

LNOB

Leave No One Behind

Accessing Addiction Treatment is a Human Right

Situation and Challenges

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Situation and Challenges

Source: [World Drug Report 2023](#)

Fact: Drug use is on the rise

Global drug use remains high. In 2021, **one in 17 people aged 15-64 used one or more drugs in the past 12 months**. The estimated number of users has risen from 240 million in 2011 to 296 million in 2021 (5.8 % of the world's population aged 15-64) - an increase of 23 %, partly due to population growth.

One in 17 people worldwide used a substance in 2021, 23% more than 10 years ago

Social and economic inequalities and disparities continue to fuel and be fuelled by the drugs phenomenon, threatening public health and human rights. Disparities between North and South, between urban and rural areas and between sub-populations are all factors that contribute to the harm caused by drugs

- **Cannabis use is on the rise, and it is the most widely used drug:** 219 million people (4.3% of the world's adult population) used it in 2021. Men make up the majority of cannabis users, but the gender gap is narrowing, **with women accounting for 42% of the cannabis-using population in North America.**
- In 2021, **36 million people used amphetamines, 22 million used cocaine and 20 million used ecstasy-type substances** in the past year.
- **Use of amphetamine-type stimulants is increasing among women (45%)**
- It is estimated that in 2021, 60 million people used opioids non-medically, the group of substances that contributes most to **serious drug-related harm, including fatal overdoses.**
- An estimated 39.5 million people worldwide had a drug use disorder in 2021, **but only one in five received treatment.** Furthermore, of those in treatment, **only one in five is a woman** (World Drug Report, UNODC 2015).

The consequences

Inequalities exacerbate the health problems caused by drug use, which is why it is essential to **analyse the issue of drugs and drug use from an intersectional and rights-based perspective.**

Drug trafficking and illicit drug economies fuel and exacerbate many of the threats to people, from **instability and violence to environmental degradation.**

Illicit drug markets continue to expand, both in terms of the harm they cause and their scale: there is a **growing supply of cocaine, a boom in drug sales on social networks and a growing presence of synthetic drugs.**

Finally, substance use disorders have negative consequences for health, including mental health, safety and well-being, but all these problems are exacerbated when they intersect with other axes of vulnerability that **reinforce the experience of stigma and the additional barriers faced** by certain groups.

Shortcomings in treatment

Globally, only one in five people suffering from drug use disorders received treatment in 2021

In the various regions of the world, there are great disparities in the type, quality and ease of access to treatment services. Moreover, **not all types of treatment available respect human rights and are based on evidence and recognized quality standards** - [UNODC, 2021](#)

Among people who use drugs, certain populations are even more vulnerable because of the stigma and discrimination they experience; in addition they face numerous obstacles in terms of access to treatment.

Lastly, the COVID-19 pandemic has further exacerbated the treatment deficit. Of the 46 countries monitored, around 40% recorded **a drop in the number of people on treatment during and after the COVID-19 crisis** compared with previous years.

*"World drug problems may be global, but they do not affect all the world equally. It is the vulnerable, the poor and the excluded who pay the highest price (...) **Most of all, ending the exclusion compels us to expand the circle of care and compassion, to embrace the people being left behind and left out because of marginalization, discrimination and stigma.***

Ghada Waly, Executive Director, UNODC

Groups often Excluded from Treatment

Women

Women face multiple barriers to accessing and adhering to treatment and remain under-represented in treatment services.

There is growing evidence that drug treatment services that provide social services and address other gender-specific needs can contribute to better engagement, retention in treatment and improved treatment outcomes – UNODC 2018

Overall, **1 in 3 people with problematic substance use are women, but only 1 in 5 people in treatment are women**, exacerbating the gender gap in residential rehabilitation programmes and particularly for women who use amphetamine-type stimulants.

