

# #ScaleUp

## Scalable interventions for the treatment and care of stimulant use disorders





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# 1. Background

There is a growing concern in several regions of the world due to the significant levels of substance use for non-medical purposes. In 2022, psychostimulants (including amphetamines, cocaine and ecstasy) were the second most used internationally controlled substance class worldwide, with cannabis being the most widely used (UNODC, 2024). The total number of people having used drugs worldwide was approximately 292 million that year, marking a 20 % increase over the past decade. Of these, an estimated 30 million people used amphetamines, 23.5 million, cocaine, and 20 million, ecstasy. Nearly as many women had used synthetic stimulants as men. Stimulant use has led to a high demand for treatment, with notable variations across subregions: stimulants (amphetamine-type stimulants, cocaine) being the primary drug for 7% seeking treatment in Africa, 17% in Europe, 29% in the Americas, 42% in Oceania and 52% in Asia. The European Drug Report 2024 underscores high cocaine availability impacting on public health with the prevalence of cocaine use

among adults in 2023 being 1.4%, as well as the potential for increased use of methamphetamine in Europe.

Despite the rising need for efficacious interventions, no medication has yet been approved for the treatment of stimulant use dependence to date. Additionally, the implementation of evidence-based psychosocial treatment, such as contingency management (CM), cognitive-behavioral therapy (CBT), family therapy and continued social support for stimulant use disorder treatment remains very limited.

There is an urgent need to bridge the global treatment gap for stimulant use disorders by developing and implementing scalable treatment and care interventions. While some countries are advancing research (including on pharmacological treatments), coordination across clinical studies on key outcome measures, that would meet the regulatory requirements and the needs of affected populations, would be crucial.

## “There is an urgent need to bridge the global treatment gap for stimulant use disorders”

The United Nations Office on Drugs and Crime (UNODC), the World Health Organization (WHO) and the European Drug Agency (EUDA) are suggesting a **multi-country initiative and study on both psychosocial and pharmacological treatment of stimulant use disorder** with a focus on feasibility, safety and effectiveness in different combinations and contexts, to strengthen the evidence base for **scalable interventions** benefitting different population groups and regions.



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## 2.#ScaleUp initiative

#ScaleUp is a joint initiative of UNODC, WHO and EUDA, launched during the Commission on Narcotic Drugs in March 2024. It builds on previous work and publications of UNODC, WHO, EUDA, other partner agencies and international researchers, such as the Discussion Paper on “Stimulant Use Disorders: Current Practices and Current Perspectives” (UNODC, 2019), recommendations for treatment of stimulant dependence in WHO mhGAP guidelines for mental, neurological and substance use disorders (WHO, 2023), as well as clinical descriptions and diagnostic requirements (CDDR) for ICD-11 disorders due to substance use and addictive behaviours. #ScaleUp calls for the scale up of effective psychosocial treatment, as well as increased research on pharmacological treatment options with a view to increasing treatment engagement, treatment retention and effective treatment options for stimulant dependence.

The UNODC (2019) discussion paper stemmed from an expert group meeting organized by the UNODC’s Prevention, Treatment and Rehabilitation Section (UNODC PTRS) in 2017, where leading experts in stimulant use disorders from 25 countries discussed integrated models of treatment that may be effective and suitable for implementation in a variety of settings once translated and culturally adapted. Following several presentations and exchanges on the topic, the participating experts concluded that there was evidence to call for more research on psychosocial and pharmacological treatment options and to conduct multi-country effectiveness, feasibility and safety trials.



***To read the full publication, please scan the QR code.***

A briefing on #ScaleUp took place at the CND Reconvened Session in December 2024 to urge UN Member States to support the initiative to jointly develop and implement innovative strategies on stimulant use disorder treatment and care and to protect the health of our communities. Interested Member States and other entities are invited to provide comments and feedback, request additional information on #ScaleUp, express their interest in participation and support the implementation of the initiative.

