

Global Coalition to Address Synthetic Drug Threats

Final Key Recommendations

May 3, 2024

The Recommendations herein are non-binding and for future Government consideration where appropriate. They reflect the views of technical experts participating in the Global Coalition and do not reflect a consensus of governments or a single national position.

Working Group 3: Promote public health interventions and services to prevent and reduce drug use, overdose, and related harms.

20. Where possible, implement policies and interventions that are evidence/science-based, human rights-centered, sensitive to national contexts and conditions, and protect public health-oriented policymaking against interference from commercial interests.
21. Improve the quality of prevention, treatment and care services, harm reduction and social (re)integration, recovery, and justice (including alternatives to incarceration) systems at both the local and national levels using training, mentoring, technical assistance, program monitoring and evaluation, and sharing of best practices through professional networks and regional consultations.
22. Upgrade the practices of the workforce (professionals and other actors/volunteers) through workforce development, networking, professional exchanges, training, technical assistance, mentoring, and certification to align with international standards and any country-specific standards.
23. Consider protective factors, such as social determinants of health and equity in addressing substance use, including specialized approaches in providing support for marginalized populations to result in tailored policy and/or service approaches.
24. Identify opportunities to mainstream the issue of synthetic drugs into relevant global and regional public health fora.
25. Develop, expand, and disseminate substance use research to better inform policy and practice, in consultation with a wide variety of stakeholders, including people with lived and living experience.
26. Educate communities and the public as to the latest science on substance use disorder prevention, treatment, and recovery support, including through encouraging and facilitating accurate reporting in the media and promoting and using non-stigmatizing language.

Sub Working Group 3.3: Addressing Populations in Contact with the Criminal Justice System, including Alternatives to Incarceration

60. Strengthen institutional capacity to develop, implement, monitor and evaluate sustainable drug treatment and recovery initiatives, implementing evidence-based services for those in contact with the criminal justice system, promoting coordination and creation of networks of institutions and social actors, throughout the criminal justice continuum, supporting alternatives to incarceration (ATI) grounded in human rights, including aspects related to gender, age, vulnerable populations and social integration.

61. Create and strengthen multisectoral coordination among providers of social services, health, and justice, generating joint strategies (such as case care management programs – CCM) to promote the social reintegration of people with justice system involvement. The goal of these efforts is ensuring social accountability, reducing drug use, promoting recovery, saving public funds, reducing recidivism to substance use, and enhancing both community safety and promoting individual health and well-being.

62. Engage with the global ATI community of experts, colleagues, and countries working to develop ATI initiatives and best practices and promote information sharing and examples of regulatory review of public policies on drugs to identify opportunities to include recovery and treatment services, including ATI programs to be implemented throughout the justice continuum in accordance with domestic legislation and regulations.

63. The presumptive location for effective ATI-related substance use treatment is via local community channels, to provide the most effective outcomes for non-violent persons in the justice system. For those who are ineligible for treatment dispositions in the community, substance use treatment should also be available in short- and long-term custody settings, with an emphasis on providing services for those within the last year of incarceration and preparing for reentry and linking individuals to treatment and social services in the community.

64. Substance use treatment in support of ATI, regardless of where delivered, should provide evidence-based services for special populations, including adolescents, women, and those who have been victims of violence, ensuring that those in contact with the criminal justice system have the benefit of care equivalent to that dispensed to the general public, including Medication Assisted Treatment (MAT), harm reduction and other low-threshold services.

65. Strengthen the design, development and implementation of care services that provide evidence-based treatments that consider the ATI application for populations in vulnerable situations.

66. Promote a national recovery system for those currently subject to the criminal justice system with local cross-sectoral cooperation and implementation by local political authorities; local government agencies (including those focused on education, health, and social affairs); and by faith-based, cultural, sports, public security, and community organizations.

67. Support evaluation capacity and conduct impact analyses regarding crime reduction, public health outcomes, and cost savings for countries with ATI programs. Facilitate the evaluation of processes, results and impact of pilot programs and public policies related to ATI and demonstrate the benefits in reducing recidivism, reducing crime, saving public funding, and other outcomes, as compared with incarceration.

68. Engage with the global ATI community of experts, colleagues, and countries working to develop ATI initiatives and best practices.