

## UNODC: Commission on Narcotic Drugs, 60<sup>th</sup> Session

13<sup>th</sup> – 17<sup>th</sup> March 2017, Vienna

### Report



*Conference Hall*

Organization of the Families of Asia and the Pacific (OFAP) has the privileged to attend the 60<sup>th</sup> Session of the Commission on Narcotic Drugs Meeting. OFAP's President Nuno Maria Roque Jorge and the Vice President Augusto Nogueira attended in Vienna last 13 – 17 March 2017.

### Opening Remarks Rendered by CND Director General Mr. Yury Fedotov

Welcome everyone to the 60th Session of the CND.

For this meeting discussion, the UNGASS has already reinforced approaches to the world drug problem. The CND and Commission applied the process together. In this meeting, there are a large community gathered to contribute to the successful work of the Commission, includes UN Member States, many intergovernmental and governmental organizations, representatives from youth groups, and the scientific community. Then there is the Memorandum of Understanding between UNODC and WHO to promote health and science-based and rights-based approaches to drug challenges.

The thematic section of this year's World Drug Report will focus on the nexus between the drug problem and transnational organized crime, corruption, illicit financial and arms flows

and terrorism - issues of increasing concern to the Security Council and the entire international community.

To summarize it all, the discussion meeting was concentrated in the Implementation of the Political Declaration and Plan of Action on International Cooperation towards Integrated and Balanced Strategy to Counter the World Drug Problem.



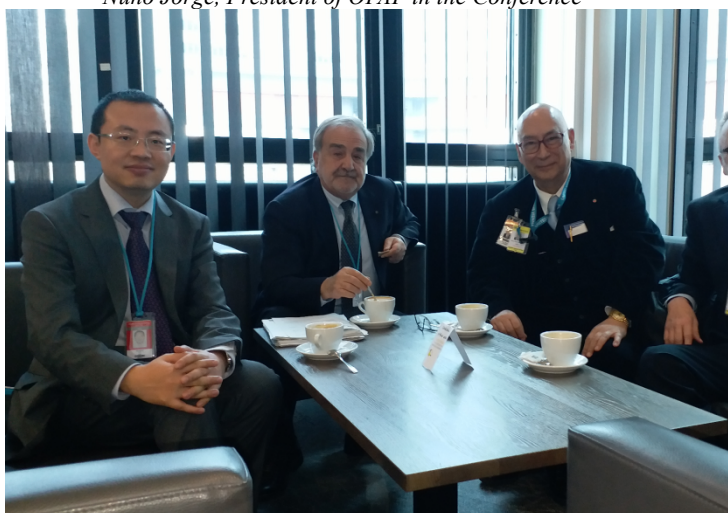
*Nuno Jorge, President of OFAP and*



*Nuno Jorge, President of OFAP in the Conference*



*Photo with CND POST-UNGASS Facilitator*



*Group photo during the Opening Ceremon, from left: Ye Wei, First Secretary, Permanent Mission to the United Nations, Vienna, Eduardo Vetere, Vice President of International Association of Anti-Corruption Authorities, Nuno Jorge, President of OFAP, Esbjorn Hornberg, Chairman of VNGOC*

**Special High Level Event: International Standards for the Treatment of Drug Use Disorders: “Each Person counts, leaving no one behind”**

This means “someone is taking care of you.”

This event provides an important opportunity to discuss progress that has been made with improving quality of treatment, in different socio-economic contexts, and to further develop support for implementing the International Standards.



*Nuno Jorge at the Conference*

**Ghada Waly, Minister, Egyptian Ministry of Social Solidarity, Egypt:**

We use a call centre where people call in anonymously for support and for referrals to hospitals. It is not a one-time treatment, it is a continuous process. The funding is based on fines from criminals bringing drugs in the country. We use drama, songs, films, and art. Aware that different target groups need different messages. The main challenge is building capacity of medical team. According to the procedure, once a treatment started, have fully recovered, and been in the program for a year, can get a low interest loan to start a small and medium-sized enterprise (SME).

**John Strang, Head of Addictions Department, King’s College London, UK:**

Not all people with addiction problems are the same. Need to realize their different healthcare needs. Poorly delivered treatments produce poor results.

**Gaetano Di Chiara, Director, Department of Toxicology, University of Cagliari, Italy:**

Best treatment is prevention.

Cannabis is the most used illicit drug today. And now in USA, eight states have approved legalization for this for recreational use. Legalization only applies to adults. For adolescents, cannabis remains prohibited.

**Rakesh Lal, Professor, National Drug Dependence Treatment Centre, All India Institute of Medical Sciences, India:**

We have guidelines in India to make treatment more affordable, available, and acceptable. NACO initiated OST program. No expansion because of lack of faith in NGO system in India.

