

UNODC CND 60th Session
“Thematic Discussions on the Implementation of the UNGASS Outcome Document”
4th Intersessional Meeting
26th – 28th September 2017, Vienna
Report



Opening Remarks

The UN General Assembly held a Special Session (UNGASS) on drugs in 2016 and adopted the outcome document "Our joint commitment to effectively addressing and countering the world drug problem". In this document, Member States committed themselves to implementing the operational recommendations contained therein and to reporting on progress made in this endeavor to the Commission on Narcotic Drugs (CND).

To this end, the CND decided to cover all chapters of the outcome document in thematic discussions during intersessional meetings and its reconvened session in 2016.

Upon the proposal of the Chair, the Commission appointed H.E. Ambassador Pedro Moitinho (Portugal), former vice-Chair of the Board tasked by the CND with UNGASS preparations, to facilitate the work of the Commission's post UNGASS efforts with a view to ensuring continuity and benefit from the experience and knowledge gained throughout the UNGASS preparatory process.

Chapter I:

- ❖ **Operational recommendations on demand reduction and related measures, including prevention and treatment, as well as other health-related issues**

➤ **Prevention, Treatment and Health Care. UNGASS Outcome Implementation**
By Mr. Gilberto Gerra, Chief, Drug Prevention and Health Branch, UNODC

- To deal with a multifactorial health disorder with social causes and consequences
- The need for more systematic efforts in prevention, treatment and healthcare
- Inter-ministerial well-coordinated approach: Strengthening communities, social protection, education, reducing inequalities, supply reduction
- Reduce vulnerability and increase resilience of new generations

The drug control system: CND, UNODC, INCB, WHA, WHO

- The medical use of narcotic/psychotropic drugs is indispensable for the relief of pain and suffering
- ...to ensure the availability for medical purposes...
- Addiction to drugs/non-medical use of drugs constitutes a serious evil for the individual... a social and economic danger to mankind
- UN Conventions

6 Areas:

- 1) Prevention of drug use and treatment of drug dependence
- 2) HIV-Hepatitis prevention/treatment
- 3) Access to controlled drugs for medical purposes
- 4) NPS and scheduling
- 5) Violence consequences on health
- 6) Data collection

Drugs are used:

- to cope with social exclusion and extreme poverty
- for recreational purposes

Poverty and stress during childhood:

- hyperactive amygdala (emotions store)
- hypoactive prefrontal cortex (behavioural regulation)
- early stress in the context of poverty affects the functions of executive functions and self-regulation



*Middle: Mr. Pedro Moitinho de Almeida (IAEA)
 w/ OFAP President Mr. Nuno Jorge & OFAP
 Vice-President Mr. Augusto Nogueira*

Invest in prevention programs that have been found effective by science and are based on the correct view of substance use disorders

- Programs for children social protection
- Programs to reduce school drop out
- Skills training programmes for students and parents
- Outpatient treatment for substance use disorders in the community
- Treatment for substance use disorders for women

The core objectives of treatment:

- the extinction of the conditioned compulsive behaviour
- the motivational system starts to focus again on ordinary life salient stimuli.
- dealing with psychological, behavioral and medical problems

“Chronic Health Disorders” does not mean: no recovery

- Long term recovery management
- Reduced intensity and frequency of treatment interventions, but remaining in contact with treatment centre



Meeting in Progress

➤ **Operational recommendations on demand reduction and related measures, including prevention and treatment, as well as other health-related issues**

Presented By Mrs. Roli Bode-George (Nigeria), Director-General, National Drug Law Enforcement Agency (NDLEA)

Mrs. Roli Bode-George has mentioned “Tailored Specific Interventions” with

1. **Social Media Platforms:** to Create Awareness, setting Drug anonymous support group (DASG) , Free Toll Telephone Counselling, and a school based programme called “Unplugged” - for School Children 10- 14 Years Old (Targets early intervention) .
2. **HIV especially among PWID’s:** making an advocacy toolkit for HIV prevention programming for people who inject drugs in Nigeria

She mentioned, “To aptly ensure the realisation of the outcome document of UNGASS 2016 we must re-focus our eyes to see pain that destroys and hear silent cries that are calling for a helping hand. We made a call to “Listen First” now we must encourage everyone to stretch out and care. Very often real care that eases pain often comes at no cost”

➤ **By Mr. Joao Goulao, President of SICAD, General Directorate for Intervention on Addictive Behaviours and Dependencies**

From left, Mr. Joao Goulao (SICAD) with Mr. Augusto Nogueira (OFA)



