



United Nations
Office on Drugs and Crime

IMPLEMENTATION PRINCIPLES

DRUG USE DISORDER TREATMENT
AND OTHER NON-CUSTODIAL
ALTERNATIVES TO CONVICTION OR
PUNISHMENT FOR PEOPLE WHO
USE DRUGS AND WITH DRUG USE
DISORDERS IN CONTACT WITH THE
CRIMINAL JUSTICE SYSTEM FOR
OFFENCES OF A MINOR NATURE



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Other Non-Custodial Alternatives to Conviction or
Punishment for People Who Use Drugs and with Drug
Use Disorders in Contact with the Criminal Justice
System for Offences of a Minor Nature**

**DISCUSSION PAPER
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Abbreviations

AIDS	Acquired immunodeficiency syndrome
APRIL	Assess, Prepare, Implement, Learn
CND	Commission on Narcotic Drugs
HIV	Human immunodeficiency virus
UNODC	United Nations Office on Drugs and Crime

Introduction

Providing drug use disorder treatment and other non-custodial alternatives to conviction or punishment for people who use drugs and with drug use disorders in contact with the criminal justice system in appropriate criminal cases (hereafter “treatment and care as alternatives”, for ease of reading)¹ carries the potential to improve individual and public health, well-being and safety. Treatment and care as alternatives need to be available throughout the criminal justice system and the criminal justice proceedings (pre-arrest, pretrial, trial and post-sentencing). This discussion paper summarizes emerging implementation principles and practices in this field to support United Nations Member States and other relevant stakeholders in their efforts to take action.

The discussion paper was prepared by the United Nations Office on Drugs and Crime (UNODC) in response to Commission on Narcotic Drugs (CND) resolution 58/5 on “Supporting the collaboration of public health and justice authorities in pursuing alternative measures to conviction or punishment for appropriate drug-related offences of a minor nature” which invited UNODC, “in consultation with Member States and, as appropriate, relevant international and regional organizations, to provide guidelines and/or tools on the collaboration of justice and health authorities on alternative measures to conviction or punishment for appropriate drug-related offences of a minor nature”²

While chapter 1 presents an overview of the mandates and rationale in this field, chapter 2 provides principles of implementation and their accompanying elements. Finally, chapter 3 operationalizes the principles in a framework of implementation, both from the point of view of the proceedings of the criminal justice system and of a programme cycle process.

¹The formulation “treatment and care as alternatives” has been utilized in this discussion paper to refer to “drug use disorder treatment and other non-custodial alternatives to conviction or punishment for people who use drugs and with drug use disorders in contact with the criminal justice system in appropriate cases”. This is often referred to also as “alternatives to incarceration” or “treatment and care as alternatives”, but the formulation “treatment and care as alternatives” has been preferred as it indicates the specific context of drug use and drug use disorders and the possibility to provide alternatives at different stages of the criminal justice continuum, not only to incarceration.

²CND (2015). Resolution 58/5 Supporting the collaboration of public health and justice authorities in pursuing alternative measures to conviction or punishment for appropriate drug-related offences of a minor nature. UNODC. www.unodc.org/documents/commissions/CND/CND_Sessions/CND_58/2015_Resolutions/Resolution_58_5.pdf



CHAPTER I.

Overview

Rationale: Why treatment and care as alternatives?

According to the World Drug Report 2025, about 316 million people worldwide used drugs at least once during 2023, and around 64 million people who use drugs suffer from drug dependence.³ Access to drug use disorder treatment remains very limited, with vast differences according to populations and regions. As a global average, only 1 in 12 people has access to it.^{4,5} Globally, there are strong indications that the provision of drug treatment and care services in prison settings is significantly weaker than at the community level.⁶

UNODC estimates that around 4 million of 6.1 million people arrested for drug-related offences are in contact with the criminal justice system due to drug possession or personal use.⁷ UNODC further estimates that at the conviction stage, still a slight majority (60 per cent, 1.4 million people) of drug-related offences under consideration are related to possession for personal use.⁸ Overall, almost one in five people in prisons worldwide is incarcerated for drug-related crimes,⁹ with UNODC estimating that of those, around 60 per cent are convicted for drug-related offences related to personal possession and use.¹⁰ The proportion of women in prison for drug-related offences is higher than that of men, at around 35 per cent compared to 19 per cent.¹¹ This is in a context in which more than 60 per cent of countries worldwide reported overcrowded prisons.¹²

³ UNODC. (2025). World Drug Report 2025: Special Points of Interest. www.unodc.org/documents/data-and-analysis/WDR_2025/WDR25_Special_points_of_interest.pdf.

⁴ Ibid.

⁵ Ibid.

⁶ United Nations. (2020). Report of the Executive Director. CND. <https://documents.un.org/doc/undoc/gen/v20/000/45/pdf/v2000045.pdf>.

⁷ UNODC. (2025). World Drug Report 2025: Special Points of Interest. www.unodc.org/documents/data-and-analysis/WDR_2025/WDR25_Special_points_of_interest.pdf.

⁸ Ibid.

⁹ UNODC. (2019). World Drug Report 2019: Executive Summary. https://wdr.unodc.org/wdr2019/prelaunch/WDR19_Booklet_1_EXECUTIVE_SUMMARY.pdf.

¹⁰ UNODC. (2025). World Drug Report 2025: Special Points of Interest. www.unodc.org/documents/data-and-analysis/WDR_2025/WDR25_Special_points_of_interest.pdf.

¹¹ UNODC. (2018). World Drug Report 2018: Executive Summary. www.unodc.org/wdr2018/prelaunch/WDR18_Booklet_1_EXSUM.pdf.

¹² UNODC. (2025). PRISON MATTERS 2025: Global Prison Population and Trends; A focus on rehabilitative environments. United Nations. www.unodc.org/documents/data-and-analysis/prison/Prison_brief_2025.pdf.

BOX 1. BENEFITS AND CONTRIBUTIONS OF EVIDENCE-BASED TREATMENT^a

Evidence-based treatment:

- Benefits from a coordinated response between health, justice and social care systems
.....
- Contributes to reduced substance use and promotes recovery while breaking the vicious cycle of drug use and crime
.....
- Decreases the chance of becoming involved in criminal activities of a minor nature
.....
- Reduces reoffending and reincarceration among people with drug use disorders who come into contact with the criminal justice system
.....
- Lowers rates of violent crime with increased financial investment and treatment admission levels
.....
- Enhances the patient’s quality of life

^a UNODC and WHO. (2020). *International Standards for the Treatment of Drug Use Disorders: revised edition incorporating results of field-testing*. UNODC and WHO. www.unodc.org/documents/drug-prevention-and-treatment/UNODC-WHO_International_Standards_Treatment_Drug_Use_Disorders_April_2020.pdf, p.97.

Therefore, treatment and care as alternatives are an effective public health and public safety strategy and provide beneficial outcomes for the individuals concerned and overall communities. It should be underlined that this does not suggest a “doing nothing” or a “laissez-faire” approach to drugs and crime. There is no suggestion that people who use drugs or those with drug use disorders should be exempt from the consequences of offending.¹³ Rather, this should be seen as a strategy to create opportunities for criminal justice actors to engage with health and social services (and vice versa) to jointly address a health disorder to improve health and safety outcomes for the individuals concerned and the community.

Framework of reference

The provision of treatment and care as alternatives is anchored in the three international drug conventions,¹⁴ international human rights law,¹⁵ as well as other international standards, norms and policy documents. In particular, the international drug conventions, concerned with the health and welfare of humankind, provide that, in appropriate criminal cases and other offences of a minor nature committed by persons with drug use disorders, measures such as treatment and rehabilitation can be offered as an alternative or as additional measures to conviction or punishment in line with national legislation.¹⁶ Further, the provision of treatment and care as alternatives, and therefore this discussion paper, is based on the United Nations Standard Minimum Rules for Non-custodial Measures (the Tokyo Rules)¹⁷ and the United Nations Standards and

¹³ United Nations Standard Minimum Rules for Non-custodial Measures (the Tokyo Rules) (General Assembly resolution 45/110, annex), principle 5.1. www.unodc.org/pdf/criminal_justice/UN_Standard_Minimum_Rules_for_Non-custodial_Measures_Tokyo_Rules.pdf.

¹⁴ United Nations. (2013). *The International Drug Control Conventions*. www.unodc.org/documents/commissions/CND/Int_Drug_Control_Conventions/Ebook/The_International_Drug_Control_Conventions_E.pdf.

