental Health and Psychosocial Support in Emergency Settings (2010)



Health systems standard 1.1: Health service delivery

People have access to integrated quality healthcare that is safe, effective and patient-centred.

Healthcare systems standard 1.2: Healthcare workforce

People have access to healthcare workers with adequate skills at all levels of healthcare.

Health systems standard 1.3: Essential medicines and medical devices

People have access to essential medicines and medical devices that are safe, effective and of assured quality.

Health systems standard 1.4: Health financing

People have access to free priority healthcare for the duration of the crisis.

Health systems standard 1.5: Health information

Healthcare is guided by evidence through the collection, analysis and use of relevant public health data.

Mental healthcare standards in emergencies

Mental health standard 2.5: Mental health care

People of all ages have access to healthcare that addresses mental health conditions and associated impaired functioning.

Key actions

- 1 Coordinate mental health and psychosocial supports across sectors.
 - Set up a cross-sectoral technical working group for mental health and psychosocial issues. It may be co-led by a health organisation and a protection humanitarian organisation.
- 2 Develop programmes based on identified needs and resources.
 - Analyse existing mental health systems, staff competencies, and other resources or services.
 - Conduct needs assessments, keeping in mind that mental health conditions may be pre-existing, induced by the crisis or both.
- 3 Work with community members, including marginalised people, to strengthen community self-help and social support.
 - Promote community dialogue on ways to address problems collaboratively, drawing on community wisdom, experience and resources.
 - Preserve or support re-initiation of pre-existing support mechanisms such as groups for women, youth and people living with HIV.
- 4 Orient staff and volunteers on how to offer psychological first aid.
 - Apply the principles of psychological first aid to manage acute stress after recent exposure to potentially traumatic events.

- 5 Make basic clinical mental healthcare available at every healthcare facility.
 - Organise brief training and supervise general healthcare workers to assess and manage priority mental health conditions.
 - Organise a referral mechanism among mental health specialists, general healthcare providers, community-based support and other services.
- 6 Make psychological interventions available where possible for people impaired by prolonged distress.
 - Where feasible, train and supervise non-specialists.
- 7 Protect the rights of people with severe mental health conditions in the community, hospitals and institutions.
 - Visit psychiatric hospitals and residential homes for people with severe mental health conditions on a regular basis from early in the crisis.
 - Address neglect and abuse in institutions and organise care.
- 8 Minimise harm related to alcohol and drugs.
 - Train staff in detection and brief interventions, harm reduction, and management of withdrawal and intoxication.
- 9 Take steps to develop a sustainable mental health system during early recovery planning and protracted crises.

Acute emergency

The aim of healthcare in a crisis is to reduce excess morbidity and mortality
(*Sphere*)

Unique features of SUD in displaced populations: Sudden interruption in patterns of use and availability, which could lead to life threatening withdrawal, transition to other substances or other routes of administration, increased risk of overdose (reduced tolerance) and discontinuation of treatment

