



UNODC

United Nations Office on Drugs and Crime



Sustainable livelihoods: a broader vision

Social support and integration to prevent
illicit drug use, HIV/AIDS and crime

DISCUSSION PAPER

UNITED NATIONS OFFICE ON DRUGS AND CRIME
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I. Introduction

The concept of sustainable livelihoods has been utilized extensively by the United Nations Office on Drugs and Crime (UNODC) and the international community as a basis for their work in the field of alternative development. To date, the major objective of interventions in this area has been to provide alternative sustainable livelihoods to farming families in order to prevent them from being dependent on illicit crop cultivation. The principal desired outcome of this approach is the cessation of illicit drug crop cultivation through the creation of alternative income.

The interconnected problems of illicit drug use, drug dependence, drug-related diseases such as HIV/AIDS and drug-related crime appear to be fuelled and sustained not only by the production of and large-scale trafficking in drugs, but also by difficult socio-economic conditions in cities. In particular, extreme poverty in suburban areas, inequality, social exclusion, deprivation due to internal migration and displacement, lack of education and employment prospects and exposure to violence and abuse are leading to an increase in the proportion of the population at risk of falling victim to criminal organizations, drug abuse and other health risks or becoming involved in drug dealing and other kinds of unlawful and antisocial behaviour.

Given that approximately half the world population¹ now lives in cities as a result of urban migration in low- and middle-income countries, the present paper addresses the concept of and interventions related to sustainable livelihoods that target health risks in the context of drugs and crime in urban areas. The paper argues that interventions related to drugs, HIV/AIDS and crime could be more far-reaching and sustainable, enabling target groups to benefit fully, if preceded and constantly accompanied by sustainable livelihood interventions that prepare the ground. In that connection, wide-ranging sustainable livelihood services are crucial to the success of interventions targeting marginalized populations vulnerable to drugs, HIV/AIDS and crime. Future prevention or treatment programmes must include a sustainable livelihood component, which needs to be retained throughout the process of full recovery, reintegration and human and social development.

Related mandates

In an effort to tackle shortcomings relating to drug prevention and treatment, the International Narcotics Control Board started to call for sustainable livelihood interventions in the area of vulnerability to drug misuse. It stressed the importance

¹ *The Millennium Development Goals Report 2008* (United Nations publication, Sales No. E.08.I.18). Available from: www.un.org/millenniumgoals/pdf/The%20Millennium%20Development%20Goals%20Report%202008.pdf.

of sustainable livelihoods for vulnerable populations within the larger framework of drug abuse prevention and the treatment and rehabilitation of drug abusers in its report for 2005, noting in particular that “illicit drug users are often marginalized, living under difficult circumstances such as in the slums of large cities, and may require special development efforts to overcome their problems. Members of marginalized communities in urban areas may also be forced by violent gangs into drug dealing at the street level. The street-level dealers themselves are often addicts, requiring access to prevention, education and treatment programmes. In such situations, there may be almost no opportunities for earning legitimate income. In such cases, well-defined policies—including input from the affected groups—are needed to help reduce drug problems, including drug-related crime.”²

More recently, the Commission on Narcotic Drugs at its fifty-second session, in 2009, adopted the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem.³ In paragraph 21 of the Political Declaration, Member States, *inter alia*, reiterated their commitment to drug demand reduction programmes, based on scientific evidence and covering a range of measures, including social reintegration and related support services and committed themselves to investing increased resources in ensuring access to those interventions ... bearing in mind that those interventions should also consider vulnerabilities that undermine human development, such as poverty and social marginalization. This is echoed in part I of the Plan of Action, on demand reduction and related measures, where it is stated that Member States should “Ensure that drug demand reduction efforts address the vulnerabilities, such as poverty and marginalization, that undermine sustainable human development;” (paragraph 4 (*e*)).

UNODC is also a co-sponsor of the Joint United Nations Programme on HIV/AIDS that has recently identified “Enhancing social protection for people affected by HIV” as one of the nine priority areas for action in its 2010-2011 Unified Budget and Workplan, noting that “lack of sustainable livelihoods pushes many people to the margins of society, increasing their vulnerability to HIV. Special efforts are needed to promote social inclusion and to ensure that people who are living with or vulnerable to HIV are not displaced from mainstream employment or education.”⁴

The Guidelines for the Prevention of Crime (Economic and Social Council resolution 2002/13, annex) emphasize that crime prevention encompasses a wide range of approaches, including those that promote the well-being of people and encourage pro-social behaviour through social, economic, health and education measures, with a particular emphasis on children and youth, and focus on the risk and protective factors associated with crime and victimization.