¹⁵ United Nations. (1948). *Universal Declaration of Human Rights*. United Nations. United Nations General Assembly. www.un.org/sites/un2.un.org/files/2021/03/udhr.pdf.

¹⁶ United Nations. (2013). *The International Drug Control Conventions*. www.unodc.org/documents/commissions/CND/Int_Drug_Control_Conventions/Ebook/The_International_Drug_Control_Conventions_E.pdf.

¹⁷ United Nations Standard Minimum Rules for Non-custodial Measures (the Tokyo Rules) (General Assembly resolution 45/110, annex).

Norms for the Treatment of Women Prisoners and Non-Custodial Measures for Women Offenders (the Bangkok Rules)¹⁸ and related technical guidance.^{19, 20}

In addition, the Outcome Document of the United Nations General Assembly Special Session on the World Drug Problem in 2016,²¹ “encourages the development, adoption and implementation, with due regard for national, constitutional, legal and administrative systems, of alternative or additional measures with regard to conviction or punishment in cases of an appropriate nature, in accordance with the three international drug control conventions and taking into account, as appropriate, relevant United Nations standards and rules, such as the United Nations Standard Minimum Rules for Non-custodial Measures”. The 2016 Outcome Document also “encourages voluntary participation of individuals with drug use disorders in treatment programmes, with informed consent, where consistent with national legislation, and develop and implement outreach programmes and campaigns, involving drug users in long-term recovery, where appropriate, to prevent social marginalization and promote non-stigmatizing attitudes, as well as to encourage drug users to seek treatment and care, and take measures to facilitate access to treatment and expand capacity.”²²

Moreover, this discussion paper builds on and remains within the framework of other key publications in the field of the treatment and care of drug use disorders, including alternatives.²³

The International Standards for the Treatment of Drug Use Disorders²⁴ (herewith “the Standards”) were developed to provide guidance on ethical and effective health and social interventions for people who use drugs and people with drug use disorders. The Standards have been acknowledged by Member States several times in parliamentary documentation²⁵ and indicate that health and social interventions for people who use drugs and with drug use disorders in contact with the criminal justice system need to be evidence-based and in line with ethical and human rights principles, equally to any drug use disorder treatment without criminal justice contact. In particular, in line with principle 2.2 of the Standards, “patients should grant informed consent before treatment begins and have a guaranteed option to withdraw from treatment at any time.”²⁶ Finally, the goals of this treatment are to stop or reduce drug use, improve the health, well-being and social functioning of the affected individual, and prevent negative health and social consequences as well as relapse.

In 2016, the initiative “Treatment and Care for People with Drug Use Disorders in Contact with the Criminal Justice System: Alternatives to Conviction or Punishment” was launched in response to CND resolution 58/5.²⁷ This initiative led to the publication of the handbook on “Treatment and care for people with drug use disorders in contact with the criminal justice system: Alternatives to conviction or

¹⁸ United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders with their Commentary (the Bangkok Rules) (General Assembly resolution 65/229, annex). www.unodc.org/documents/justice-and-prison-reform/Bangkok_Rules_ENG_22032015.pdf

¹⁹ UNODC. (2007). Handbook of basic principles and promising practices on Alternatives to Imprisonment. United Nations. www.unodc.org/pdf/criminal_justice/Handbook_of_Basic_Principles_and_Promising_Practices_on_Alternatives_to_Imprisonment.pdf.

²⁰ UNODC. (2013). Handbook on Strategies to Reduce Overcrowding in Prisons. In Criminal Justice Handbook Series. United Nations. www.unodc.org/documents/justice-and-prison-reform/Overcrowding_in_prisons_Ebook.pdf.

²¹ UNODC. (2016). Outcome Document of the 2016 United Nations General Assembly Special Session on the World Drug Problem. www.unodc.org/documents/postungass2016/outcome/V1603301-E.pdf.

²² Ibid.

²³ UNODC and WHO. (2021). Treatment and Care for People with Drug Use Disorders in contact with the Criminal Justice System: Alternatives to Conviction or Punishment. United Nations. www.unodc.org/documents/drug-prevention-and-treatment/UNODC_WHO_Alternatives.pdf.

²⁴ UNODC and WHO. (2020). International Standards for the Treatment of Drug Use Disorders: revised edition incorporating results of field-testing. UNODC and WHO. www.unodc.org/documents/drug-prevention-and-treatment/UNODC-WHO_International_Standards_Treatment_Drug_Use_Disorders_April_2020.pdf.

²⁵ The International Standards for the Treatment of Drug Use Disorders (2016) were released as a draft for field-testing during the 2016 CND. The 2016 United Nations General Assembly Special Session on Drugs (UNGASS) Outcome Document (United Nations, 2016), as well as the 2016 CND Resolution 59/4 (CND, 2016) on the “Development and dissemination of international standards for the treatment of drug use disorders” reiterated the importance of disseminating the Standards to promote a balanced and health-centred approach to drug use disorders. (UNODC, 2021).

²⁶ Ibid.

²⁷ CND. (2015). Resolution 58/5 Supporting the collaboration of public health and justice authorities in pursuing alternative measures to conviction or punishment for appropriate drug-related offences of a minor nature. UNODC. www.unodc.org/documents/commissions/CND/CND_Sessions/CND_58/2015_Resolutions/Resolution_58_5.pdf.

punishment”²⁸ in 2019. The handbook defined seven principles that can guide treatment and care for people with drug use disorders in contact with the criminal justice system as an alternative to conviction or punishment (see box 2). Moreover, it provides examples of global best practices in treatment and care as alternatives for each one of the stages of the criminal justice process.

Under these initiatives, UNODC also provides direct technical assistance to Member States at the national level, with tangible results, while continuing global advocacy through various forums. To further support Member States and professionals working on treatment and care as alternatives, UNODC has developed a self-paced eLearning course on the topic.²⁹ Finally, UNODC, in coordination with the African Union, mapped available measures to provide treatment of drug use disorders as an alternative to conviction or punishment in Member States, documenting that most reporting countries had at least one available measure.³⁰

BOX 2. PRINCIPLES 2.2 – PRINCIPLES CONCERNING THE TREATMENT OF PERSONS WITH DRUG USE DISORDERS IN CONTACT WITH THE CRIMINAL JUSTICE SYSTEM^a

PRINCIPLES

- Drug use disorders are a public health concern requiring responses that are health-centred. Individuals should not be punished for their drug use disorder but provided with appropriate treatment.
- The use of alternatives to conviction or punishment at all stages of the criminal justice system for offenders with drug use disorders, based on an assessment using established criteria, should be encouraged.
- Proportionality is required at all stages of the process.
- A diversion to treatment should be made with the informed consent of the offender.
- The implementation of alternatives to conviction or punishment should respect legal and procedural safeguards.
- Specific attention to special groups and their access to treatment as an alternative to conviction or punishment is required to avoid discrimination
- Prisoners with drug use disorders may not be deprived of their right to health and are entitled to the same level of treatment as the general population.

^a UNODC and WHO. (2021). *Treatment and Care for People with Drug Use Disorders in contact with the Criminal Justice System: Alternatives to Conviction or Punishment*. United Nations. www.unodc.org/documents/drug-prevention-and-treatment/UNODC_WHO_Alternatives.pdf.

²⁸ UNODC and WHO. (2021). *Treatment and Care for People with Drug Use Disorders in contact with the Criminal Justice System: Alternatives to Conviction or Punishment*. United Nations. www.unodc.org/documents/drug-prevention-and-treatment/UNODC_WHO_Alternatives.pdf.

²⁹ UNODC. (2024). *E-Learning: Treatment and Care as Alternatives to Conviction or Punishment for People with Drug Use Disorders in contact with the Criminal Justice System*. www.unodc.org/documents/drug-prevention-and-treatment/ATI_E-learning_brochure.pdf.

³⁰ UNODC and African Union. (2022). *Alternatives to Conviction or Punishment available for People Who Use Drugs and with Drug Use Disorders in contact with the Criminal Justice System: Draft summary report on available measures based on an analysis of Note Verbale responses by United Nations Member States to UNODC*. UNODC. www.unodc.org/res/drug-prevention-and-treatment/publications_html/Report_on_NVs_on_Alternatives_to_Incarceration_FINAL_0609221.pdf.