Among people who use amphetamine-type stimulants, 1 in 2 is a woman, but only 1 in 4 of those in treatment is a woman

[World Drug Report 2023](#)

Barriers to treatment that are specific to women include

- Lack of services adapted to their needs*
- Invisibilisation of problem drug use among women
- Stereotypes associated with the attitudes and beliefs of service providers
- Increased social stigma, or even double stigma
- Family expectations and responsibilities
- Fear of legal sanctions - for example, losing custody of their child/children
- Lack of child-friendly care in programmes

** Many women who use drugs are affected by other factors and require special attention as part of a comprehensive approach, e.g. survivors of gender-based violence and trauma, women suffering from co-morbidity with mental health problems, sex workers, women deprived of their liberty and racialized women.*

Potential Responses

Lack of services tailored to women's needs/lack of gender-specific care

- Response: when designing programmes, consider the implementation of services adapted to women's specific needs in terms of access, opening hours, house rules, location, therapeutic activities (e.g. related to gender-based violence), infrastructure, childcare, etc.

Invisibilisation of problem drug use among women

- To overcome this barrier, it is essential to gain a better understanding of the characteristics of addiction among women, to adapt protocols, to train staff and, lastly, to collect sex-disaggregated data.

Stereotypes in the attitudes and beliefs of service providers

- It is critical to raise awareness and train staff members in the gender-specific aspects of addiction, so that they can question their own stereotypes and improve their interventions, thereby ensuring effective support for the women concerned.

Double stigma

- Reflect on the role played by the media and health professionals in the social stigmatization of female drug users; implement gender-specific prevention campaigns that are more likely to reach women and girls (through messages that rely on inclusive images and non-sexist language); make treatment centres more flexible and open; train professionals in gender issues.

To find out more, please download::

- *"Gender barriers in addiction treatment, what are they and how can we overcome them – Download pdf document in: [EN ES FR](#)*

LGBTQI+ People

People who identify as lesbian, gay, bisexual, transgender, questioning and intersex (LGBTQI+) often **face social stigma, discrimination and other difficulties** that cis and heterosexual people do not. They are also **more exposed to harassment and violence** due to their perceived transgression of gender and sexual orientation norms.

See on YouTube: [The difference between gender identity, sexual orientation and biological sex](#) (in Spanish)

As a result of these and other stressors, the diathesis-stress model of health and the 'Minority stress model' (Meyer, 2003) explain how LGBTQI+ people are more exposed throughout their lives to stress, discrimination and violence, which impacts on their mental and physical health and increases the likelihood of substance use and addiction as a coping strategy.

Lesbian, gay, bisexual, transgender and intersex people who use drugs are likely to refrain from seeking help or treatment from care providers because of previous or anticipated experiences of discrimination.

Some Data

According to a recent study ([Lesbian, Gay, and Bisexual Behavioral Health](#), SAMHSA, USA, 2023), lesbian, gay and bisexual people are more likely than heterosexual adults **to use substances, to suffer from mental disorders, particularly major depressive episodes, and to have serious suicidal thoughts**, often as a result of stigma-related stress, discrimination and harassment. In particular, the study shows that:

- **Sexual minority females are about twice as likely as straight females to have been heavy drinkers** in the past month
- Marijuana use in the past year among sexual minority males is **nearly twice as high** compared with marijuana use among straight males. **The prevalence is roughly 40%** for sexual minority males
- Sexual minority males and females are **2 to 3 times more likely than straight males and females to have used illicit drugs** other than marijuana in the past year
- Bisexual females are more than **3 times as likely as straight females to have used non-medical opioids** in the past year
- About one third of bisexual males, bisexual females, and gay males **had a substance use disorder (SUD)** in the past year

- The prevalence of serious mental illness is more than **3 times higher among bisexual males** than among straight males
- Bisexual females are **six times more likely to have attempted suicide** in the past year than straight females.