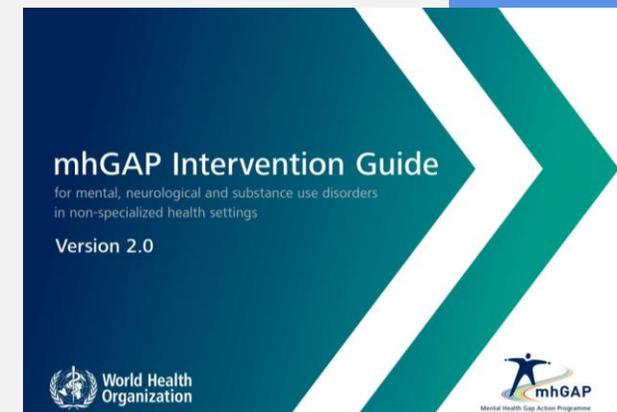
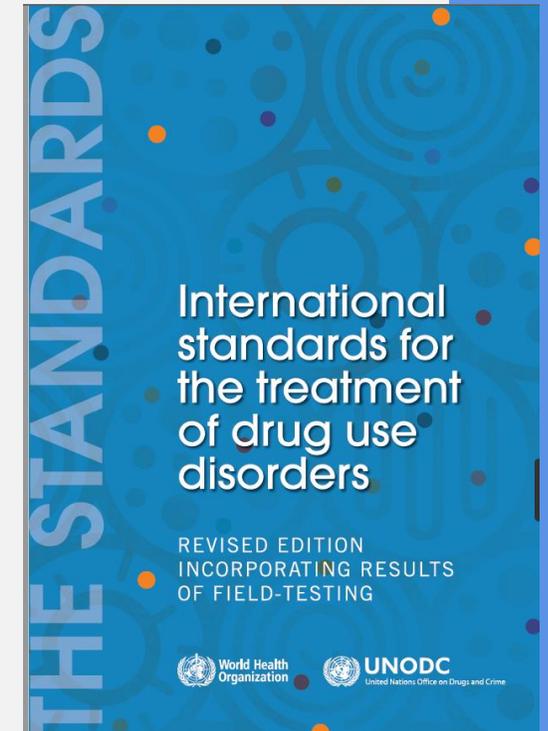
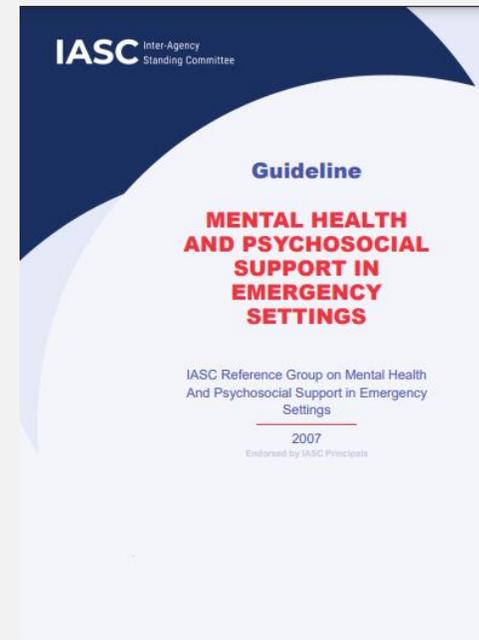


Life saving support & non-judgmental approach... +

- Community outreach
- Identification & management of potentially life-threatening withdrawal and overdose
- Reduction of negative health and social consequences of substance use (HIV/HCV/STI....)
- Support access to overall health and social support
- Continuation of essential medications
- *Screening and brief interventions (SBI-RT)*
- *Basic psychosocial support & self-help, including remote*
- **INCLUSION**

Protracted emergency

- All from acute settings PLUS
- Adjusting services as outlined in International Standards for Treatment of Drug Use Disorders (2020)
- Focus on scalable psychosocial and pharmacological treatment (MhGap)
- Closer to community-based treatment (in low-resource settings)
- Linkages with other health care services necessary
- Build on community support and resources (task shifting)
- Address stigma and enhance inclusion



Integrated, Inclusive, Inter-sectorial, inter-layered and implementable services to address substance use disorders in humanitarian settings