Scope and process

This publication focuses on people using drugs and people with drug use disorders who are in contact with the criminal justice system, specifically adults. International standards and norms require specialized frameworks and age-appropriate approaches for children (individuals under 18 years of age according to the Convention on the Rights of the Child)³¹ who are in conflict with the law. Non-custodial alternative measures are, of course, relevant for children and juveniles, but are beyond the scope of this document. With a view to this target group, the focus will be on the treatment of drug use disorders provided as an alternative to conviction or punishment in appropriate criminal cases. For information on alternatives to conviction or punishment for other target groups, relevant information is available elsewhere.³²

Drugs, in the context of this document, refer to substances under international control,³³ and the terminology “drug use” indicates use for non-medical and non-scientific purposes unless stated differently. The provision of treatment and care as alternatives for people using psychoactive substances not under international control (e.g., alcohol, khat, ketamine)³⁴ also needs to be considered, but it is beyond the scope of this document.

While the document refers to “treatment and care” as the alternative measures to be considered, it should be noted that, as per the Standards, this refers to a broad range of health and social interventions that are needed to protect and promote the health, well-being and recovery of people who use drugs and people with drug use disorders. This could include education, counselling, group counselling or referral to a support group, social support, medical interventions, in- and out-patient, pharmacological and psychological treatment, as well as aftercare, assistance for job placement and/or housing, vocational training and community service that promote a sustained recovery approach. Such interventions have to match the needs of people at different stages and severities of drug use disorders in a manner consistent with the treatment of any other chronic disease or health condition. This discussion paper has been drafted with the full understanding that the implementation of treatment and care as alternatives will differ in various jurisdictions and health systems and will often need to be developed with a building block approach, where the health system capacity for service delivery is strengthened in parallel to judicial reforms as necessary.^{35, 36, 37, 38, 39, 40}

³¹ United Nations Human Rights Office of the High Commissioner (OHCHR). (n.d.). Convention on the Rights of the Child. OHCHR. www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child#:~:text=States%20Parties%20shall%20take%20all%20appropriate%20measures%20including%20legislative%20administrative,of%20children%20in%20the%20illicit.

³² UNODC. (2007). Handbook of basic principles and promising practices on Alternatives to Imprisonment. United Nations. www.unodc.org/pdf/criminal_justice/Handbook_of_Basic_Principles_and_Promising_Practices_on_Alternatives_to_Imprisonment.pdf.

³³ Multilingual Dictionary of Narcotic Drugs and Psychotropic Substances under International Control. (n.d.). UNODC. www.unodc.org/unodc/en/scientists/multilingual-dictionary-of-narcotic-drugs-and-psychotropic-substances-under-international-control.html.

³⁴ UNODC. (2007). Handbook of basic principles and promising practices on Alternatives to Imprisonment. United Nations. www.unodc.org/pdf/criminal_justice/Handbook_of_Basic_Principles_and_Promising_Practices_on_Alternatives_to_Imprisonment.pdf.

³⁵ UNODC and WHO. (2021). Treatment and Care for People with Drug Use Disorders in contact with the Criminal Justice System: Alternatives to Conviction or Punishment. United Nations. www.unodc.org/documents/drug-prevention-and-treatment/UNODC_WHO_Alternatives.pdf.

³⁶ UNODC and African Union. (2022). Alternatives to Conviction or Punishment available for People Who Use Drugs and with Drug Use Disorders in contact with the Criminal Justice System: Draft summary report on available measures based on an analysis of Note Verbale responses by UN Member States to UNODC. UNODC. www.unodc.org/res/drug-prevention-and-treatment/publications_html/Report_on_NVs_on_Alternatives_to_Incarceration_FINAL_0609221.pdf.

³⁷ UNODC. (2007). Handbook of basic principles and promising practices on Alternatives to Imprisonment. United Nations. www.unodc.org/pdf/criminal_justice/Handbook_of_Basic_Principles_and_Promising_Practices_on_Alternatives_to_Imprisonment.pdf.

³⁸ United Nations. (2013). Handbook on Strategies to Reduce Overcrowding in Prisons. In CRIMINAL JUSTICE HANDBOOK SERIES. www.unodc.org/documents/justice-and-prison-reform/Overcrowding_in_prisons_Ebook.pdf.

³⁹ UNODC. (2020). Handbook on Restorative Justice Programmes Second Edition. www.unodc.org/documents/justice-and-prison-reform/20-01146_Handbook_on_Restorative_Justice_Programmes.pdf.

⁴⁰ CND. (2023). Review of interventions to treat drug use disorders among girls and women in the criminal justice system in low- and middle-income countries. In CND. UNODC. www.unodc.org/documents/drug-prevention-and-treatment/CRP_Women_ECN72023_CRP10_2304065E.pdf.

Finally, as per the Standards, treatment and care of drug use disorders needs to be voluntary. Compulsory detention is ineffective for biopsychosocial health conditions⁴¹ and is not a non-custodial alternative to conviction or punishment for people with drug use disorders, in line with the United Nations Standard Minimum Rules for Non-custodial Measures (the Tokyo Rules).⁴² Informed consent is needed from the patient,⁴³ as with the treatment of any other health disorder, apart from acute life-threatening emergencies. This also means that people in treatment for drug use disorders need to be allowed to withdraw their consent at any time, even if it is against medical recommendations, unless they are at immediate risk of harming themselves or others. This also stands, even if such withdrawal would imply the end of an alternative measure and subsequent criminal justice consequences.

Within this scope and building on the framework and programme of work described above, the development of this publication has been based on a series of informal technical consultations with 161 experts (in their majority nominated by Member States) from 76 countries. Four preparatory consultations were each devoted to one of the stages of the criminal justice proceedings. The first online informal preparatory consultation meeting, focusing on the pre-arrest stage, occurred on 23 March 2021, followed by the pretrial stage meeting on 13 October 2021, the trial stage meeting on 25 May 2022 and the post-trial stage meeting on 26 September 2022. The final technical consultation took place in Vienna from 2 to 6 October 2023, discussing the principles and framework included in this paper. The notes from the consultation were shared for comments with all participants and subsequently summarized in the present document.

⁴¹ UNODC and WHO. (2021). Treatment and Care for People with Drug Use Disorders in contact with the Criminal Justice System: Alternatives to Conviction or Punishment. United Nations. www.unodc.org/documents/drug-prevention-and-treatment/UNODC_WHO_Alternatives.pdf.

⁴² United Nations Standard Minimum Rules for Non-custodial Measures (the Tokyo Rules) (General Assembly resolution 45/110, annex).

⁴³ Ibid., Principle 3.4.

CHAPTER II.

Implementation principles and accompanying elements

IMPLEMENTATION PRINCIPLE 1

Drug use disorders are biopsychosocial health disorders and are best treated in community-based health and social services, based on scientific evidence, and outside the criminal justice system

.....

DESCRIPTION

The implementation of alternatives for people with drug use disorders in contact with the criminal justice system needs to be underpinned by the understanding, based on scientific evidence, that drug use disorders are biopsychosocial health disorders and are best treated effectively in community-based health and social services, as per the International Standards for the Treatment of Drug Use Disorders (the Standards).⁴⁴

Therefore, access to evidence-based and comprehensive quality treatment and care in the community for all people is essential. Services need to provide access to treatment and recovery for patients with drug use disorders, as well as to interventions aimed at reducing the negative health and social consequences of drug use.⁴⁵

Providing highly accessible health and social services in the community will have an impact on both public health and public safety measures, while for people with drug use disorders in contact with the criminal justice system, drug use disorder treatment needs to be part of the non-custodial alternatives to conviction or punishment. Access to drug use disorder treatment services is limited at a global level,⁴⁶ which poses a key barrier to diverting people to treatment as part of non-custodial alternative measures.

ACCOMPANYING ELEMENTS

- Treatment and care services for people who use drugs and people with drug use disorders in line with the International Standards are adequately and promptly accessible in the community and have the capacity to care for people in contact with the criminal justice system. This includes the treatment of

⁴⁴ UNODC and WHO. (2020). International Standards for the Treatment of Drug Use Disorders: revised edition incorporating results of field-testing. UNODC and WHO. www.unodc.org/documents/drug-prevention-and-treatment/UNODC-WHO_International_Standards_Treatment_Drug_Use_Disorders_April_2020.pdf.

⁴⁵ Ibid.

⁴⁶ UNODC. (2025). World Drug Report 2025: Special Points of Interest. www.unodc.org/documents/data-and-analysis/WDR_2025/WDR25_Special_points_of_interest.pdf.

physical or mental comorbidities and treatment of drug use disorders as an alternative to conviction or punishment in a non-custodial setting, in line with the Tokyo Rules and the Bangkok Rules.