² *Report of the International Narcotics Control Board for 2005* (United Nations publication, Sales No. E.06.XI.2), para. 44.

³ A/64/92-E/2009/98, sect. II.A.

⁴ Joint United Nations Programme on HIV/AIDS, “UNAIDS 2010-2011 Unified Budget and Workplan”, document UNAIDS/PCB(24)/09.3, para. 47.

II. Use of the sustainable livelihoods concept in development studies

The concept of sustainable livelihoods can be usefully applied in development studies, given that it contributes to understanding individuals' livelihoods and has mainly been utilized for poverty reduction. According to the concept, poverty must be understood in terms of limitations to capabilities. Livelihood concepts are dynamic and vary widely as they are area-specific and based on the level of development of the country or region targeted, allowing for a more holistic view of poverty.

The situation of the populations commonly referred to as “deprived”, “marginalized” or “the urban poor” can be typified as follows:

“All, in one tragic sense, are on the margins, not just of economy, but of society. As workers, they are poorly-paid for long hours of work, often in impermanent, hard-labour, dirty and dangerous occupations which do not make them eligible for whatever meagre social security benefits exist. Residentially, they live in one or another kind of inadequate housing: old slums, new tenements, shanty-towns. As consumers, they lack the purchasing power to purchase the goods and services enjoyed by the rest of society. Socially, their status is that of the ‘insulted and injured’; culturally, they lack formal education, sometimes even the ability to speak the national language.”⁵

In order to achieve a sustainable livelihood situation, the target group must receive support that leads to increased income and well-being. Typical examples are just and equitable pay for work, decent housing, higher food security, sustainable use of the natural resources base and a reduction in vulnerability to sudden changes or shocks.⁶ Achievements in any one country need to be evaluated against the background of its policy and institutional framework. Interventions also need to be designed that respond to the needs in a particular context. For example, for a person living in a city, natural capital is less important than it would be for a person living in the countryside and making a living from agriculture.

Frameworks for sustainable livelihood approaches have been developed by numerous organizations engaged in international development, among them the World Bank, the International Fund for Agricultural Development, the Food and Agriculture Organization of the United Nations and the Department for International Development of the United Kingdom of Great Britain and Northern Ireland.

⁵Peter Worsley, *The Three Worlds: Culture and World Development* (Chicago, University of Chicago Press, 1984), p. 206.

⁶United Kingdom of Great Britain and Northern Ireland, Department for International Development, Sustainable Livelihood Guidance Sheets (Eldis Document Store, 1999-2001). Available from www.eldis.org/go/topics/dossiers/livelihoods-connect/what-are-livelihoods-approaches/training-and-learning-materials.

III. Vulnerability to crime, HIV/AIDS and drug dependence

Increased vulnerability

People that live in poverty are more likely to engage in drug abuse, become criminals and suffer from bad health. Deprivation increases the risk factors and weakens the protective factors, such as strong family and social bonds, positive self-esteem, education, employment and sufficient income.⁷

Impoverished urban communities are typically plagued by crime, drug dependence and unhealthy living conditions resulting in an absence of legitimate business. Individuals with a low socio-economic status typically suffer from severe shortcomings in terms of income, education, food security and health. They are exposed to crime and violence and are socially marginalized owing to inadequate social justice systems so that no structures that could provide help are available. With little chance of achieving well-being, they are confronted with media images of people living in luxury.

The ground for crime and drug addiction is prepared on a psychological level: people have low self-esteem and feel excluded from society. Their chances of gaining an income through decent employment in the formal economy are low and people lack the skills for successful self-employment. Deprived people have often attended school only at a low level or not at all, restricting their opportunities to find sustainable, decent and fulfilling ways to earn a living. As deviations in income in many countries are often high and social justice and government-subsidized social services are non-existent, marginalized people are faced with hopelessness and desperation on a daily basis.

