UNODC/CND/2008/WG.4/2

Distr.: Limited
8 July 2008

Original: English

Open-ended intergovernmental expert working group on drug demand reduction
Vienna, 15-17 September 2008

Results attained by Member States in achieving the goals and targets set at the twentieth special session of the General Assembly, the limitations and problems encountered and the way forward in the area of drug demand reduction

Discussion note by the Secretariat

Summary

This present note was prepared pursuant to Commission on Narcotic Drugs resolution 51/4, in which the Commission decided, inter alia, to establish open-ended, intergovernmental expert working groups to work in a coordinated manner, on the following topics, which correspond to the subjects of the action plans, declarations and measures adopted by the General Assembly at its twentieth special session: (a) drug demand reduction; (b) supply reduction (manufacture and trafficking); (c) countering money-laundering and promoting judicial cooperation; (d) international cooperation on the eradication of illicit drug crops and on alternative development; and (e) control of precursors and of amphetamine-type stimulants.

The open-ended intergovernmental expert working group on drug demand reduction will discuss results attained by Member States in achieving the goals and targets set at the twentieth special session of the General Assembly, limitations and problems encountered and the way forward in the area of drug demand reduction. The conclusions of the working group will be transmitted to intersessional meetings of the Commission to provide material on which to base the drafting of the outcome for the high-level segment of the fifty-second session of the Commission.

V.08-55396 (E)

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I. Introduction

1. At the twentieth Special Session of the UN General Assembly (UNGASS) on countering the world drug problem, Member States adopted the "Political Declaration" that contained two broad-ranging goals for drug demand reduction:

- To have new and enhanced drug demand reduction strategies and programmes (by 2003);
- To achieve significant and measurable results in the field of demand reduction (by 2008).

II. Significant and measurable results in drug demand reduction

2. In general, the data reported by national experts indicated that some relatively positive long-term developments took place in the last decade, with general containment of illicit drug use. Regions with high prevalence reported some decreases, but signs of increases in other regions did not leave much room for complacency.

3. Most notably, the long-term trend in abuse of opioids had significant variations in the different regions, but appeared overall relatively stable. The overall trend in cocaine abuse was stabilizing after years of steady increase. The increase in abuse of amphetamine-type stimulants (ATS) seemed to be tapering off. There were widespread increases reported in cannabis abuse, and signs of its decrease or even stabilization were less common.

III. Limitations and problems

4. The information available showed that Member States had made modest progress over the past 10 years in implementing the goals and targets they set at the UNGASS in drug demand reduction.

5. The number and scope of demand reduction interventions had increased but the level of implementation in key areas was still not sufficient to make the quantum leap that is expected if we want to make a difference.

6. Data produced by the countries needs to be improved, increasing the information base to allow Governments to take more informed decisions. In light of the lessons learned in the analysis of the Biennial Reports Questionnaire (BRQ), there is need for an enhanced monitoring mechanism that allows for measuring the quality, extent and coverage of interventions.

7. Limited resources were devoted to subpopulations with special needs and those most vulnerable. Few countries targeted programmes based on detailed information about the characteristics of their drug problem.

IV. The way forward: drug demand reduction

8. The health challenge to reduce abuse of, and dependence on, illicit drugs and psychotropic substances is comparable to those of other chronic ailments of epidemic proportions such tuberculosis, cardiovascular disease and cancer. Research has identified the serious behavioural, psychosocial and medical problems induced by illicit drug use and defined drug dependence as a multifactorial disease related to psychobiological and social vulnerability.

9. A change in attitude concerning the serious risk associated with drug use needs to counteract the superficial view that illicit drugs are mostly taken for fun and may be fully compatible with a normal life, seriously underestimating the problem.

10. Dissemination of such evidence-based knowledge should serve as the basis for interventions in this area and support major resource investments.

11. The reduction of the adverse health and social consequences of substance abuse, including the global effort to turn around the HIV/AIDS pandemic, is a health priority strongly related to security and development.

12. Although progress has been made since 1998, drug dependence has not been mainstreamed in health and social services; to do this it is necessary to have political commitment and adequate resources.

13. Demand reduction and reducing the negative health and social consequences of drug abuse are not contradictory but complementary: they respond to the needs inherent to different stages of an individual's drug problem, or to different sub-groups of drug dependent people. They are, in fact, elements in a continuum of care. Prevention and treatment, stopping or reducing the use of illicit drugs, are the best ways to avoid adverse health and social consequences. Outreach and low-threshold services to drug users are a response to their immediate needs, facilitating their access to more structured forms of care.

A. General principles

14. Drug prevention and treatment programmes should be based on fundamental respect for human rights.

15. Services addressing drug use, HIV/AIDS and hepatitis prevention and drug dependence should use evidence-based methodologies, adapting approaches proven to be cost-effective to regional and local needs through systematic and well-evaluated processes.

16. Drug prevention and treatment programmes should always include strong monitoring and evaluation components.

17. Health, education and social work professionals should receive relevant training, starting at undergraduate level. Parents and policemen should receive training and support to work with children, adolescents at risk, and young drug users.

18. NGOs can play a significant role in preventing drug use and HIV/AIDS, and providing services for patients with drug dependence in coordination with the public health system.

B. Principles for prevention of substance abuse

19. In the school, evidence-based life skills education programmes should be offered to all students.

20. In the family, evidence-based family skills programmes should be offered to all families as well as more targeted evidence-based interventions (e.g. home visitation programmes) to families in more vulnerable situations.

21. In the workplace, employers and employees should develop substance-free policies, including universal, selective and indicated prevention activities, as well as support and referral to appropriate treatment services.

22. Health, education and social services should identify more vulnerable youth and families and provide them with appropriate psychosocial support.

23. Health and social services should routinely screen for drug use through simple and validated instruments and provide as appropriate evidence-based brief interventions and/or referral to appropriate treatment services.

24. The media should be involved in supporting ongoing drug prevention programmes through well-targeted campaigns.

25. Activities aimed at increasing bonding to family, school and community, counteracting social exclusion (such as recreational activities, opportunities for social participation, vocational training, support for finding employment) and strengthening protective factors for children and adolescents, should be part of national drug policies.

C. Principles for treatment of drug dependence

26. Member States and international organizations should develop intensive advocacy campaigns for easily accessible treatment services, utilizing evidence-based approaches, applying the same rules and quality standards as in the treatment of any other disease.

27. Treatment and rehabilitation are adequate responses to drug dependence, rather than criminalization and punishment.

28. Drug dependence treatment services should establish links to other health services, as well as to specialized social services such as housing, vocational training and employment.

29. Treatment facilities should be widely distributed and offer a continuum of care from low-threshold outreach to outpatient care, and residential services.

30. Treatment services should be provided in accordance with individualized treatment plans developed on the basis of careful assessment and diagnosis.

31. Comprehensive treatment programmes using pharmacological and psychosocial approaches have been found to be more effective than individual interventions applied separately.

32. For drug dependent offenders, the possibility of treatment as an alternative to imprisonment or other penal sanctions should constitute a choice for the patient/offender. Cooperation of criminal justice services with treatment centres is essential for this purpose.

D. Principles for HIV/AIDS prevention and care

33. A comprehensive package of measures for prevention, treatment, care and support of HIV/AIDS and hepatitis among drug users, particularly injecting drug users, should be made available in all countries to reach towards the goal of Universal Access by 2010.

34. The special needs of specific sub-groups of drug users (including female drug users, those living in prison settings, young drug users, drug users involved in sex work and female partners of male drug users and victims of human trafficking), should be met by implementing evidence-based interventions.