- Any contact that people who use drugs and people with drug use disorders have with the criminal justice system takes health triage considerations into account, especially at times when potential life-threatening or painful withdrawal symptoms, or life-threatening overdose symptoms may occur and need to be addressed immediately.
- In line with the International Standards, clinical decisions on the treatment of drug use disorders, whether accessed in the community or as an alternative, need to be in line with ethical standards and human rights principles,⁴⁷ specifically their voluntary nature and the informed consent of the patient before entering treatment.
- Clinical governance also needs to apply when treatment and care are offered as an alternative to conviction or punishment. Therefore, the offering and management of treatment and care as alternatives need to be clinically independent. Specifically, the length, intensity and type of treatment need to be tailored based on the person's needs from a clinical perspective, and independently of the type of offence. Treatment and care as alternatives need to be meaningful and manageable for the person with drug use disorders.
- In line with the International Standards, eligibility for treatment and care as alternatives needs to be based on validated, brief and standardized screening tools followed up by a whole-person assessment, if necessary. These tools are particularly important in supporting dissuasion commissions, community-led integrated assessment teams, court user committees, probation committees, etc. Further, these tools need to be administered immediately to determine if someone may be in need of drug use disorder treatment services or other healthcare. They can be administered by non-health professionals with minimal training. Individuals who require a more complete clinical assessment need to be immediately connected to a qualified clinician for further assessment.
- In line with the International Standards, treatment and care as alternatives need to include a range of accessible, evidence-based, and diversified health and social interventions; this range constitutes a recovery-oriented continuum of care and also considers the needs of different groups with particular clinical needs,^{48,49} including pregnant women and people with children,^{50,51} the elderly, and persons with disabilities. In appropriate circumstances, this could include the provision of services online.
- Trauma-informed services need to be offered both in the community and in the context of treatment and care as alternatives, particularly for women who use drugs and women with drug use disorders.⁵²
- In line with the International Standards, flexible compliance standards need to apply in the assessment of treatment and care progress, also when offered as an alternative, considering all the possible outcomes of drug treatment and care, as well as the chronic and relapsing nature of drug use disorders.
- A person in contact with the criminal justice system who uses drugs but who does not meet the diagnostic criteria for drug use disorders needs to be diverted to less intensive alternatives that are appropriate in the specific case, including indicated prevention services.^{53,54}

⁴⁷ United Nations. (1948). Universal Declaration of Human Rights. General Assembly. www.un.org/sites/un2.un.org/files/2021/03/udhr.pdf.

⁴⁸ United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders with their Commentary (the Bangkok Rules) (General Assembly resolution 65/229, annex), rule 62.

⁴⁹ United Nations Standard Minimum Rules for Non-custodial Measures (the Tokyo Rules) (General Assembly resolution 45/110, annex).

⁵⁰ United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders with their Commentary (the Bangkok Rules) (General Assembly resolution 65/229, annex), rule 64.

⁵¹ United Nations Standard Minimum Rules for Non-custodial Measures (the Tokyo Rules) (General Assembly resolution 45/110, annex).

⁵² UNODC and WHO. (2020). International Standards for the Treatment of Drug Use Disorders: revised edition incorporating results of field-testing. UNODC and WHO. www.unodc.org/documents/drug-prevention-and-treatment/UNODC-WHO_International_Standards_Treatment_Drug_Use_Disorders_April_2020.pdf.

⁵³ Ibid.

⁵⁴ UNODC and WHO. (2018). International Standards on Drug Use Prevention (Second updated edition). United Nations. www.unodc.org/documents/prevention/UNODC-WHO_2018_prevention_standards_E.pdf.

IMPLEMENTATION PRINCIPLE 2

The national development of treatment and care as alternatives can be facilitated by successful implementation at a demonstration site at the local level based on a comprehensive assessment of existing needs and opportunities

DESCRIPTION

Some countries are already implementing some models of provision of treatment and care as alternatives, while others are at the initial stages.⁵⁵ Implementation needs to be in progressive steps, in accordance with resource availability and the current drug treatment system. Countries can benefit from demonstration site models at the local level to demonstrate feasibility and benefits and thus advocate for expansion at the national level. Comprehensive assessments of existing needs, practices and frameworks are necessary to identify opportunities for development.

ACCOMPANYING ELEMENTS

- Consider showcasing the feasibility and benefits of treatment and care as alternatives at a local demonstration site and advocating for expansion at the national level.
- Developing treatment and care as alternatives requires a multisectoral team approach at all levels, including decision-makers and practitioners from the public health, criminal justice and social sectors, and representatives of affected communities.
- Legislative changes are not necessarily a prerequisite to developing and/or strengthening treatment and care as alternatives, as opportunities often exist within the existing legal and policy framework.^{56, 57} A careful assessment of the legal and policy framework is key to identifying such opportunities at national and/or local levels as appropriate.
- Eventually, treatment and care as alternatives require a supporting legal and policy framework, including national laws and a clear basis and criteria for the use of discretionary powers by justice actors.^{58, 59}
- A supporting legal and policy framework includes a sustainable funding mechanism for the public health, criminal justice and social sectors, and their collaboration. Therefore, the legal and policy framework assessment needs to include an assessment of the available resources from government support, civil society organizations and the private sector, as appropriate.
- In addition, the development of treatment and care as alternatives is based on an assessment of the drug situation (including the prevalence of drug use, drug use disorders, other health and social consequences, and contact with the criminal justice system) and the current accessibility of drug treatment and care services, both in the community and as an alternative.

⁵⁵ UNODC and African Union. (2022). Alternatives to Conviction or Punishment available for People Who Use Drugs and with Drug Use Disorders in contact with the Criminal Justice System: Draft summary report on available measures based on an analysis of Note Verbale responses by United Nations Member States to UNODC. UNODC. www.unodc.org/res/drug-prevention-and-treatment/publications_html/Report_on_NVs_on_Alternatives_to_Incarceration_FINAL_0609221.pdf.

⁵⁶ United Nations Standard Minimum Rules for Non-custodial Measures (the Tokyo Rules) (General Assembly resolution 45/110, annex), principle 1.5.

⁵⁷ United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders with their Commentary (the Bangkok Rules) (General Assembly resolution 65/229, annex).

⁵⁸ United Nations Standard Minimum Rules for Non-custodial Measures (the Tokyo Rules) (General Assembly resolution 45/110, annex), principle 3.2-3.3.

⁵⁹ United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders with their Commentary (the Bangkok Rules) (General Assembly resolution 65/229, annex).

IMPLEMENTATION PRINCIPLE 3

National and local leadership, as well as the general public, need to be informed, sensitized and supportive of the development of treatment and care as alternatives

DESCRIPTION

The successful implementation of treatment and care as alternatives relies on informed, sensitized and supportive leadership at both national and local levels, as well as active public engagement. Building awareness about the scientific understanding of drug use disorders as biopsychosocial health conditions with chronic and relapsing characteristics can foster empathy and encourage collaborative solutions. These efforts can be further supported through continuous training sessions, public consultations and multisectoral collaboration. They are essential tools for creating a shared understanding of the benefits of treatment and care as alternatives. By involving “champions”, including affected communities and community leaders, these efforts can inspire trust and highlight the value of evidence-based approaches. It can also demonstrate the positive impact that treatment and care as alternatives have on individual and public health, safety and social reintegration. This principle emphasizes the importance of collective action and shared responsibility of national and local leadership, as well as the general public, in addressing drug use disorders and supporting treatment as alternatives in appropriate criminal cases of a minor nature.^{60, 61}

ACCOMPANYING ELEMENTS

- Understand national and local leadership structures that are responsible for non-custodial alternative measures to conviction or punishment.
- Policy and decision-makers at all levels need to understand the nature, prevention and treatment of drug use disorders according to scientific evidence and human rights,⁶² the functioning of treatment systems; and the importance of social reintegration. Adequate training and awareness-building need to be provided.⁶³
- Governments, civil society organizations and the private sector, as appropriate, need to be informed, sensitized and supportive of treatment and care as alternatives,^{64, 65} and resources need to be sufficiently, sustainably planned for increasing a range of training programmes and awareness-raising.^{66, 67}
- Policy and decision-makers need to actively champion treatment and care as alternatives by delivering awareness-raising initiatives, creating a shared understanding of the benefits of treatment and care as alternatives to the general public, through highlighting the potential outcomes of health and justice collaboration in terms of individual and public health and safety strategies.^{68, 69}

⁶⁰ United Nations Standard Minimum Rules for Non-custodial Measures (the Tokyo Rules) (General Assembly resolution 45/110, annex).

⁶¹ United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders with their Commentary (the Bangkok Rules) (General Assembly resolution 65/229, annex).

⁶² Ibid. Rule 70.1.

⁶³ Ibid. Rule 70.3.