**Special High Level Event: International Standards for the Treatment of Drug Use Disorders: “Each Person counts, leaving no one behind”**

Criteria for national guidelines:

- Severe chronic illnesses



- Areas affecting large numbers of people
- High Costs of care, high societal costs
- Large regional differences in the implementation of treatments and methods

**SWEDEN:**

A “typical” Swedish guideline development includes:

1. Define the scope – need the list of condition – intervention pairs
2. Collect scientific evidence – systematic reviews, RCIs, Health economics and Konsensus
3. Prioritisation – it is performed by a group of 25-30 external experts with clear grounding in health and medical care and social services – (the conditions severity, the effect of the intervention and cost effectiveness)

Types of recommendations:

1. Priority 1 -10
  - Interventions that healthy/social care should or can offer
  - Structures on a scale from 1-10, where 1 is the most preferable and 10 is the least preferable
2. R & D
  - Should only be implemented within the framework of research and development
3. “Avoid = do not do”
  - Should be avoided altogether
  -

The Swedish Guidelines on Substance Abuse and Addiction

Included drugs are: Alcohol, Cannabis, Stimulants, Opioids and Prescription drugs (benzodiazepines & opioids)

The guideline includes 153 recommendations:

- Assessment Tools (23 rec)
- Medical tests (13 rec)
- Pharmacological treatments (44 rec)
- Psychological and Psychosocial treatment (36 rec)
- Psychosocial support (13 rec)
- Treatment of comorbid conditions (16 rec)
- Psychological and Psychosocial: treatment of Adolescents (8 rec)

Establishment of a Medical Model Residential Program for Female and Pregnant Clients

Who Use Drugs in Tehran, Iran – by Alireza Noroozi (Psychiatrist – Rebirth Charity Society):

- Opioids as Main Problematic Drug
  - In response to high burden of opioid use in Iran, opioid maintenance programs established in 2002 both in community and prison in Iran.
    - 2002 Methadone
    - 2006 Buprenorphine



➤ 2011 Tincture of Opium (To0)



*In discussion of the side event*

- Residential Programs for SUD Treatment
  - 2001 First residential programs for male clients established by Rebirth Society in Tehran
    - Assisted withdrawal without medical supervision and management
    - Recovery rehabilitation based on mutual health group principles
    - Medium term fixed duration of stay (28 days)
  - 2002 First residential programs for female clients established by Rebirth Society in Shiraz
  - 2005 National regulations for establishment of medium-term residential centers released by SWO
  - 2006 Integration of cognitive, behavioral treatment of substance use disorders within holistic recovery program delivered by professional clinical psychologists
  - 2006 Integration of harm reduction psychoeducations in holistic recovery program of Rebirth Society's residential programs
    - "Before First Steps" Book Series; Integration of Harm Reduction Trainings in Comprehensive Recovery Program
    - Illustrated booklets were developed for residential programs staff to provide a "skill-based harm reduction psychoeducation compatible with mutual help groups abstinence-oriented approaches"
  - 2010 Establishment of Therapeutic Community for treatment of stimulant use disorder by Rebirth Society in Tehran
  - 2016 Establishment of first pilot medical model residential program for female and pregnant clients
    - Opioid agonist medication-friendly mutual-help recovery program delivered by peer groups
    - Group cognitive behavioral treatment tailored with special needs of female clients (trauma-focused treatment) delivered by trained master level clinical psychologist
    - Case management by a trained social worker

- Medical management of opioid dependence with MMT or BMT under delivered by general practitioner and nurse
- A drug-free and safe environment staffed by 24 hours nurses (three shifts)
- Patient Placement
  - Multi – dimensional assessment
    - Dimension #1: Withdrawal / intoxication potential
    - Dimension #2: Comorbid physical conditions
    - Dimension #3: Comorbid psychiatric disorders
    - Dimension #4: Motivation for change
    - Dimension #5: Risk for relapse
    - Dimension #6 Recovery environment

Chart: Inpatient  
dimensions 1, 2 & 3

Medical Model Residential  
Outpatient



*Nuno Jorge and the UNGASS facilitator, Mr. Pedro Moitinho*

– High and impending risk in

– High risk in dimensions 5 & 6

– No high risk in any dimension

UNODC / WHO Standards – why they are important to increase Public Good – by Professor Sir John Strang (National Addiction Centre, King's College London, UK)

#### **Declarations JS (personal & institutional):**

- NHS provider (community & in-patient), also Phoenix House Lifeline, Clouds House, KCA (Kent Council on Addictions)
- Dept. of Health, NTA, Home Office, NACD, EMCCDA, WHO, UNODC, NDA
- Dialogue and work with pharmaceutical companies re actual or potential development of new medicines for use in the addiction treatment field (include naloxone products) including (past 3 years)
- SSA (Society for the Study of Addiction); UKDPC (UK Drug Policy Commission), and two Masters Degrees (taught MSc and IPAS) and an Addictions MOOC.
- Work also with several charities (and received support) including Actions on Addiction and also with J Paul Getty Charitable Trust (JPGT) and Pilgrim Trust
- The university (King's College London), has registered intellectual property on a buccal naloxone formulation, and JS has been named in a patent registration by a Pharma company as inventor of a novel concentrated naloxone nasal spray.