Intervention pyramid for mental health and psychosocial support in emergencies

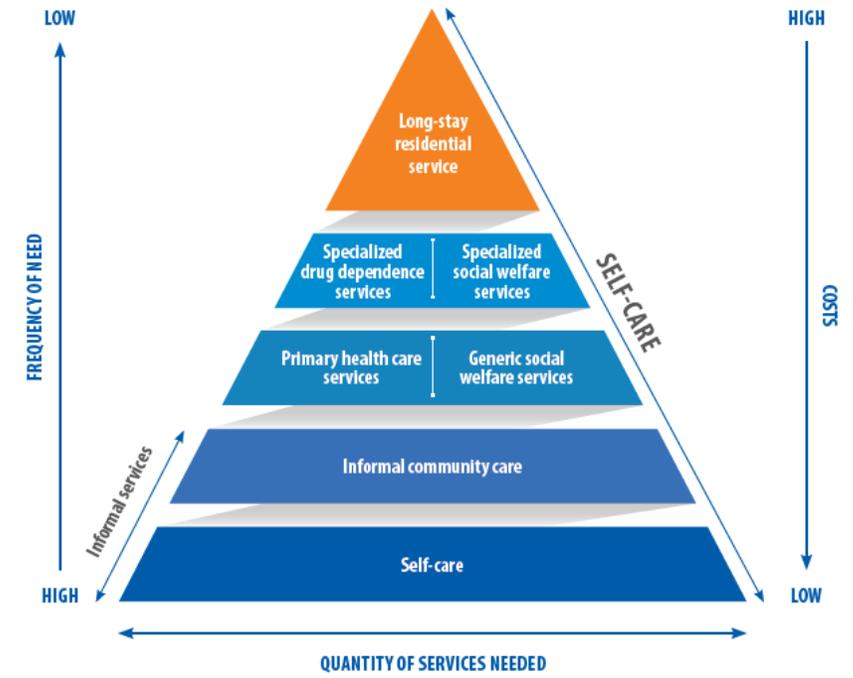
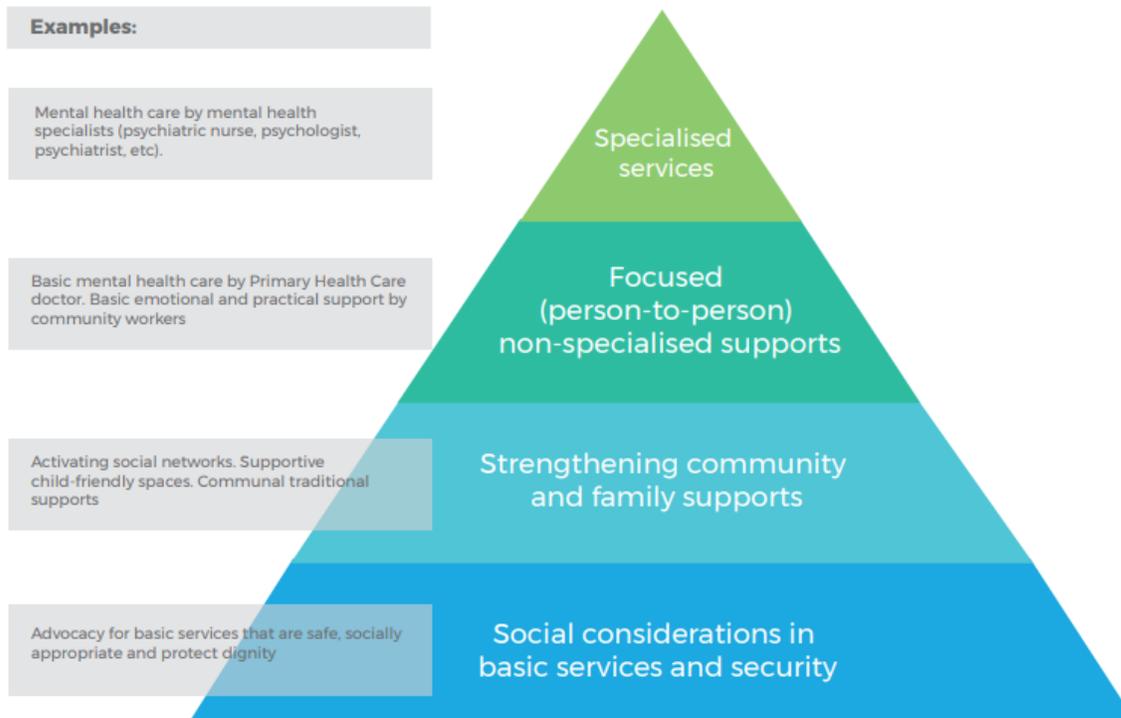


Figure 1. Service organization pyramid for substance use disorder treatment and care (UNODC, 2014) based on the WHO Pyramid of Mental Health Services (WHO, 2003)

Strict adherence to public health principle to identify the most effective, least invasive, lowest cost intervention to reach the highest number of people