Access to services

Historically, sexual and/or gender diversity has occupied a subordinate position in relation to the hegemonic heterosexual model. As a result, **people who identify as LGBTQI+ tend to conceal their problems for fear of stigma, discrimination and incomprehension**, particularly during adolescence.

Source: [Acercamiento exploratorio al bienestar emocional y la salud del colectivo LGBTQI+ en España](#)

The various institutional and structural discriminations experienced by this population on the basis of their sexual orientation and gender identity limit their access to the services they need because the spaces are not perceived as safe.

Potential responses

Research shows that addiction treatment programmes offering specialist groups with an LGBTQI+ perspective for gay and bisexual men offer better outcomes for these people than non-specialist programmes (*Subst Use Misuse. 2010;45 (7-8):1077-1096*) - yet in the US, only 7.4% of programmes include specialized services for LGBT patients.

Improving the mental health of LGBTQI+ people and ensuring adequate management of the addiction problems they face **requires the development of programmes meeting their specific needs**, including in particular:

- Adequate management of the stress factors affecting this population: homophobia/transphobia, family difficulties, violence, social isolation,
- Screening and treatment of co-morbidities to ensure a comprehensive approach,
- Networking with other associations, working groups and professionals specializing in LGBTQI+ issues in order to integrate them into services,
- Developing zero-tolerance protocols in terms of LGBTQI-phobia in addiction treatment services and implementing initiatives to help create safe spaces for the people concerned.

Finally, it should be remembered that criminalisation, stigmatisation and discrimination of LGBTQI populations are still the official norm in some 73 countries around the world.

That's why preserving the mental and physical health of LGBTQI+ people and responding to their needs is also, and above all, a commitment to their rights, at every level.

Older Adults

While the use of illicit drugs tends to decrease with age, addiction is a reality among the elderly, even if it often takes different forms to those of younger people. Yet **the addiction problems encountered by the elderly are often invisible**, and very few services are dedicated to their specific needs.

In Western countries, baby boomers are now aged 65 and over. They consume far more alcohol and other drugs than their parents did. The addiction field wasn't ready for that!

The drugs used by senior citizens, mainly alcohol, but also prescription drugs and compulsive behaviours such as gambling, can have devastating effects, yet these behaviours are very often invisible.

Ageing brings with it physiological changes; in particular, **the brain becomes much more sensitive to drug use**, with consequences for people's health. What's more, addiction among senior citizens has a **major impact on their social environment, their relationships with family and friends, and their participation in community life**.

Ageing is a time of great fragility, leading to vulnerability to addiction. This fragility is linked in particular to:

- The person's perception of their ageing body and how others see them,
- The gradual loss of motor and/or cognitive skills, leading to reduced autonomy and emotional vulnerability,
- A feeling of reduced social usefulness, with the perception of being a burden on others, leading to a loss of self-esteem,
- Increased social isolation as a result of the death of a spouse and/or estrangement or family → loneliness,
- A feeling of boredom,
- A high prevalence of depression,
- The death of other loved ones and associated bereavement.

A Few Facts

- With the development of age-related chronic illnesses, **the elderly are prescribed more drugs than other age groups**, resulting in greater exposure to potentially addictive drugs
- The use of opioids for persistent pain is higher among the elderly than among other age groups (in the United States, **opioid prescriptions in this population increased nine fold** between 1995 and

2010 (Sources: [National Institute on Drug Abuse](#)). There is a clear over-medicalisation of this population, particularly among women over 65.