⁶⁴ United Nations Standard Minimum Rules for Non-custodial Measures (the Tokyo Rules) (General Assembly resolution 45/110, annex), principle 18.1.

⁶⁵ United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders with their Commentary (the Bangkok Rules) (General Assembly resolution 65/229, annex).

⁶⁶ United Nations Standard Minimum Rules for Non-custodial Measures (the Tokyo Rules) (General Assembly resolution 45/110, annex), principle 18.1-18.2.

⁶⁷ United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders with their Commentary (the Bangkok Rules) (General Assembly resolution 65/229, annex).

⁶⁸ United Nations Standard Minimum Rules for Non-custodial Measures (the Tokyo Rules) (General Assembly resolution 45/110, annex), principle 18.4.

⁶⁹ United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders with their Commentary (the Bangkok Rules) (General Assembly resolution 65/229, annex).

- The public (family, peers, community) needs to be informed about the risks of overdose and the need for treatment and be encouraged to actively support⁷⁰ people who use drugs and people with drug use disorders in contact with the criminal justice system and/or part of treatment and care as alternatives.^{71,72}

IMPLEMENTATION PRINCIPLE 4

Treatment and care as alternatives need to be attainable throughout the criminal justice proceedings

DESCRIPTION

All the stages of the criminal justice proceedings (pre-arrest, pretrial, trial and post-sentencing) need to provide opportunities to engage with the health and social sectors and to offer treatment and care as alternatives. To be effective, such opportunities need to take into consideration the chronic and relapsing nature of drug use disorders requiring long-term care.

ACCOMPANYING ELEMENTS

- Due to the relapsing nature of drug use disorders, treatment and care as alternatives need to be offered as early as possible and repeatedly, if necessary, throughout the criminal justice proceedings.
- Non-accessibility of services is not to be held against a person in need of treatment who is in contact with the criminal justice system.
- Clear cross-sectoral eligibility guidelines and referral pathways from the justice to the health and social sector need to be established and tailored to facilitate the provision of treatment and care as alternatives by justice system actors and health professionals at each stage of the criminal justice proceedings. For example, if credentialled/licensed services are not available in a given area or are not accessible to people due to caretaking obligations or other barriers, people with drug use disorders need to be assigned to the nearest service available, to prevent the worsening of their condition.^{73,74}
- Due to the chronic nature of drug use disorders, adjustments to the therapy provided need to be preferred over revocation of non-custodial measures for behaviours that are symptomatic of the drug use disorder, including relapse.^{75,76}
- All people with drug use disorders in contact with the criminal justice system need to have equal access to treatment and care as alternatives to conviction or punishment so that diversion options are available fairly to all those involved.^{77,78}
- Treatment and care as alternatives need to be developed and tailored in coordination with other justice reform measures or alternatives to incarceration schemes.

⁷⁰ Ibid. Rule 70.2.

⁷¹ United Nations Standard Minimum Rules for Non-custodial Measures (the Tokyo Rules) (General Assembly resolution 45/110, annex), principle 17.1-17.2.

⁷² United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders with their Commentary (the Bangkok Rules) (General Assembly resolution 65/229, annex).

⁷³ United Nations Standard Minimum Rules for Non-custodial Measures (the Tokyo Rules) (General Assembly resolution 45/110, annex).

⁷⁴ United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders with their Commentary (the Bangkok Rules) (General Assembly resolution 65/229, annex).

⁷⁵ United Nations Standard Minimum Rules for Non-custodial Measures (the Tokyo Rules) (General Assembly resolution 45/110, annex), principle 14.3.

⁷⁶ United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders with their Commentary (the Bangkok Rules) (General Assembly resolution 65/229, annex).

⁷⁷ United Nations Standard Minimum Rules for Non-custodial Measures (the Tokyo Rules) (General Assembly resolution 45/110, annex).

⁷⁸ United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders with their Commentary (the Bangkok Rules) (General Assembly resolution 65/229, annex), rule 15 and rule 60.

- Legal aid and related support need to be considered for people with drug use disorders in contact with the criminal justice system, along with transparent information on the implications of different diversion schemes.
- People who use drugs and with drug use disorders in contact with the criminal justice system need to be able to continue treatment and care in the community after justice requirements have been satisfied.^{79,80}
- Fines/bail amounts shall not be higher than affordable, or shall be considered non-monetary bail, or other suitable alternatives need to be used.^{81, 82}

IMPLEMENTATION PRINCIPLE 5

Treatment and care as alternative measures need to be of high quality, monitored and evaluated at different stages of the criminal justice proceedings, not only at one stage

DESCRIPTION

Dimensions of quality of implementation include the competencies and skills of all stakeholders involved, and the creation of continuous monitoring and feedback loops at different stages of criminal justice proceedings to evolve, adapt and tailor the interventions in line with a multisectoral case management mechanism.

ACCOMPANYING ELEMENTS

- Health professionals working with people with drug use disorders need to be continuously informed about the legislation on drug-related offences and be able to link their patients/clients with legal services in a way that is transparent with regard to legal consequences and is appropriate to individual circumstances and backgrounds.
- Health actors, as well as justice and social service providers involved in providing treatment and care as alternatives, need to be adequately trained and have access to continuous training initiatives.^{83, 84} An understanding of the nature, prevention and treatment of drug use disorders according to scientific evidence, the functioning of treatment systems and the importance of recovery needs to be strengthened for effective intervention. It is important to highlight the possibility and advantages of non-custodial measures for people with drug use disorders in terms of public health and safety measures.
- Developing a monitoring and evaluation mechanism, including a progress completion reporting tool as a key component, is essential.
- Shared goals and outcomes need to be clearly and jointly identified by all stakeholders, including from the health, social and criminal justice perspectives, as well as that of participants: for example, reduced drug use, increased periods of abstinence, improved quality of life, reduced further criminal justice contacts, etc.
- Shared goals and outcomes need to become part of the indicators of operational success for all operators (for example, law enforcement officers could also be assessed on referrals to health and social services, not only on arrests).

⁷⁹ United Nations Standard Minimum Rules for Non-custodial Measures (the Tokyo Rules) (General Assembly resolution 45/110, annex), principle 11.1.

⁸⁰ United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders with their Commentary (the Bangkok Rules) (General Assembly resolution 65/229, annex).

⁸¹ United Nations Standard Minimum Rules for Non-custodial Measures (the Tokyo Rules) (General Assembly resolution 45/110, annex).

⁸² United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders with their Commentary (the Bangkok Rules) (General Assembly resolution 65/229, annex).

⁸³ United Nations Standard Minimum Rules for Non-custodial Measures (the Tokyo Rules) (General Assembly resolution 45/110, annex), principle 13.2.

⁸⁴ United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders with their Commentary (the Bangkok Rules) (General Assembly resolution 65/229, annex), rule 70.4.

- Periodic intersectoral evaluation needs to assess the process of implementation, the effectiveness of interventions, and alignment with these implementation principles.^{85 86}

IMPLEMENTATION PRINCIPLE 6

Trusted partnerships between the health, justice and social systems and the community, including affected communities, are the base for making treatment and care as alternative models acceptable, effective and sustainable

DESCRIPTION

Trusted partnerships are key to any collaborative endeavour, and treatment and care as alternatives are no exception. Representatives of affected communities often have significant expertise, and their meaningful involvement can enhance the understanding, accessibility and effectiveness of treatment and care as alternatives. Partnerships between health, justice and social systems, and the community, including affected communities, need to be developed and nurtured continually.

ACCOMPANYING ELEMENTS

- Increase opportunities for health systems, justice systems and social systems to interact among themselves and the community.^{87, 88} Regular meetings for coordination and information sharing between the public health system, the criminal justice system, social services and civil society organizations are essential for trust building and effectiveness.^{89, 90}
- The development of common objectives around providing evidence-based drug use disorder treatment to reduce criminal justice contacts of people with drug use disorders and to bring positive outcomes for health, justice and the community can facilitate the creation of trusted partnerships.
- Sharing success stories of people in recovery who were diverted out of the criminal justice system⁹¹ can motivate continuous collaboration between the health, criminal justice and social sectors.⁹²
- Results of reviews, monitoring and evaluation exercises need to be used to reinforce the perception of the value of partnership among stakeholders through wide dissemination and generous acknowledgement of contributions.

⁸⁵ United Nations Standard Minimum Rules for Non-custodial Measures (the Tokyo Rules) (General Assembly resolution 45/110, annex), principle 21.3.

⁸⁶ United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders with their Commentary (the Bangkok Rules) (General Assembly resolution 65/229, annex).