Parents suffering from economic stress face more difficulties in positively influencing their children, because their own stress negatively affects their parenting ability.⁸ Economic stress frequently affects the relationship between parents, resulting in demoralization, leading to marital conflict and divorce, which often results in further economic loss. Women especially are often left alone with their children with no income or financial assistance. In deprived families with a high level of economic and psychosocial stress, there is a higher risk of domestic violence.⁹ Additionally, parents' previous and current traumatic experiences add to their stress, further affecting their parenting abilities negatively. Children in these families often experience neglect and even violence as a consequence. These early negative

⁷Janet Foster, "Social exclusion, crime and drugs", *Drugs: Education, Prevention and Policy*, vol. 7, No. 4 (2000), pp. 317-330; Robin Room, "Stigma, social inequality and alcohol and drug use", *Drug and Alcohol Review*, vol. 24, No. 2 (2005), pp. 143-155; and Sudirman Nasir and Doreen Rosenthal, "The social context of initiation into injecting drugs in the slums of Makassar, Indonesia", *International Journal of Drug Policy*, vol. 20, No. 3 (2009), pp. 237-243.

⁸Patricia Y. Hashima and Paul R. Amato, "Poverty, social support and parental behavior", *Child Development*, vol. 65, No. 2 (1994), pp. 394-409.

⁹Rand D. Conger and others, "Economic stress, coercive family process, and developmental problems of adolescents", *Child Development*, vol. 65, No. 2 (1994), pp. 541-561.

experiences have an effect on the development of the brain and personality traits, making such children even more vulnerable to drug use, antisocial behaviour and many other negative outcomes in later life.

These circumstances lead children to abandon their homes, hoping to escape violence and desperation, and end up living on the street with peers. They continue to live in deep poverty and are extremely vulnerable to crime, drug dependence and health risks.¹⁰ Orphans are at a particularly high risk of finding themselves in dire humanitarian conditions. In numerous areas of the world, where public services for such groups are non-existent, young children and adolescents are on their own on the streets and often turn to gangs for social support, surviving through begging, petty crime or prostitution. Youth are socially marginalized and have nowhere to turn for assistance owing to inadequate social welfare systems.

Youth that have been deprived of education often have limited knowledge about addiction and the transmission of diseases and are therefore not capable of identifying dangerous situations or protecting themselves accordingly. In addition, they are more at risk of committing crime and being imprisoned than those with a sufficient income and a more privileged environment. “However calculated, official crime rates are almost always higher among the poor, and poor people are more likely to be arrested and convicted for a wide variety of offenses.”¹¹ With a criminal record, access to employment is restricted and because of time served in prison, valuable life time is lost, which further decreases the chance of leading a sustainable life.

Illicit drug use and drug dependence

The circumstances of deprived people may make them more susceptible to addictive substances. Early problems in the family, school, or negative peer relationships that mark deprived communities leave negative feelings from which illicit drug use provides the only available escape.¹² The short-lived yet intense feelings of strength and happiness derived from sniffing glue, taking amphetamines, smoking cannabis, injecting heroin or inhaling opium may be especially tempting for a person whose life has been lacking in joy and pleasure.

People who abuse drugs and suffer from drug dependence are caught in a vicious circle that further undermines their socio-economic capital, as well as their health, thus perpetuating the poverty, deprivation and social exclusion of themselves and their families. In other words, illicit drug use and drug dependence have “devastating and long-term impacts on community socio-economic status and health outcomes”.¹³

¹⁰ Catherine Panther-Brick, “Street children, human rights and public health. a critique and further directions”, *Annual Review of Anthropology*, vol. 31, 2002, pp. 147-171.

¹¹ Richard A. Berk, Kenneth J. Lenihan and Peter H. Rossi, “Crime and poverty: some experimental evidence from ex-offenders”, *American Sociological Review*, vol. 45, No. 5 (1980), pp. 766-786.

¹² E. R. Oetting and R. S. Lynch, “Peers and the prevention of adolescent drug use”, in *Handbook of Drug Abuse Prevention: Theory, Science, and Practice*, Zili Sloboda and William J. Bukowski, eds. (New York, Springer, 2006), p. 116.