**Important Things to consider:**

1. Research into the causes, consequences and influences on Addictions and drug-related harms
2. Development and testing of new interventions and new types of intervention
3. Policy analysis, and input into Policy formation for Public Good

**Our Goal:**

- Our Society, our population, our responsibility
- My brother or sister, your son or daughter
- Effective interventions exist, but not all
- Poorly-delivered treatments produce less benefit
- Cost-effectiveness requires effectiveness
- Heterogeneity; and change over time



*OFAP delegate as an observer*

**Medical Treatments for Addictions:***For Nicotine Addiction*

- Nicotine Replacement Therapies (NRT)
- Bupropion
- Varenicline

*For Alcoholism*

- Disulfiram
- Naltrexone
- Acamprosate
- Naltrexone ER

*Opioid Addiction*

- Methadone
- Naltrexone ER
- Buprenorphine



*From left, Wu Haiwen, Counselor, Permanent Mission of China to the United Nations and Nuno Jorge, President of OFAP*

**Improving Treatments for Addiction:***Extended Release Medications Improve Compliance*

- Implanted buprenorphine may improve compliance
- Trial: buprenorphine implants vs. placebo for 6 months  
FDA approval – May 26, 2016

**Improving OD Treatments: Naloxone***Naloxone needs to rapidly reach high levels in blood to revert OD*

- Intranasal Narcan – NARCAN Nasal Spray device  
FDA approval – November 2015
- Injectable



**❖ Research on Addiction Treatment:**

- Antibodies (i.e. Vaccines) reduce amount of drug in the brain

**Why International Treatment Standards?**

- Globally, addiction treatments is available to less than 10% of people who need the treatment
- Most people treated for addictions do not receive the evidence-based treatment rather they receive less effective, ineffective, or even harmful interventions

**International Treatment Standards Objectives:**

- The objective of the International Standards is to provide UN Member States with a tool to:
  - Guide policy development
  - Plan, organize, and manage drug treatment services
  - Evaluate interventions
  - Develop the workforce
  - Efficiently use resources to fund treatment
- Such document can be used a call for action

**Relationship to existing documents:**

- The Standards are based on the existing publications and the opinion of the expert panel
- The goal is to create a document that will have a maximum impact on the field
- The proposed document contains a list of minimum standards that can be applicable to all member states as well as optimal standards

**Process:**

- Representatives from UNODC and WHO, academia, governmental organizations, international agencies and clinicians from many parts of the world formed a Standards Panel
- December 2014: 1<sup>st</sup> meeting
  - Existing standard were presented
  - Various approaches were considered, format and outline was approved
  - Work groups were formed
- Jan-Dec 2015
  - Workgroups generated several drafts of the document
  - Each draft was edited by the UNODC staff and the editorial board
- December 2015: 2<sup>nd</sup> meeting
  - In-depth discussion of the draft and outstanding issues
  - The final draft was revised by the WHO
- February 2016: final version was approved by all members of the Panel
  - The document was published and distributed to all delegates at the 59<sup>th</sup> session of the CND in March 2016
  - The CND resolution 59/4 “*Development and dissemination of international standards for the treatment of drug use disorders*”, was unanimously approved by the Commission

- The resolution calls upon Member States to initiate a systematic process of national adaptation of the standards

### Document Structure:

- Introduction
- Key principles and Treatment Standards
- Treatment Modalities and Interventions
  - Community-based Outreach
  - Screening, Brief Intervention, and Referral to Treatment
  - Short-term inpatient or Residential Treatment
  - Outpatient Treatment
  - Long-term Residential Treatment
  - Recovery Management
- Special populations (pregnant women, newborns, children, criminal justice system)
- Characteristics of an Effective Treatment System



*Eduardo Vetere, Vice President of International Association of Anti-Corruption Authorities, Nuno Jorge, President of OFAP*

### Chapter Structure:

- Brief definition and description of the setting
- Goals
- Target Population
- Treatment methods
- Specific requirements
- Rating of the strength of evidence
- Recommendations

### The Next Steps:

- Conduct field testing of the International Standards document
  - Develop the Implementation Package, a training program to make it possible for treatment providers to start integrating the Standards into their daily practice
  - Conduct a Pilot Trial to develop the best implementation strategy
  - Conduct a large Implementation Trial to demonstrate the effectiveness of the program in a variety of treatment settings and countries
- ❖ Even if marijuana becomes legal, for adolescents its possession will still be illegal. Therefore, in spite of legalization adolescents will continue to get marijuana illegally. However, legalizing marijuana send to adolescents the message that is not as harmful as once thought, thus decreasing perceived harm, as shown by Cerdà et al, 2016, and facilitating consumption.
- From a pedagogic perspective this is a contradictory message that will further reduce adolescent confidence towards society rules.