- In Spain, 56% of older people report having used anxiolytics or antidepressants in the past year (64% of them women) - 52% have consumed alcohol and/or tobacco - 42% have gambled - nearly 10% have used illicit substances (source: [UNAD](#))
- In the US, nearly **1 million adults aged 65 and over have a substance use disorder** (SUD), the proportion of seniors admitted for treatment rose from 3.4% to 7% between 2000 and 2012 and the rate of fatal overdoses linked to prescription opioids quadrupled among seniors between 2002 and 2021. 65% of people aged 65 and over report high-risk alcohol consumption* (source: [NIDA](#); [JAMA Psychiatry](#))
- **In France, 25% of people aged 65 and over drink alcohol every day** (1% of 15-24 year olds) and **25% have a benzodiazepine use disorder**, mainly women (source: [loireadd.org](#))

* *i.e. daily consumption in excess of recommendations at least once a week over the past year.*

Today, there are two types of older people with addictions: those who have had an SUD since they were young and whose life expectancy is increasing, but who still need appropriate treatment, and those who develop an addiction at a later age. For all of them, we need to ensure that addiction services meet the specific needs of this stage of life.

Potential Responses

There is still a lack of understanding about the best models of care for older patients, but the evidence seems to suggest that **older patients have better outcomes with longer courses of treatment**, and that the ideal models of care would be those that include:

- Diagnosis and management of other chronic conditions, including mental health problems and age-related physical conditions,
- Restoring support networks and implementing initiatives to alleviate the consequences of unwanted loneliness,
- Improving case management
- Taking account of the specific aspects of gerontology in the management of addictions, and in the design and implementation of programmes
- Taking into account the characteristics of this specific stage of life and its implications for the addiction treatment process, such as, for example, the lack of motivation for treatment due to the feeling of being at the final stage of one's life.

The ‘Leave No One Behind’ campaign calls on public authorities to invest more in this area

It is essential, in particular to:

- Invest in **training for addiction professionals** – untrained professionals may confuse the symptoms of SUD with those of other chronic conditions / natural age-related changes
- **Improve access to services** through changes in the way care is paid for by insurance companies and making access easier for people who are often losing their independence
- Make addiction among the elderly **more visible**
- **Promote a better understanding of addiction among the elderly**: older people are often resistant to treatment because of real or perceived stigma
- Promote **research to develop screening methods** targeted at the elderly and **more effective intervention strategies** that take account of their specific characteristics.

Young People and Adolescents

Young people are the most vulnerable group to drug use. In 2021, 5.3 % of 15- to 16-year-olds worldwide (13.5 million people) had used cannabis in the previous year. Adolescence is a critical period of physical and emotional development, making it more vulnerable to the possible consequences of psychoactive substance use. Adolescence is also a critical period of physical and emotional development, making it more vulnerable to the possible consequences of substance use.

Substance use disorders during adolescence affect key social and developmental transitions and can interfere with normal brain maturation, with potentially lifelong consequences.

In terms of the biological impact of substance use, some studies have shown that chronic cannabis use in adolescence can lead to a loss of cognitive ability in certain contexts.

Research has shown that early alcohol use in early adolescence doubles the risk of developing serious alcohol-related disorders compared with later use in late adolescence (in the twenties). Consequently, the later the age of first consumption and the more information available to make informed choices, the more effective preventive measures will be.

Lack of treatment opportunities

Source: [Principles of Adolescent Substance Use Disorder Treatment](#) – NIDA

Given the serious risks that problematic substance use entails for adolescents, it is essential to initiate treatment as soon as possible. In addition, adolescents who use drugs are likely to have other problems, such as **mental health problems, experiences of social vulnerability, stress factors and other areas of vulnerability that accompany and possibly contribute to their substance use** (co-morbidities). These problems must be taken into account.

In treatment programmes, less than a third of adolescents with co-morbidities receive care tailored to their needs

Historically, addiction care has focused mainly on adults, from an androcentric perspective, while the needs of children and teenagers - and those of girls even more so - have often been side-lined

Adolescents have age-specific treatment needs that may differ from those of adults. A comprehensive analysis must take into account the rights of children and adolescents and the gender perspective.