¹³ Ricky N. Bluthenthal and others, “Police crackdowns, societal cost and the need for alternative approaches”, *International Journal of Drug Policy*, vol. 16, No. 3 (2005), pp. 137-138.

Illicit drug use and drug dependence deplete the physical and mental health of the individual. Moreover, the physical effects of illicit drug use may impede the user in carrying out important tasks in life, such as work, daily hygiene, house cleaning or socializing with friends and family. For example, the poverty level is aggravated by the fact that it becomes hard to keep a regular job as an illicit drug user.¹⁴

This problematic picture is aggravated by the fact that people suffering from drug dependence are often stigmatized and discriminated against. This means that the socio-economic support and health and social services that this group so urgently needs are not readily available.¹⁵ For example, treatment and care services for illicit drug users, including services addressing HIV and AIDS, are rarely equivalent to the services available to people suffering from other health disorders, thus leading to a further degradation of health and other valuable human assets. Moreover, in poor communities, such support and services might not exist at all. In such situations, those suffering from drug dependence quickly become further marginalized and become stuck in a perpetual situation of hopelessness and helplessness.

Criminal behaviour

A lack of sustainable livelihoods causes vulnerability to criminal behaviour. In countries or regions where income is unevenly distributed and social justice is inadequate, the crime rate is higher and marked by more violence, for example in agglomerations and the suburban areas of big cities often referred to as slums.

A criminal career typically starts at a young age. Youth that make a living from crime do not usually gain a high income from their illegal activities, such as drug dealing, stealing or robbery and would earn about the same in a low-paid job that did not require any qualifications.¹⁶ Poor people that lack access to support services and do not feel that they have sustainable prospects commit crime “as an alternative means to achieve status and success when the legitimate opportunities system is closed to them.”¹⁷ As is natural, they seek satisfaction in life but their early experiences have led them to believe that they will not be rewarded, no matter how hard they try. Therefore, “the ‘satisfaction’ the ‘relatively-deprived’ people in sociological models seek for can lead to both pure manifestations of violence and illicit appropriation of material goods.”¹⁸

As with illicit drug use, the underlying factors for violence and criminal behaviour are often psychosocial. Adverse childhood experiences prepare the ground for early

¹⁴Andreas Cebulla and others, *Drug and Alcohol Use as Barriers to Employment—Final Report*, CRSP 470S (Loughborough, Loughborough University, Centre for Research in Social Policy, 2004).

¹⁵Julian Buchanan, “Missing links? Problem drug use and social exclusion”, *Probation Journal*, vol. 51, No. 4 (2004), pp. 387-397.

¹⁶“He sells drugs for only a few hours a day, going home with around \$50 profit, little more than he’d make working at McDonalds” (Andrew W. Papachristos, “Gang world”, *Foreign Policy*, March 2005).

¹⁷H. Fisher, P. Montgomery and F. Gardner, “Opportunities provision for preventing youth gang involvement for children and young people (7-16)”, *Cochrane Database of Systematic Reviews*, No. 2, 2008.

¹⁸Pablo Fajnzylber, Daniel Lederman and Norman Loayza, “Inequality and violent crime”, *Journal of Law and Economics*, vol. 45, No. 1 (2002), pp. 1-40.

aggressive and antisocial behaviour and promote the development of personality traits such as novelty-seeking, impulsiveness and high anxiety, which in turn leave children more prone to forming relationships with peers who are similar to themselves. Childhood neglect also affects the development of cognitive skills such as the ability to delay reward and judge risks.¹⁹ Living in an environment characterized by childhood neglect and early traumatic experiences does not provide effective coping skills to young persons.

HIV/AIDS and other health issues

Poverty and social exclusion not only increase vulnerability to drug dependence and criminal behaviour, but also increase the risks of infection with HIV/AIDS and other blood-borne diseases. Persons who suffer from drug dependence are particularly vulnerable as they often share needles and have been found to be more vulnerable to risky sexual behaviour.²⁰ The capacity of a person dependent on drugs to sustain a livelihood may be compromised by his or her drive to obtain money for drugs, which in turn may reduce his or her motivation to take care of personal health.

Imprisonment is likely to pose further dangers to health, in view of the insanitary conditions, overcrowding and violence and sexual assaults that are commonplace in prisons not only in low- and middle-income countries, but also in highly industrialized countries.