⁸⁷ United Nations Standard Minimum Rules for Non-custodial Measures (the Tokyo Rules) (General Assembly resolution 45/110, annex), principle 22.1.

⁸⁸ United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders with their Commentary (the Bangkok Rules) (General Assembly resolution 65/229, annex).

⁸⁹ United Nations Standard Minimum Rules for Non-custodial Measures (the Tokyo Rules) (General Assembly resolution 45/110, annex), principle 21.2.

⁹⁰ United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders with their Commentary (the Bangkok Rules) (General Assembly resolution 65/229, annex).

⁹¹ United Nations Standard Minimum Rules for Non-custodial Measures (the Tokyo Rules) (General Assembly resolution 45/110, annex), principle 2.5.

⁹² United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders with their Commentary (the Bangkok Rules) (General Assembly resolution 65/229, annex).



CHAPTER III.

Framework and process of implementation of treatment and care as alternatives

Implementation framework

Treatment and care as alternatives can be promoted throughout all stages of the criminal justice proceedings (see table), as early as possible.^{93,94} Different diversion options are available at each stage and vary in their objectives, the actors involved and interventions. The following sections present a framework for the implementation of treatment and care as alternatives at each stage of criminal justice proceedings, considering the specific objectives, the actors involved, target groups, health/justice/social interventions, and policy requirements as appropriate.

⁹³ United Nations Standard Minimum Rules for Non-custodial Measures (the Tokyo Rules) (General Assembly resolution 45/110, annex), principle 6.2.

⁹⁴ United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders with their Commentary (the Bangkok Rules) (General Assembly resolution 65/229, annex).

TABLE. KEY INTERVENTION POINTS AND TYPES OF DIVERSION PROGRAMMES^a

ADMINISTRATIVE RESPONSE	CRIMINAL JUSTICE RESPONSE		
Pre-arrest Police	Pretrial Police, prosecutor, defence, examining magistrate	Trial/sentencing Judge, probation officers	Post-sentencing Prison director, parole board, minister of justice
Administrative response with information/referral to treatment	Caution with a diversion to education/treatment	Postponement of the sentence, with a treatment element	Early release/parole/pardon, with a treatment element
	Conditional dismissal/conditional suspension of the prosecution	Deferring the execution of the sentence, with a treatment element	
	Conditional bail (alternative to pretrial detention)	Probation/judicial supervision	
		Special courts/dockets (e.g., the drug treatment court)	

^a UNODC and WHO. (2021). Treatment and Care for People with Drug Use Disorders in contact with the Criminal Justice System: Alternatives to Conviction or Punishment. United Nations. www.unodc.org/documents/drug-prevention-and-treatment/UNODC_WHO_Alternatives.pdf.

Pre-arrest stage

- **Objective:** Treatment and care as alternatives at the pre-arrest stage will aim at avoiding criminal charges/criminal record and the negative impact that even brief periods of detention can have in terms of recidivism and the commission of new crimes.⁹⁵ Furthermore, pre-arrest diversion to treatment and care services needs to be facilitated as appropriate through quick access to voluntary health/social services in the community.
- **Actors:** Law enforcement officers, legal aid providers, outreach workers, social workers, community workers, non-governmental organizations, etc.
- **Eligibility/target group:** People who use drugs and with drug use disorders in contact with the criminal justice system due to suspected drug-related offences in appropriate criminal cases of a minor nature, with low risk of recidivism but in need of support from the health system. Treatment and care as alternatives at this stage will support law enforcement officials with a decision-making algorithm/flow chart for treatment and care as alternatives that align with national law and facilitate unconditional referral.
- **Health/social intervention:** Screening for drug use-related health needs, including identification and management of acute health emergencies (e.g., acute withdrawal, overdose) by health and justice actors. Moreover, establishing fast access to community services, including treatment and

⁹⁵ UNODC. (2012). Introductory Handbook on the Prevention of Recidivism and the Social Reintegration of Offenders. United Nations. www.unodc.org/documents/justice-and-prison-reform/crimeprevention/Introductory_Handbook_on_the_Prevention_of_Recidivism_and_the_Social_Reintegration_of_Offenders.pdf.

other community health and social resources (shelter, food, documentation, legal support, etc.), needs to be prioritized.

- **Justice intervention:** People who use drugs and with drug use disorders in contact with the criminal justice system may, in appropriate criminal cases, be diverted to an administrative body or process rather than the court system. Depending on each jurisdiction, law enforcement officers may refer the target group directly to treatment and care services with a formal record system of pre-arrest diversion cases.
- **Policy requirement:** Enable a legal framework that will permit pre-arrest diversion by police, including clear guidelines on eligibility criteria for police to implement treatment and care as alternatives.
- **Additional considerations:** Consider monitoring and evaluation, for example, involve the police as transformative partners for the community and share success stories, enhance guidelines and training for parole/community police and other relevant justice system sectors involved in treatment and care as alternatives at the pre-arrest stage, and develop an available local directory of health and social services.

BOX 3. CONSIDERATIONS WHEN IMPLEMENTING TREATMENT AND CARE AS ALTERNATIVES AT THE PRE-ARREST STAGE

- Drug use disorders are health disorders and best dealt with within the health system.
.....
- Assessment, screening and health interventions need to be science-informed, tailored, and undertaken by a trained health practitioner.
.....
- The nature of the offence needs to be identified by a law enforcement officer with sufficient background information from community services.
.....
- Misjudging the nature of the offence could lead to worsened outcomes for the person using drugs and with drug use disorders.
.....
- Referral to health and social services needs to be facilitated to meet the individual's needs.
.....
- A success criterion when implementing treatment and care as alternatives at the pre-arrest stage cannot be arrest, but referral.

Pretrial stage

- **Objective:** Treatment and care as alternatives at the pretrial stage need to focus on quick access to health and social service engagement to reduce and avoid detention. Attention also needs to be given to prevent prolonging legal procedures once a charge is filed. As with alternatives at the pre-charge stage, the aim is to avoid the negative impact that even brief periods of detention can have in terms of recidivism and the commission of new crimes. Treatment and care as alternative interventions can be done through an administrative process or with a court.^{96,97}

⁹⁶ United Nations Standard Minimum Rules for Non-custodial Measures (the Tokyo Rules) (General Assembly resolution 45/110, annex), principle 5.1.

⁹⁷ United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders with their Commentary (the Bangkok Rules) (General Assembly resolution 65/229, annex).

- **Actors:** Police, prosecutor, defence, examining magistrate, health professional, social workers, community workers, non-governmental organizations, etc.
- **Eligibility/target group:** A person who uses drugs and with drug use disorders comes in contact with the criminal justice system due to possession for personal use and other eligible criminal cases of a minor nature. This person might still need legal supervision or proceedings, even if identified as having a low risk of recidivism. If drug use is the offence, the risk of reoffending is higher due to the chronic and relapsing nature of drug use disorders.
- **Health intervention:** A comprehensive assessment of drug use and drug use disorder-related health and social needs is required to be done by a multisectoral team. In adequate cases and with informed consent of the person with drug use disorder in contact with the criminal justice system, opioid agonist maintenance treatment needs to be offered as soon as possible to prevent withdrawal. Most importantly, comprehensive treatment plans need to be developed based on a clinical assessment through evidence-based assessment tools such as the Addiction Severity Index.⁹⁸
- **Justice intervention:** Pretrial stage diversion applies in cases of caution with diversion to education, social services, or treatment for drug use disorders, as clinically assessed by a health professional, or a similar diversion as part of a conditional dismissal or suspension of the prosecution.
- **Policy requirement:** Establish a legal framework that will enable pretrial diversion for drug-related offences in appropriate criminal cases of a minor nature. Review the legal framework regularly to prevent punitive interventions by the criminal justice system in cases that would otherwise qualify for treatment and care as alternatives.
- **Additional considerations:** Engage health, social and community services with agreed procedures for referral to the health and social system. It is important to agree on the patient's expectations, outline compliance requirements and subsequently monitor treatment engagement. The justice actors at the pretrial stage need to be continuously trained on the nature, prevention and treatment of drug use disorders, and on the appropriate way of responding to non-compliance.^{99, 100}

BOX 4. CONSIDERATIONS WHEN IMPLEMENTING TREATMENT AND CARE AS ALTERNATIVES AT THE PRETRIAL STAGE

- A comprehensive assessment for possible interventions needs to be done by a multisectoral team consisting of professionals from the health, justice and social sectors to tailor to the individual's needs in providing treatment and care as alternatives.
.....
- Ensure that the duration of the treatment of drug use disorders aligns with the individual's needs, with regular assessments by health professionals to readjust treatment plans as needed.
.....
- Provide an accurate investigation throughout the criminal justice system by a legal professional or law enforcement officer on the nature of the offence as early as possible to prevent worsened prosecution outcomes for the person using drugs and with drug use disorders at the pretrial stage.