Development of additional tools & field-testing guidance

**Inter-sectoral
Integrated
Inclusive
Inter-layered
Implementable**

A response framework: assessment, preparation, implementation, evaluation





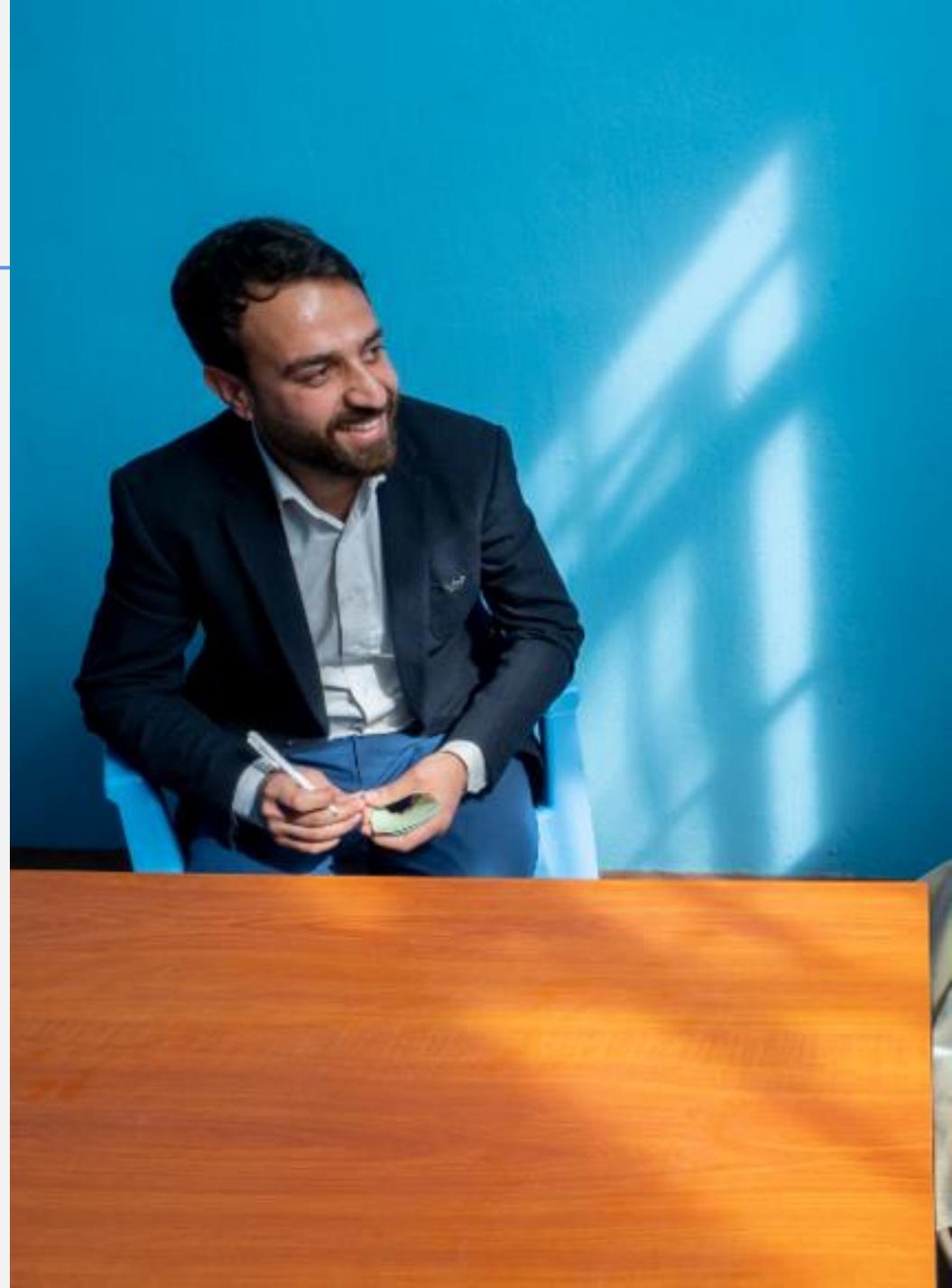
Acute Phase

Protracted Phase

	Acute Phase	Protracted Phase
Assess	Participatory rapid (needs) assessments	Assessment of additional aspects Routine data collection and development of monitoring systems/inclusion in existing ones
Prepare	Shorter term trainings on basic interventions Coordination “No one left behind” Procurement (e.g., medicine) “SUD as health condition” Community involvement	Framework for integration with other health and social services More comprehensive capacity building strategy in response to host country resources
Deliver (Chapters on prevention and treatment)	Identification of life-threatening situations & life saving support (e.g., overdose, withdrawal) Community outreach and risk reduction Light touch prevention	Community-based treatment – continuum of care Integration with local health and social services Prevention Recovery support
Evaluate	Focus on feasibility and process evaluations	Increased focus on treatment outcome & inclusion in existing health monitoring systems

Policy recommendations

- In humanitarian settings: focus on inclusion of people with substance use disorders in the overall response across (health, shelter, food security, protection etc.)
- For displaced populations: Integrated access to services for host population and displaced population in need while addressing specific needs of displaced population, eg language, different substance use patterns, safety, stigma
- Public health framework: Adjust complexity of interventions to needs (reducing mortality as a priority), resources and skills available: *Reaching the highest number of people with the most effective and least invasive intervention at the lowest cost*



Research recommendations

- Need for data collection and research to distinguish between new-onset or pre-existing substance use disorders and substance use disorder related vulnerabilities
- Implementation and feasibility studies
- Establish global network to share lessons learned and improve evidence base of practice



Acknowledgements

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- Many, many more that we will acknowledge in the handbook then!

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#Leaving no one behind

#SUDHumanitarian

Thank you!

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