

RECOMMENDATIONS

THIRD CONSULTATION ON COMPULSORY CENTERS FOR PEOPLE WHO USE DRUGS (CCDUs)

21-23 September 2015, Manila, Philippines

The Third Regional Consultation on Compulsory Centres for People who use drugs (CCDUs) has concluded on a consensus to facilitate the transition to an evidence- informed system of voluntary community-based treatment and services that are aligned with international guidelines and principles of drug dependence treatment, drug use and human rights.

Countries have acknowledged the need to support voluntary community-based treatment and services for people who use drugs through implementation of a transitional framework consisting of three pillars: 1. Planning and management; 2. Addressing legal and policy barriers and 3. Health and community system's strengthening. (Figure1.)

Figure 1: Pillars of a transitional framework



The Consultation generated consensus on the related recommendations. These are in line with UNESCAP Member States commitments to intensify efforts to eliminate HIV and AIDS in the region, including deployment of national processes detailed in the Regional Framework

for Action on HIV and AIDS beyond 2015¹, and the WHO/UNODC Principles of Drug Dependence Treatment². Additionally the following recommendations address concerns outlined in the UN Joint Statement (2012)³ on compulsory drug detention and rehabilitation centres. This is done by offering practical steps for addressing outlined concerns in accordance with the outcomes of the Commission on Narcotic Drugs (CND Resolution 54/5, 2011)⁴ which states the following: *“Recognizing that drug dependence is a chronic but preventable and treatable multifactorial health disorder; Convinced of the need to base programmes for the treatment and rehabilitation of drug use disorders on scientific evidence while respecting human rights and human dignity; Convinced also of the need to improve the quality, coverage and variety of demand reduction services, including those targeting rehabilitation, reintegration and relapse prevention, as part of a continuum of health and social care.”*

¹ UNESCAP, *Regional Framework for Action on HIV and AIDS beyond 2015*
<http://www.unescap.org/resources/escap-roadmap-2015>

² UNODC, *WHO/UNODC Principles of Drug Dependence Treatment*, 2008
<https://www.unodc.org/documents/drug-treatment/UNODC-WHO-Principles-of-Drug-Dependence-Treatment-March08.pdf>

³ United Nations, *Joint Statement on Compulsory Drug Detention And Rehabilitation Centres*, 2012
http://www.unaids.org/sites/default/files/en/media/unaids/contentassets/documents/document/2012/JC2310_Joint%20Statement6March12FINAL_en.pdf

⁴ UNODC, *CND Resolution 54/4: Promoting rehabilitation- and reintegration-oriented strategies in response to drug use disorders and their consequences that are directed at promoting health and social well-being among individuals, families and communities*
https://www.unodc.org/documents/commissions/CND/Drug_Resolutions/2010-2019/2011/CND_Res-54-5.pdf

Recommendations for Transition to Voluntary Community-Based Treatment and Services for People Who Use Drugs

Pillar 1: Planning and Management

A national multisectoral decision-making committee should be established with overall responsibility for the transition to community based treatment and services. This body should be responsible for the development and overall implementation, in consultation with key stakeholders from various sectors, of a comprehensive action plan. This action plan should include objectives, activities, outcomes, indicators, targets, budgets, timelines and responsibilities and will provide countries with a critical platform from which to coordinate the transition.

Recommendations

1.1 Establishment/ strengthening of multisectoral decision-making committee with participation of civil society and communities of people who use drugs;

1.2 Development of national transition plans with objectives, activities, outcomes, indicators, targets, budgets, timelines and responsibilities through consultation with relevant stakeholders, including government agencies from public health, social affairs, drug control and public security sectors, as well as people who use drugs;

1.3 Development of costed implementation frameworks to allocate and mobilize adequate human, technical and financial resources for each phase and component of the transition;

1.4 Annual updates of progress towards the transition, based on unified monitoring tool that will be developed by UN.

Pillar 2: Fostering Enabling Legal and Policy Environments

Drug policies, defined to include laws, regulations, strategies and practices, are recognized as critical to the success of the transition to voluntary community-based treatment and services for people who use drugs. A shift in policy approaches to drug use and dependence away from criminalization and punishment, towards health and rights-based measures, shall play a central role in ensuring the effectiveness of the transition.

Recommendations:

2.1 Conduct a multi-sectoral and participatory review of existing legal and policy frameworks relating to drug use and dependence, with the aim of identifying barriers preventing people who use drugs from accessing voluntary community-based treatment and services;

2.2. Development, promotion and implementation of an action plan based on the review, for the creation of enabling environments to facilitate the transition;

2.3 Strengthen the capacity of the public health, social affairs, public security, justice, judiciary, civil society and communities of people who use drugs, as well as other relevant sectors to better understand and facilitate the implementation of current and reformed/revised policies for maximum protection of the human rights of people who use drugs.

Pillar 3: Health, Social and Community System Strengthening and Financing

Bottlenecks along the pathway to voluntary community-based treatment and services for people who use drugs are largely due to low capacity across the public health, social affairs, law enforcement and civil society sectors. As such, assessment which involves mapping those pathways, identifying potential bottlenecks and ensuring that sufficient capacity is available needs to be conducted. The assessment will provide evidence to inform the development of national capacity building plans as well as technical assistance mobilization plans in order to fill operational gaps. The development of an effective and evidence-informed drug dependence treatment system requires systemic reforms to establish and strengthen the various mechanisms underpinning drug treatment management and operations. These reforms will be accompanied by investments to support development of expertise and workforce capacity across all relevant sectors as well as within the communities of people who use drugs.

Recommendations;

3.1 Conduct a capacity and systems assessment of key sectors involved in the transition process (e.g. public health, social affairs, public security, justice, and civil society groups and communities of people who use drugs)

3.2 Development /update of community based treatment and services strategy, including a minimum standard of care and governance framework, which encompasses elements of capacity building and systems strengthening;

3.3 Implementation and scale up of community based treatment and services for people who use drugs in partnership with communities and relevant service providers;

3.4 Building capacity of public health, social affairs, public security, justice, and civil society groups and communities of people who use drugs to facilitate collaboration in delivering voluntary community-based treatment and services for people who use drugs;

3.5 Engagement and collaboration with civil society and community groups, including communities of people who use drugs at national and subnational level, in order to reduce bottlenecks in the treatment pathway, as well as facilitate access to effective voluntary community based treatment and services for people who use drugs;

3.6 Implementation of evidence-based communication strategies to raise awareness about the need to reduce drug-related harms including drug dependence, HIV, viral hepatitis and overdose. These service promotion activities aim to increase evidence-based understanding of drug use, and to inform the public about the availability of drug dependence treatment, and harm reduction services;

3.7 Conduct an assessment of current funding (domestic and international) with a view to develop a transitional financing plan for voluntary community based treatment and services.