⁹⁸ UNODC. (n.d.). Addiction Severity Index Treatnet Version. www.unodc.org/documents/treatnet/Volume-A/Trainers-Toolkit/09_Handout_Module_2_ASI_Treatnet_-_Q_by_Q_Manual_VA_M2.pdf.

⁹⁹ United Nations Standard Minimum Rules for Non-custodial Measures (the Tokyo Rules) (General Assembly resolution 45/110, annex), principle 14.3-14.4.

¹⁰⁰ United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders with their Commentary (the Bangkok Rules) (General Assembly resolution 65/229, annex).

Trial/sentencing stage

- **Objective:** Personnel arranging treatment and care as alternatives at the trial/sentencing stage need to evaluate the patient's condition, determine the appropriate care needed and assess whether access to drug use disorder treatment has been offered throughout the criminal justice stages so far. If no treatment and care as an alternative intervention have been offered in the previous stages, the criminal justice system needs to actively seek to divert the person through additional options available at the trial/sentencing stage.
- **Actors:** Judge, probation officers, health professionals, social workers, community workers, case care managers, non-governmental organizations, etc.
- **Eligibility/target group:** People with drug use disorders in contact with the criminal justice system due to the unavailability of treatment and care as alternative measures in previous criminal justice stages, and those who are on trial in cases that preclude the application of alternatives at the pretrial stage.
- **Health/social intervention:** Procedural agreements, such as drug use disorder treatment expectations, will need to be determined between the health, justice and social sectors. From a health perspective, drug use disorder often takes the course of chronic and relapsing disorders, and patients may repeatedly require a network of treatment services for adequate support and positive treatment outcomes.¹⁰¹ These expectations need to be aligned in the development of the procedural agreements. The perspective of the criminal justice system may be focused on the risk of reoffending, if drug use is the offence, due to the chronic and relapsing nature of drug use disorders. Therefore, the compliance standards in conformance with drug use disorder treatment progress need to be flexible and focused on strengthening the treatment and recovery progress of the patient. Ongoing reports on health interventions will need to be shared with the court and other relevant criminal justice professionals. These reports can determine whether additional therapeutic adjustments are needed rather than sanctions. Offering drug use disorder treatment as an alternative at the trial stage can be an opportunity for the patient to access evidence-based treatment and care. Consequently, motivating patients to join and stay in drug use disorder treatment through contingency management or other mechanisms needs to be enhanced.
- **Justice intervention:** Legal aid support needs to be available throughout the criminal justice system process, which is particularly important when it comes to sentencing.¹⁰² The sentence benefits from having a focus on community involvement, such as drug use disorder treatment elements, community supervision, probation, etc.^{103, 104} Postponement and deferral of the sentence with a drug use disorder treatment element are interventions for treatment and care as an alternative available at this stage. Moreover, pre-sentence reports and procedural agreements with case care managers and drug use disorder treatment programmes regarding compliance, reporting orders and agreed expectations may need to be introduced.^{105, 106} Whenever appropriate, special courts/docks such as drug treatment courts can be established to strengthen treatment and care as alternative practices at the trial/sentencing stage.

¹⁰¹ UNODC and WHO. (2020). International Standards for the Treatment of Drug Use Disorders: revised edition incorporating results of field-testing. UNODC and WHO. www.unodc.org/documents/drug-prevention-and-treatment/UNODC-WHO_International_Standards_Treatment_Drug_Use_Disorders_April_2020.pdf

¹⁰² United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders with their Commentary (the Bangkok Rules) (General Assembly resolution 65/229, annex), rule 61.

¹⁰³ United Nations Standard Minimum Rules for Non-custodial Measures (the Tokyo Rules) (General Assembly resolution 45/110, annex), principle 8.

¹⁰⁴ United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders with their Commentary (the Bangkok Rules) (General Assembly resolution 65/229, annex).

¹⁰⁵ United Nations Standard Minimum Rules for Non-custodial Measures (the Tokyo Rules) (General Assembly resolution 45/110, annex), principle 7.1.

¹⁰⁶ United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders with their Commentary (the Bangkok Rules) (General Assembly resolution 65/229, annex).

- **Policy requirement:** Enable a legal framework within established criteria that will encourage diversion to the health and social systems at the trial/sentencing stage. A clear and flexible sentencing guideline for judges and relevant actors needs to be provided.
- **Additional considerations:** Ensure waiting time for trials is kept short and allow quick access to treatment and care services, if possible before trial to avoid unnecessarily long pretrial detention.¹⁰⁷ Clarity of client expectations and understanding of compliance requirements, including the consequences of non-compliance, need to be established prior to the provision of treatment and care as alternatives at the trial/sentencing stage. The justice actors at the trial/sentencing stage need to be continuously trained on the nature, prevention and treatment of drug use disorders.

BOX 5. CONSIDERATIONS WHEN IMPLEMENTING TREATMENT AND CARE AS ALTERNATIVES AT THE TRIAL/SENTENCING STAGE

- Evaluate treatment and care as alternative options and the individual's health condition related to their drug use.
.....
- Develop treatment and care as alternative procedural agreements with all relevant actors involved to align expectations and compliance standards related to the patient's treatment outcomes and commitment to good conduct during the trial/sentencing stage.
.....
- Partnerships between health, justice and social sectors need to be continuously encouraged and coordinated to ensure a shared understanding and approach.

Post-sentencing stage

- **Objective:** Treatment and care as alternatives at the post-sentencing stage need to re-evaluate the patient's health condition while focusing on interventions for early release from prison¹⁰⁸ and other sanctions.¹⁰⁹ Whenever appropriate, offer evidence-based drug use disorder treatment in prisons, considering patients' particular clinical needs (comorbidities). Early release from prison to the community is the desired outcome based on reports from drug use disorder treatment programmes.
- **Actors:** Prison staff, prison directors, parole board, probation, other criminal justice professionals, health professionals, social workers, community workers, case care managers, non-governmental organizations, etc.
- **Eligibility/target group:** For people who use drugs and with drug use disorders who committed offences that preclude the application of alternatives to imprisonment, the sentence needs to focus on the patient's treatment and care in addition to punishment.
- **Health/social intervention:** A continuity of pharmacological and psychosocial treatment from pre-arrest to detention and from detention back into the community needs to be facilitated and monitored, with a focus on relapse prevention. Evidence-based drug use disorder treatment needs to be available and accessible in detention. For populations with particular clinical needs (women, including pregnant women and women with children, the elderly, persons with disabilities, etc.),

¹⁰⁷ Ibid. Rule 56.

¹⁰⁸ United Nations Standard Minimum Rules for Non-custodial Measures (the Tokyo Rules) (General Assembly resolution 45/110, annex), principle 9.4.

¹⁰⁹ United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders with their Commentary (the Bangkok Rules) (General Assembly resolution 65/229, annex).

tailored interventions and services need to be offered in detention and continued upon early release. Upon release of the detainee, these tailored interventions and services need to be offered to bridge the transition from the criminal justice system to the community. Overdose prevention programmes, continued treatment and care programmes need to be introduced upon early prison release. Regarding social interventions, establishing halfway houses and referral to employment opportunities ensure sustainable livelihood and recovery. All health and social service interventions need to start at pre-release and continue without interruption through the transition into the community and completion of justice requirements.

- **Justice intervention:** At this stage, parole, pardon with a treatment element and legal support, remission, and early release from prison can be made available to the clients/persons.¹¹⁰ Prison staff need to be attentive towards people with drug use disorders in the post-sentencing stage, in assessing their well-being, and actively promote access to available interventions that may be needed.^{111,112} Most importantly, prison health staff need to review the patient's health condition regularly and ensure access to the appropriate treatment. Furthermore, prisons need to collaborate with the social sector to offer a variety of vocational training for people in detention to prepare people with drug use disorders for social reintegration.^{113,114}
- **Policy requirement:** Advocate for early and frequent treatment and care as alternative interventions at the post-sentencing stage and afterwards. Prioritize sufficient national funding schemes at the national level and offer continuous health, justice and social sector collaboration. Promote the parole board's role in reviewing the patients' treatment compliance and good conduct during detention time.
- **Additional considerations:** Introduction of credentialled and licensed drug use disorder treatment facilities to provide evidence-based services inside prisons and in the community upon early release. Joint training for prison health and community health service providers needs to be offered. In cases of relapse and reoffending, resulting in re-entry to prison, drug use disorder treatment and care need to be prioritized even more, instead of punishment in appropriate criminal cases of a minor nature.