Prisoners are typically in poor health even before they serve time, since the mentally ill and those dependent on drugs are more likely to be sentenced to imprisonment. It has been found in a recent study that individuals that “received prison sentences were, for instance, almost three times as likely to have a comorbid anxiety and affective disorder as those who weren’t sent to prison.”²¹ The same study also found that youth sentenced to prison displayed higher rates of substance abuse and disruptive behavioural disorders. Another study found that 10 per cent suffered from major depression, 4 per cent had psychiatric disorders and 65 per cent had a personality disorder.²²

Prior to imprisonment, these groups are already at an increased risk of diseases such as drug dependence, tuberculosis or HIV.²³ Various studies estimate that the percentage of individuals reporting problematic substance misuse is higher in prison than in the community. Various studies have indicated that the percentage of people in prison who

¹⁹ Janet D. Carter and others, “The contribution of temperament, childhood neglect, and abuse to the development of personality dysfunction: a comparison of three models”, *Journal of Personality Disorders*, vol. 15, No. 2 (2001), pp. 123-135.

²⁰ Henry J. Kaiser Family Foundation, “Substance use and risky sexual behavior: attitudes and practices among adolescents and young adults”, Survey Snapshot, February 2002. Available from www.kff.org/youthhivstds/upload/KFF-CASASurveySnapshot.pdf.

²¹ Eve Bender, “Youth sentenced to adult prisons have high mental illness rates”, *Psychiatric News*, vol. 43, No. 18 (2008), p. 16.

²² Seena Fazel and John Danesh, “Serious mental disorder in 23,000 prisoners: a systematic review of 62 surveys”, *The Lancet*, vol. 359, No. 9306 (2002), pp. 545-550.

²³ United Nations Office on Drugs and Crime, “Addressing health and human development vulnerabilities in the context of drugs and crime: thematic programme”, unpublished manuscript, Vienna, 2009.

have a drug problem ranges from 40 to 80 per cent.²⁴ Within the prison population, rates of drug use, HIV and hepatitis infection tend to be higher among women than among men.²⁵ These women frequently come from deprived backgrounds and experience problems related to mental health disorders, alcohol and drug dependency, infectious diseases, reproductive diseases and histories of physical and sexual abuse.²⁶

As long as individuals infected with HIV/AIDS and other blood-borne diseases live in situations where there are no opportunities for sustainable livelihoods, the spread of these diseases will be difficult to contain. Given the strong links between drug dependence, crime and HIV/AIDS infection and associated problems, the urban poor are at risk of being affected by two or more of these problems simultaneously.

IV. Sustainable livelihood interventions

Prevention of drug dependence

Prevention interventions carried out by UNODC to date as part of drug demand reduction and harm reduction include services that render individuals more self-reliant and make their lives more sustainable. Sustainable livelihood interventions need to accompany these traditional prevention interventions, opening the way for preventive activities that strengthen protective factors and weaken risk factors in a range of settings, including the family, school, the workplace and the community and providing young people with the information, skills and opportunities for healthy development.

At a very basic level of intervention, immediate socio-economic assistance facilitates the participation of deprived target groups in prevention activities. For example, family skills training programmes need to go further than paying for transportation and arranging childcare. The provision of incentives such as free communal meals and vouchers for consumer goods at the end of the programme greatly enhances the participation of parents and families²⁷ and has been reported to be an effective part of programmes. Access to services providing shelter, food and clothes as well as childcare and employment opportunities, should also be offered as part of the home visitation services that teach basic parenting skills.²⁸ These essentially improve the

²⁴Kate Dolan and others, "Prisons and drugs: a global review of incarceration, drug use and drug treatment", Beckley Foundation Drug Policy Programme, Report 12, 2007; and *Drug Dependence Treatment: Interventions for Drug Users in Prisons* (United Nations Office on Drugs and Crime, 2008), available from www.unodc.org/docs/treatment/111_PRISON.pdf.

²⁵United Nations Office on Drugs and Crime, "Women and HIV in prison settings", 2008; Ralf Jürgens, *Effectiveness of Interventions to Address HIV in Prisons*, Evidence for Action Technical Papers (Geneva, World Health Organization, 2007); United Nations Office on Drugs and Crime, "HIV/AIDS prevention and care for female injecting drug users", 2006.