As a matter of fact the good reason for legalization is not that Cannabis is a benign substance of abuse but to protect adolescents from criminal prosecution related to Cannabis possession. This situation calls for a strong and diffuse campaign on the dangers of Cannabis use. The target of the campaign will be to create a diffuse social consciousness of the dangers of Cannabis consumption.



*Nuno Jorge, President of OFAP shaking hands with Esbjorn Hornberg, Chairman of VNGOC before the meeting*

### **Meeting of the Vienna NGO Committee on Drugs**

1. Approval of the minutes of the last meeting
2. Financial Report about the annual accounts for 2016 and the latest financial status.
3. Discussed the latest applications for membership and the outcome of the membership review process.
4. The feed-back on VNGOC Activities
5. The preparations to elect a new Board of Directors for VNGOC in September 2017
6. UNODC update
7. To agree on a date for the next meeting of the Committee.

### **Side Event: Civil Society and International Drug Policy in the Context of Agenda 2030**



**Meeting in Progress**

#### **Rokas Bernotas, Ambassador of Lithuania:**

The agenda 200 is complementary to addressing the world drug problem. Demand reduction, respect for human rights, support treatment and recovery, need to involve civil society.



**Katherine Pettus, VNGOC:**

Presentation on controlled medicines, improving their availability will support 2030 agenda. Requires countries to set goals, efforts to achieve SDGs are complementary to goals of world drug problem.

**Natasha Horsfield, Health Poverty Action:****Jurgita Poskeviciute, I Can Live:**

NGO input is generally considered burdensome confusing and not welcome, human rights and health oriented drug policy, governments and NGOS need to work together. Prospect of ending HIV epidemic seems unattainable, UN agencies need to be more proactive specially in the context of high vulnerability. Civil society should be proactively informed about implementation of SDGs in their countries. UNGASS outcome document highlights the needs of civil society.



Discussion the SDG at the CND Conference

**Ngüyen Minh Turang, SCDI:**

How SCDI supports the implementation of SDGs, non-governmental and non-profit organisation, every individual has hidden potential, individuals who benefit from programs but those who lead them, use SDGs are a tool to pressure government, people who use drugs face stigma in Vietnam. Addiction treatment not a real concept in Vietnam, compulsory treatment centres have existed for a hundred years and nobody cares about them. SCDI addiction treatment services are humane.

**Randy Thompson, Help not handcuffs, NYNGOC:**

Drug policy that prioritises health and well being of people, help policymakers reduce harms associated with prohibition through the SDGs, use some US based statistics, SDG 16. Very little money to support harm reduction programs despite very powerful financial incentives. Transforming world towards agenda 2030.

**Isaac Morales, Mexico:**

International drug policy, civil society and SDGs, three important concepts that are mutually reinforcing. Government of Mexico has favoured plural views of civil society in international settings, supportive view of civil society an evolution, positive in all regards. Mexico government encouraged to maintain and to expand participation not only within the UN but also regional and inter-regional organisations. Two final key words, plurality, civil society does not have uniform voice need to incorporate whole spectrum, second key word, continuity.

**Conclusion: Youth Crime Prevention through Sports**

Preventing youth crime through sports-based programmes and life skills training.

**1. Sports for development and crime prevention**

- The 2030 Agenda for Sustainable Development underlines the growing contribution of sports as a tool of peace in its promotion of tolerance and respect. More specifically, sports offer an important opportunity for building life skills of at-risk youth that allow them to better cope with daily life challenges and move away from involvement in violence, crime or drug use.

**2. Youth as agents of change**

- Youth will be placed at the centre of outreach activities as agents for change. By sharing their experiences on how sports helped them to stay away from crime, youth will engage and reach out to other at-risk youth.

**3. Line Up Live Up**

- Through the Line Up Live Up programme, sports coaches, teachers and others working with youth in sports settings can target valuable life skills, such as resisting social pressures to engage in delinquency, coping with anxiety and communicating effectively with peers, through a set of interactive and fun exercises.

**Closing quote from the CND Director General Mr. Yury Fedotov:**

***"The efforts to achieve the Sustainable Development Goals and to effectively address and counter the world drug problem are complementary and mutually reinforcing"***