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# 3. Phases of implementation

**#ScaleUp implementation is envisaged in five phases:**

## PHASE 1



**1.1.** Development of evidence-based **treatment and research protocols** for psychosocial/pharmacological treatment of stimulant use disorders in specialized community-based substance use disorder treatment and care programs, adapted for local environments, including in low- and middle-income countries, as feasible, and with a focus on multiple outcomes (drug use, treatment retention and satisfaction, quality of life).

**1.2. Assessment** of availability of medications under research for the treatment of stimulant use disorder (e.g. prescription amphetamines, mirtazapine, bupropion/ naltrexone and others) in different countries or regions (currently used for other indications such as treatment of ADHD, treatment of depression etc.), mapping of availability and capacity for the implementation of evidence- based psychosocial treatments (e. g., contingency management, cognitive-behavioral therapy, family therapy and continued social support) and identification of interested countries to join or support #ScaleUp or elements of it.

**1.3.** Development of **key outcome measures** for a multi-country study on stimulant use disorder treatment through a delphi study.

## PHASE 2



**2. Design** and local preparation for an implementation study to test feasibility, effectiveness and safety, as well as implementation outcomes (pilot followed by a multi-country study) of elements or a combination of behavioral and pharmacological treatment and care for stimulant use disorder in specialized treatment settings – always with a view to scalability, including for low- and middle-income countries. This includes national-level agreements and assessments, identification of study sites, capacity building, ensuring availability of medication, involvement of a variety of local stakeholders, local adaptation/translation of study protocols and ethics approval, identification of study participants and related implementation aspects.

## PHASE 3



**3. Implementation of multi-country study** on treatment and care of stimulant use disorders with a view to feasibility, safety, scalability and effectiveness, in line with agreed upon study protocols and outcome measures: Initially, a pilot in one or a few sites is envisaged, followed by a multi-country study.

## PHASE 4



**4. Monitoring, evaluation and data analysis.**

## PHASE 5



**5. Dissemination** of study results and development of an implementation package to facilitate country level follow-up and/or recommendations for further research towards scalability.



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## 4. Expected global outcomes

### #ScaleUp will provide:

- Enhanced evidence, expertise and practical experience on scalable responses for stimulant use disorder treatment and care, in the light of increasing use of stimulants for non-medical purpose in all regions, including in low- and middle-income countries.
- Co-developed and evaluated treatment and care interventions to support people with stimulant use disorders, their families and communities, considering the needs of population groups with special clinical needs.
- Contribution to evidence- and human rights-based, health-centred response to stimulant use disorders.
- A global platform for countries, researchers, professional associations and international agencies with the view to mutual support and information sharing about effective interventions for the treatment and care of stimulant use disorders and their negative health and social consequences.



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# 5. Background information and additional reading

[UNODC-WHO International Standards for the Treatment of Drug Use Disorders \(2020\)](#)

[UNODC World Drug Report 2024](#)

[WHO Global status report on alcohol and health and treatment of substance use disorders \(2024\).](#)

[EUDA European Drug Report 2024](#)

[UNODC Discussion Paper: Treatment of Stimulant Use Disorders: Current practices and promising perspectives \(2019\).](#)

[UNODC HIV Prevention, Treatment, Care and Support for People Who Use Stimulant Drugs: Technical Guide, \(2019\).](#)

[WHO The Alcohol, Smoking and Substance Involvement Screening Test \(ASSIST\) package for hazardous and harmful substance use, including and linked brief intervention and self-help strategy manual](#)

[WHO Mental Health Gap Action Programme \(mhGAP\) guideline for mental, neurological and substance use disorders \(2023\).](#)

[WHO Clinical descriptions and diagnostic requirements for ICD-11 mental, behavioural and neurodevelopmental disorders \(CDDR\) \(2024\).](#)

[Continuing Increase in Stimulant Dependence - Time to Implement Medical Treatment. \(Bisaga A. et. al\) Can J Psychiatry. 2022 Jul;67\(7\):507-511. doi: 10.1177/07067437221083505. Epub 2022 Mar 14. PMID: 35285278; PMCID: PMC9234894.](#)



\*The appearance of external hyperlinks does not constitute endorsement by the United Nations Office on Drugs and Crime, the World Health Organization or the European Drug Agency.





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