¹¹⁰ Ibid. Rule 63.

¹¹¹ United Nations Standard Minimum Rules for Non-custodial Measures (the Tokyo Rules) (General Assembly resolution 45/110, annex), principle 9.1.

¹¹² United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders with their Commentary (the Bangkok Rules) (General Assembly resolution 65/229, annex).

¹¹³ United Nations Standard Minimum Rules for Non-custodial Measures (the Tokyo Rules) (General Assembly resolution 45/110, annex), principle 10.4.

¹¹⁴ United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders with their Commentary (the Bangkok Rules) (General Assembly resolution 65/229, annex).

BOX 6. CONSIDERATIONS WHEN IMPLEMENTING TREATMENT AND CARE AS ALTERNATIVES AT THE POST-SENTENCING STAGE

- Develop a clear pathway of services and procedural agreements from the post-sentencing stage to early release and social reintegration involving all treatment and care as alternative actors.
.....
- Provide appropriate support from all alternative sectors providing treatment and care for people with drug use disorders upon (early) prison release to ensure sustained recovery and social reintegration.
.....
- Ensure people with drug use disorders are informed and equipped with drug overdose prevention measures upon (early) prison release.
.....
- Educate and train families, peers and communities on overdose prevention and management to avoid drug overdose deaths, specifically those living in close proximity to the prison and other criminal justice institutions, as well as in communities with a high prevalence of drug use and drug use disorders.
.....
- Continued partnerships and efforts between relevant treatment and care as alternative actors need to be ensured to reduce negative attitudes, ultimately facilitating sustained recovery and the reintegration of people with drug use disorders into the community.

Implementation process (APRIL)

Treatment and care as alternatives can be implemented at the local or national level, as appropriate, on one or several stages of the criminal justice proceedings. The following checklist below shows the implementation cycle process divided into four stages: Assessment, PReparation, Implementation and Learn, creating an “APRIL” cycle. The “APRIL” checklist outlines key steps that need to be considered when implementing treatment and care as alternatives at the national or local level.

Assessment stage (Assess)

- A situational assessment of different prevalence rates and drug use-related situations and needs
- Assess different prevalence rates for the number of people with drug use disorders
- Assess the number of people with drug use disorders in contact with the criminal justice system
- Review the existing national drug use disorder treatment system, services and interventions in line with the Standards
- Review the quality of the existing national drug use disorder treatment system and services, in line with UNODC Quality Assurance Mechanisms for the Treatment of Drug Use Disorders¹¹⁵
- Review existing health, justice and social sector collaborations and common diversion routes relevant to each sector

¹¹⁵ UNODC. (2022). Quality Assurance for Drug Use Disorder Treatment Brochure. UNODC. www.unodc.org/documents/QA_brochure_for_Paris_Pact_130722v1.pdf.

- Review available entry points for treatment and care as alternative and existing practices for people with drug use disorders in contact with the criminal justice system in appropriate criminal cases of a minor nature, in line with the fundamental principles enshrined in the international legal framework concerning the treatment of persons with drug use disorders in contact with the criminal justice system
- Review in what ways national laws and legislations are and can be supportive of treatment and care as alternatives

Preparatory stage (PRepare)

- Sensitize and train relevant national policymakers on treatment and care as alternatives
- Develop a national workplan with decision-making stakeholders, reflecting feasible priorities of national interest
- Form a national, multisectoral leadership group with decision-making powers to realize a workplan on treatment and care as an alternative, including a demonstration site with:
 - Good treatment capacity
 - Pre-existing treatment and care as alternative diversion routes that need to be documented
 - Strong support and interest from local leadership
 - Pre-existing documentation and data of people with drug use disorders in treatment and those in contact with the criminal justice system
 - Pre-existing documentation and data of existing preliminary treatment and care as alternative practices
- Develop joint, multisectoral goals of treatment and care as alternatives
- Assess the situation at the local demonstration site with regard to:
 - Drug use and drug use disorders at the local demonstration site
 - Treatment service capacity (e.g., using the Substance Use Disorder Facility Survey)¹¹⁶
 - Existing practices of treatment and care as alternatives
 - Capacity and attitude of relevant actors involved in treatment and care as alternatives
 - Public opinion with regard to people with drug use disorders in contact with the criminal justice system
- Form a local, multisectoral leadership group to adapt a national workplan on treatment and care as alternatives with local priorities, selecting the preferred non-custodial measure(s) in a specific criminal justice stage(s), including agreed success indicators (e.g., treatment compliance, good conduct time, etc.) and a monitoring mechanism
- Involve representatives from affected communities in designing treatment and care as alternatives for the national workplan, the local demonstration site, and their monitoring mechanisms
- Sensitize and train relevant local policymakers, as appropriate, within available funding, on treatment and care as alternatives

¹¹⁶ UNODC and WHO. (2018). Substance use disorder treatment facility survey. UNODC. www.unodc.org/documents/drug-prevention-and-treatment/UNOC_WHO_Facility_survey_Draft_for_field_testing_June_2019.pdf.

Implementation stage (Implement at local demonstration or national level, as appropriate)

- Expand availability and improve the quality of existing treatment services, as appropriate
- Develop a referral pathway map, listing relevant treatment and care as alternatives, stakeholders and focal points to be used for implementation of treatment and care as alternatives, in line with national laws for different justice professionals
- Address negative attitudes on different levels (decision-makers, health, justice and social professionals, community, general public and individuals) through meaningful contact and joint planning/design of treatment and care as alternatives with representatives from affected communities in recovery
- Encourage public participation and include the family and community, as it is a major resource and one of the most important factors in improving ties between individuals in contact with the criminal justice system and undertaking non-custodial measures¹¹⁷
- Organize continued coordinated training programmes and activities for all relevant professionals at all levels on the sensitization of treatment and care as alternatives, application, data collection and monitoring mechanisms that measure their successful implementation, as necessary
- Collect data on agreed success indicators as per the monitoring mechanism in the workplan

Learning stage (Learn)

- Assessment of the impact of implementation at the demonstration site:
 - Evaluate the use of the referral pathways (the number of people that are referred to alternatives) and collaboration between health, justice and social sectors
 - Review drug use disorder treatment service intervention in line with the Standards and Quality Assurance Mechanisms for the treatment of drug use disorders
 - Review treatment and care as alternative service provisions in line with the Tokyo Rules and the Bangkok Rules
 - Assess whether the situation at the local demonstration site has changed with regard to:
 - Drug use and drug use disorders at the local demonstration site
 - Treatment service capacity and outcomes
 - Existing practices of treatment and care as alternatives
 - Capacity and attitude of relevant actors involved (policymakers, practitioners, people who were diverted, public opinion)
 - Public opinion with regard to people with drug use disorders in contact with the criminal justice system
 - Gather the local leadership group to review the feasibility and success of treatment and care as an alternative demonstration site
- Assessment of implementation and its impact at the national level:
 - Evaluate the impact on the number of people (disaggregated by sex, age and other relevant characteristics) in treatment and care as an alternative
 - Assess whether there is an impact on the number of people with drug use disorders in prison (disaggregated by sex, age and other relevant characteristics)

¹¹⁷United Nations Standard Minimum Rules for Non-custodial Measures (the Tokyo Rules) (General Assembly resolution 45/110, annex), principle 17.2.

- Assess whether there is an impact on drug-related crime rates (disaggregated by sex, age and other relevant characteristics)
 - Review and adapt the national legal framework as needed for additional treatment and care, as alternative opportunities within the existing legal situation
 - Assess and compare opinions and support levels of actors involved (policymakers, practitioners, people who were diverted, public opinion) in non-custodial diversion measures from before the intervention of treatment and care as an alternative (disaggregated by sex, age and other relevant characteristics)
 - Ensure the availability of sustainable funding for treatment and care as an alternative to a whole-of-government approach
- Presentation of results and lessons learned to relevant local and national stakeholders to show validity and effectiveness in scaling up
- Utilize results of reviews, monitoring and evaluation exercises to reinforce the perception of the value of partnership among stakeholders through wide dissemination and generous acknowledgement of contributions.
 - Discuss indications of weaknesses to decide on improvements to the implementation
 - Consider dissemination of results to the general public
 - Consult the national leadership group and consider expanding treatment and care as alternative interventions to another criminal justice stage, or implement in a new demonstration site as feasible



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