²⁶"Addressing health and human development"; "Women and HIV in prison settings"; Hjalmar J. C. van Marle, "Mental health care in prison: how to manage our care", *International Journal of Prisoner Health*, vol. 3, No. 2 (2007); Lars Møller and others, eds., *Health in Prisons: A WHO Guide to the Essentials in Prison Health* (Copenhagen, World Health Organization, Regional Office for Europe, 2007).

²⁷*Guide to Implementing Family Skills Training Programmes for Drug Abuse Prevention* (United Nations publication, Sales No. E.09.XI.8).

²⁸Brandon C. Welsh and David P. Farrington, "Effectiveness of family-based programs to prevent delinquency and later offending", *Psicothema*, vol. 18, No. 3 (2006), pp. 598-602.

economic and social situation of a family, reduce the stress experienced by parents, help to reduce early childhood neglect and improve parents' child-rearing styles.

In marginalized communities, incentives for parents to keep children in school, for example vouchers for supermarkets distributed to school children, benefit children and parents. Increased school attendance is in itself a strong protective factor against a range of risky or problematic behaviour.²⁹ Similar interventions might be effective, when appropriate, in reuniting street children and homeless youth with their families.

Street children and homeless youth that cannot be reunited with their families need a complex package of interventions, including social assistance and health care as well as sports and recreational activities. Street children who have not attended school for a long time and cannot immediately be reintegrated into the formal school system need to take part in alternative learning systems. Through long-term interventions, efforts can be undertaken to integrate them into the official school system, either academic or vocational, and enable them to continue their academic career or to carry out work that creates sufficient income.³⁰

Vocational skills training programmes for adolescents, including internship programmes and training opportunities that link young people to the employment market or equip them with skills that enable self-employment, are essential in providing long-term prospects and in turn in reducing vulnerability to drug use.

Treatment for drug dependence

Emergency social support and unconditional provision for basic needs such as food, shelter, hygiene and clothes need to accompany outreach work. Primary social support restores human dignity, provides decent shelter, alleviates poverty and is an essential complementary intervention to facilitate contact with addicted individuals, allowing them to attend treatment programmes and to take care of their health.

Immediate assistance needs to be offered when initial contact is made between the illicit drug user and the outreach unit. These services help to develop a relationship between the programme and the illicit drug user and may even facilitate a commitment to a treatment and recovery programme, establishing the basis for a therapeutic alliance. Immediate emergency social support has the additional benefit of decreasing other health and social risks, such as violence, life on the street, health risks, sex work and incarceration.

This kind of immediate help could be provided for about one month. If the drug-dependent person has a family, support must be offered throughout the

²⁹ Wendy Cunningham and others, *Supporting Youth at Risk. A Policy Toolkit for Middle Income Countries* (Washington, D.C., World Bank, 2008), p. 18.

³⁰ *Schools: School-based Education for Drug Abuse Prevention* (United Nations publication, Sales No. E.04.XI.21).

treatment process, as family responsibilities often bar women from pursuing treatment for drug dependence. Such assistance to and involvement of the family would also act as a strong preventive intervention for the children of drug addicts.

Sustainable livelihoods acquire importance in the medium term. A much more settled environment could be developed offering to support costs for stable housing as well as protected temporary employment. This could be achieved by seeking partnerships with the private sector. Depending on the economic situation, this could involve companies both in the formal and informal sectors. These companies would need to be willing to show corporate social responsibility by providing employment within a protected framework, ensuring a tolerant environment for employees understood to be completing a rehabilitation programme.

Livelihood interventions have to be continued after recovery, as “the likelihood of successful transition will depend heavily upon the drug user’s opportunity to move away from a drug-centred existence and begin to establish alternative routines and patterns.”³¹ Sustainable livelihood interventions are necessary to enable a drug-dependent person to get away from the “drug scene”. In general, the patient will require ongoing psychological assistance and support throughout the medium-term phase.

In the final and longer-term phase of assistance, the work initiated in the medium-term phase will continue with a view to achieving recovery and reintegration into the community including self-support through a job in the free market. In this context, in addition to the job placement services mentioned above, further sustainable livelihood interventions might be necessary, such as provision of vocational skills or alternative education, access to income generation, micro-credit and career counselling. The mediation of a social worker to cope with stressful situations and support for the partner and children will still be required at this advanced stage as a relapse prevention strategy.