In addition, adolescents and young people face a number of barriers to accessing treatment for substance use disorders, including:

- Stigma and discrimination
- Not identifying with the adult-centred social image of people with SUDs
- Insurance and/or financial problems
- Lack of care adapted to their conditions (substance use and mental health, specific needs of adolescents, staying in school during treatment, identity issues)
- Lower motivation for treatment than adults
- Perception that treatment and professional teams do not understand their realities, resulting in a lack of confidence in an adult-centred system.
- Possible presence of outdated narratives about problematic use that do not correspond to adolescents' current realities
- Absence of harm reduction approaches in addiction treatment, and dogma of abstinence as the only valid recovery pathway, which can leave many people behind at this stage of their lives.

Potential Responses

It is essential to minimize the impact of problem substance use on young people's health. In particular, we need to

Implement large-scale initiatives to prevent problem drug use in schools and communities to reduce the risk of substance use disorders, especially given the high prevalence of mental disorders among young people.

Promote evidence-based treatment approaches specifically designed to meet the needs of adolescents and young people with substance use problems or other risk behaviours, taking into account the specific characteristics of boys and girls.

These approaches should be based on the following principles:

- Adolescent substance use needs to be **identified and addressed as early as possible**
- **All problematic substance use by young people can benefit from intervention**, even if there is no evidence of dependence
- Health care visits provide an opportunity to **encourage adolescents to talk about their substance use**
- Interventions should address **the adolescent's needs as a whole**, not just drug use, in medical and psychological terms, but also in terms of their social well-being, school, home, transport, etc.
- Outpatient or residential treatment **should include behavioural therapy to increase motivation to change**
- Promoting **family and community support** as an important factor in success
- Identification and treatment of **co-morbidities** (mental health disorders)
- Identification and **management of problems such as violence**, mistreatment or abuse, suicidal ideation, etc.

The Campaign

Presentation

What is the central message of the campaign, what do we want to communicate, what do we want to raise awareness about?

The campaign will be launched on 26 June, to coincide with the United Nations World Drug Day, although it is not formally associated with it.

LNOB

Leave No One Behind

Accessing Addiction Treatment is a Human Right

Key Message

Drug use is increasing around the world, but treatment is not increasing - at least not for everyone.

Only one in five people with serious problems due to drug use have access to treatment.

Finally, some groups of people who use drugs are even more vulnerable because of the stigma, discrimination and multiple barriers to treatment they face. These groups include **women, LGBTQI+ people, older people and young people.**

In the face of addiction, it is essential to move forward and provide solutions for everyone, leaving no one behind.

To do this, it is essential to respond to the needs of each segment of the population, through investment and concrete actions such as the one we have described.

Why are we sending out this message now?

Addiction services are evolving. This is because knowledge is advancing, but also because society is changing:

- There is **greater recognition of the importance of the gender perspective** and of the different needs of women in the field of health in general and in addiction specifically
- There is **greater social acceptance of LGBTQI+ people, and their fundamental rights are formally recognized** (though not in all countries). But this makes **the lack of adequate responses** to their needs all the more glaring,
- **Substance use disorders are on the rise among older adults.** Yet their problems are largely invisible and only a minority of services are designed for them
- **Adolescents are confronted with an enormous variety of substances** and are also experiencing greater difficulties than before in terms of their **mental and social well-being**, which contributes to substance use – yet we lack effective, evidence-based treatment solutions.

Despite growing awareness, addiction treatment services need to be reviewed in terms of their design and implementation in order to respond to multiple realities and leave no one behind.

Target Audience

- **Policy-makers**, to advocate that the diversity of people, their needs and their vulnerabilities be better taken into account in addiction policies and services, particularly for the groups mentioned in this document.
- **Health professionals**, in order to raise their awareness, particularly among addiction professionals, of the need to ensure that everyone is adequately served in primary care, referral and specialist services. Awareness-raising, training and self-analysis of skills should be promoted.

- **The general public**, to put an end to the stigmatization and discrimination experienced by women, LGBTQI+ people, older adults and young people when they have substance use disorders.
- **The people affected themselves**, so that they can identify the problems they face and feel confident in seeking specialist help.