A successful rehabilitation programme will target each person individually, ensuring that they can acquire assets that contribute to a livelihood. A long-term perspective is necessary to successfully overcome chronic substance abuse and to address the problems typically associated with it.³² An example of an asset that would generate long-term benefits would be a steady working position for a recovering person that would create financial and human capital through the acquisition of professional knowledge and a more structured daily life. Providing for the family and coming into regular contact with colleagues, neighbours and a wider social environment would generate social capital.

³¹ Julian Buchanan, “Tackling problem drug use: a new conceptual framework”, Glyndŵr University Research Online, 2004, p. 12. Available from <http://epubs.glyndwr.ac.uk/cgi/viewcontent.cgi?article=1002&context=siru>.

³² Christine E. Grella, Yih-Ing Hser and Shih-Chao Hsieh, “Predictors of drug treatment re-entry following relapse to cocaine use in DATOS”, *Journal of Drug Abuse Treatment*, vol. 25, No. 3 (2003), pp. 145-154.

Interventions for prison populations and released prisoners

Adapted versions of interventions for those suffering from drug dependence can also be provided for prison populations. The main aim of all interventions is to enable the potential beneficiary to live a dignified and healthy life, gain an income and feel like a respected member of the community.

The target groups for such interventions will be prisoners, released prisoners and repeat offenders as well as people that have been identified as especially vulnerable to committing crime and receiving prison sentences.

Assisting youth, adolescent gang members and prison populations in obtaining sustainable livelihoods is an important condition for the success of crime reduction strategies. The majority of members of youth gangs and individuals identified as being at risk are interested in being able to earn a legal income need assistance in achieving this.³³ Interventions that would meet this need could involve the private sector and small enterprises and would include internships and job placement programmes, continuing education, income generation and micro-credit. This is particularly important in light of the fact that “evidence-based practices that work with violent and seriously delinquent youth are more cost-effective and produce more benefits than traditional punitive measures.”³⁴ Such prevention interventions, constitute a prophylactic starting point for young people who have not committed crimes.

In order to give prisoners the opportunity to achieve sustainable livelihoods that can continue after release, they must receive psychosocial counselling and education and job training that will provide them with useful skills. To prevent situations where released prisoners find themselves on the street with no shelter, money, friends, family or job and are at risk of immediate recidivism, they must be provided with basic social assistance and shelter.

Ongoing care is as important for released prisoners as it is for those receiving treatment for drug dependence, as discussed above. A coherent strategy is needed for both day-release prisoners and those released permanently, ensuring that they are closely accompanied. This approach is highly advantageous as repeated incarceration is more costly than a successful prevention programme.³⁵

³³A significant number of them said they would accept far lower wages—not much more than is currently being paid in fast-food restaurants—if they could obtain a sufficient number of work hours per week” (C. Ronald Huff, “Comparing the criminal behavior of youth gangs and at-risk youths”, *NIJ Research in Brief*, Washington, D.C., United States Department of Justice, 1998).

³⁴United States of America, Governor’s Juvenile Justice Advisory Committee, “Community-based gang prevention and intervention”, GJJAC Policy Brief, 2008.

³⁵Doug McCay, Vincent Schiraldi and Jason Ziedenberg, “Treatment or incarceration? National and State findings on the efficacy and cost savings of drug treatment versus imprisonment”, Washington, D.C., Justice Policy Institute, 2004. Available from www.justicepolicy.org/images/upload/04-01_REP_MD/TreatmentorIncarceration_AC-DP.pdf.

Health and HIV/AIDS

Sustainable livelihood interventions along the lines of those described for drug-dependent individuals are also useful in preventing the spread of HIV/AIDS and other blood-borne diseases and will add value to all interventions. A person in good health possesses important capabilities that can be built on with adequate support.

Sustainable livelihood interventions by UNODC in the field of health and HIV/AIDS will add value to those interventions that are being carried out within the framework of UNODC health activities for illicit drug users and prisoners. Where sustainable livelihoods can be achieved, the spread of HIV/AIDS and other blood-borne diseases can be contained because people will be less vulnerable to infection. Those who are already infected may be less likely to infect others when they have a legal income, dignity and a sense of being a respected member of society as well as access to affordable, good-quality health services.

Comprehensive social support is particularly crucial in the case of women drug abusers, who tend to be younger and less well-educated and have lower incomes and less frequent employment than their male counterparts, as well as being more likely to have dependent children and a partner who abuses substances. Assistance in developing economic self-sufficiency, safe housing and a social support system, particularly the provision of low-threshold shelter services and hygiene facilities, have proved crucial and can improve retention and outcomes in the treatment and care of women drug abusers. Finally, comprehensive social support needs to be provided to inmates and is of particular importance for released prisoners, contributing as it can to reducing recidivism and thus helping to prevent the overcrowding that increases the risks of the spread of HIV in prisons.

Strategy and course of action

As stated in a recent article in the *International Journal of Drug Policy*, “the concept of social exclusion prioritises the need for policies and practice that seek to change structural inequalities rather than individual behaviour. At the broadest level, this means addressing key social problems (such as poverty, unemployment, the lack of decent affordable housing, community and neighbourhood breakdown, restricted opportunities for training and education) that frequently underpin and exacerbate problem drug use, homelessness and ill-health.”³⁶

In preventing drug use and crime and dealing with drug users, persons with criminal behaviour and prison populations, to a great extent the same risk and protective factors need to be addressed. Key social problems must be addressed first in order to create a situation where targeted interventions can be fruitful. The following course of action is recommended:

³⁶Joanne Neale, “Homelessness, drug use and hepatitis C: a complex problem explored within the context of social exclusion”, *International Journal of Drug Policy*, vol. 19, No. 6 (2008), pp. 429-435.

(a) *Inclusion of immediate social assistance and the long-term development of sustainable livelihoods in programmes for the treatment of drug dependence, as well as in programmes responding to the HIV and AIDS epidemics, both in the community and in prison settings;*

(b) *Development of strong partnerships with relevant organizations.* While many organizations work in the field of socio-economic development, no organization except UNODC has a mandate to work with drug abusers, people suffering from drug dependence and in prison settings. Cooperation with other organizations needs to be strengthened, specifically focusing on education and human and social development. Therefore, partnerships with the United Nations Children's Fund and the United Nations Development Programme are envisaged. The partnership with the United Nations Children's Fund could add value to the components of education and vocational training, especially for youth. Through the partnership with the United Nations Development Programme, the concept of sustainable livelihoods and its inclusion in development initiatives involving drug abuse prevention and treatment could be addressed;

(c) *Development of strong partnerships at the national level.* In addition, partnerships need to be sought within partner countries, including with civil society and with the private sector. Stakeholders in partner countries need to be approached at the government level, the institutional level and the grass-roots level:

(i) Firstly, a major objective must be to raise awareness within government institutions, particularly among decision makers, so that they understand the importance of incorporating sustainable livelihood approaches into the social assistance provided to drug-dependent persons and the importance of these approaches to a sustainable and drug control policy based on human rights—as fundamental pillars of their national policies. Local municipalities need to be included in a community-based approach to the planning and implementation of activities, as a regional focus is important for success that cannot be achieved by the Government alone;

(ii) Secondly, strengthened coordination with non-governmental organizations, the private sector and other major stakeholders such as contact persons in schools, universities, hospitals and private and public institutions needs to be sought in order to raise awareness so that they can incorporate sustainable livelihood approaches into existing programmes;

(iii) Thirdly, the target group at the grass-roots level, such as people dependent on drugs, people living with HIV/AIDS, women and youth should be included in the planning and implementation of activities, contributing to supporting capacity-building and local ownership.

V. Conclusion

As has been demonstrated, the adoption of sustainable livelihood approaches could make an important contribution to the long-term success of prevention, treatment and rehabilitation interventions in efforts to prevent drug abuse, HIV/AIDS and crime. Livelihood analyses are useful in assessing the value of programmes that are planned for communities.

The expansion of urban areas infused with criminal structures to the extent that development organizations are no longer able to carry out interventions poses a major challenge.

UNODC is aware that its efforts cannot single-handedly restore order to cities, but they can make an important contribution alongside the efforts of governments, municipalities and development organizations.



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