Creative Concept

The campaign avoids the use of stock photos and instead focuses on one key message: **LEAVE NO ONE BEHIND** and its acronym LNOB. Each of the visuals provided can be used as a still or moving image, as required.

With its **simple, modern graphics** - black lettering on a very contemporary yellow/green background - the campaign avoids the trap of those classic photos that tend to lose their potential by being seen over and over again.

The important thing is the message. How do you get it across? **By making purely graphic and symbolic choices** that evoke an emotional response. In the example below, the word BEHIND is almost obscured by the first word of the slogan LEAVE NO ONE, suggesting that a section of the population is being side-lined, rejected and denied their existence and needs.

The right-hand side of the graphic element repeats the acronym LNOB and **provides a message, a fact or a call to action, either general or specific to the population concerned.**



The campaign is then broken down into **different graphic proposals tailored to the different population groups** targeted by the campaign: women, LGBTQI+ people, senior citizens and young people. In the proposal below, the first part of the word WOMAN or WOMEN is almost covered or even made invisible by the word MAN, suggesting that the reality and needs of women in terms of substance use and addiction treatment **have been made invisible.**



The graphic proposal dedicated to **LGBTQI+ people** shows part of the traditional alphabet, with the letters of the acronym LGBTQI+ subtracted, to highlight once again **the lack of consideration for their needs** and the lack of adapted treatment services.



Note: the graphic proposals shown in this document are a working version of the campaign.

Similarly, the other visuals in the campaign (for older people and young people) **use a symbolic aspect related to the population concerned** and their de facto exclusion from the substance use disorder care system to raise awareness of the distance that still needs to be travelled to achieve real equality in access to services.

For example, the visuals dedicated to **older people use a 'crumpled paper' look** to symbolize both the wrinkles of age and the discarding of their needs (paper rolled up and thrown in the bin).

Sponsorship agreement

The LNOB campaign has been developed by Dianova international with support from [CAMURUS](#) through a sponsorship agreement. For compliance reasons Camurus has reviewed the campaign material(s) before its release, but had no influence on its development or content.

Camurus is a Swedish science-led biopharmaceutical company committed to improving the lives of patients with severe and chronic diseases – view website: <https://www.camurus.com/>

Strategy

Launch date: 26 June, 2024

Languages: English, Spanish, French

Members participating in the campaign: *to be determined*

The **'Facing Addiction: Leave No One Behind'** campaign is developed by Dianova International with the creative support from InBranding agency (Barcelona).

The campaign is supported by Camurus AB, a Swedish pharmaceutical research and biotechnology company specialising in the commercialisation of drugs for the treatment of serious and chronic illnesses.

Camurus' support is part of a sponsorship agreement. For compliance reasons, Camurus reviewed the campaign material(s) prior to its release, but had no influence on its content.

Indicators

The overall impact of the campaign will be evaluated through the following indicators:

- Size: number of publications, posts, tweets, number of online visits.
- Visibility: reach, number of people impacted.
- Influence: number of interactions, likes, shares, comments, retweets.
- Growth: evolution of followers on the different channels throughout the duration of the campaign.
- Number of articles published by Dianova International / its members / other online and offline media.

Resources

[World Drug Report 2023](#), UNODC

[Quality assurance in treatment for drug use disorders](#) (2021), UNODC

[Gender barriers in addiction treatment, what are they and how can we overcome them](#)

[Diferencia entre identidad de género, orientación sexual y sexo biológico](#) (Spanish)

[Lesbian, Gay, and Bisexual Behavioral Health](#), SAMHSA, USA, 2023

[Acercamiento exploratorio al bienestar emocional y la salud del colectivo LGBTQI+ en España](#)

[National Institute on Drug Abuse](#)

[Principles of Adolescent Substance Use Disorder Treatment](#) – NIDA