- The Portuguese policy on drugs is based on the assumption that drug use is a health issue and drug dependence is a chronic and treatable multi-factorial health disorder, which needs to be treated, not punished. Our policy prioritize prevention and reduction of drug use among the population and the reduction of health and social consequences related to drug use, contributing to the attainment of a high level of health protection, well-being and social cohesion.
- In Portugal, evidence-based knowledge acquired over the last decades allowed us to consolidate our policy, with the implementation of integrated responses on prevention, treatment, risk and harm reduction and social reintegration, within a decriminalisation framework of personal consumption and possession of drugs, below defined quantities. The idea is to reinforce the resources in the context of demand reduction by referring drug addicts to treatment and pointing out those that are not addicted but need a specialized intervention.
- With the decriminalisation law, a full range of responses was developed in the areas of treatment and of risk and harm reduction in a perspective of promoting public health, focusing the intervention on the consequences that arise from the addictive behavior.
- Reducing drug use and its consequences by improving the coverage, quality and effectiveness of demand reduction interventions are, therefore, the pragmatic aims of the drugs policy that Portugal has been implementing over the past 16 years, with particular attention to vulnerable groups, including young people and high risk groups, and the prevention of polydrug use.
- The availability of diverse options of treatment, implementation of harm reduction and social reintegration measures - protect drug users, society as a whole, improving the health and wellbeing of drug users and their families.
- Harm reduction measures should help, not only to prevent the risk of propagation of infectious and contagious diseases, but also prevent social marginalization and delinquency - help create an environment in which drug addicts are motivated to attend treatment programs.

A network of harm reduction programmes and structures:

- needle and syringe exchange programmes
- opioid low-threshold substitution programmes
- testing blood born infectious diseases associated with drug use
- peer-based interventions and outreach teams

Chapter II :

- ❖ Operational recommendations on ensuring the availability of and access to controlled substances exclusively for medical and scientific purposes, while preventing their diversion



Speakers / Panelists during the Conference

- By Mr. Stefano Berterame, Secretariat of the International Narcotics Control Board (INCB)

Operational recommendations

- Domestic legislation, regulations, administration;
- National control systems, assessment mechanisms;
- Import and export authorizations;
- Affordability;
- Capacity-building and training;
- National supply management system;
- Essential Medicines

Actions taken by countries

- Prescription of controlled substances by medical and health professionals is guided by a rational approach to prescribing as described in the “WHO Guide to Good Prescribing - A Practical Manual”;
- Alternatives to opioid analgesics for the treatment of chronic non-cancer pain;
- Control measures to reduce and eliminate misuse of prescription drugs without limiting access to those in need (ie. electronic or digital prescriptions monitoring programmes);
- Regular take-back prescription drugs initiatives to ensure that expired and/or unused medications are returned.
- Independent and unbiased training of health care professionals on the use of the medications, including on associated risk of dependence avoidance and mitigating measures.
- Awareness campaign to ensure that the public is aware of the dependence risks and of the proper use of the medication.
- Opioid use disorder treatment services linked to medication-assisted treatments with methadone and buprenorphine

- Accessible overdose reversing medication (such as naloxone) available to first responders in areas affected by the abuse of opioids.
- Abuse deterrent formulations (ADFs) efficiency in reducing the risk of abuse is disputed. Further research needed.

➤ **By Professor David Oliver BSc, European Association for Palliative Care (EAPC), VNGOC**

- EAPC is taking an active role to help our membership in improving access to controlled medicines as per the recommendations of Chapter Two of the Outcome Document. The EAPC was closely involved in the ATOME (Access to Opioid Medication in Europe) project, looking at the issues of accessibility to opioid medication.
- In Turkey — Up until 2014 there was limited access to opioid medication. In 2014 the ATOME project sought to overcome the barriers to opioid use. In 2010 the adequacy of opioid use was assessed at 7% and there were administrative requirements in the prescription, dispensing, distribution of morphine and there was a lack of clarity in the language used about “Toxic substances” causing “intoxication”. The ATOME Project made many recommendations and oral morphine was produced and palliative care was partially reimbursed in state hospitals. Opioids are now more widely available and palliative care is expanding.

Need for training

- Good education and training of healthcare professionals will ensure the safe and timely administration of opioid medication
- The resolution encourages palliative care education and training to include basic, intermediate and advanced training.

➤ **By Mr. Christophe Rerat, Essential Medicines and Health Products Department, World Health Organization (WHO)**



During Discussion

Challenges in Access to controlled medicines

Strengthening Pharmaceutical Systems for better access

International drug control conventions promoting better health

The preamble of both 1961 and 1971 Conventions refer to their scope and impact on health:

- Recognizing that the medical use of narcotic drugs continues to be indispensable for the relief of pain and suffering and that adequate provision must be made to ensure the availability of narcotic drugs for such purposes' (1961)
- Recognizing that the use of psychotropic substances for medical and scientific purposes is indispensable and that their availability for such purposes should not be unduly restricted (1971)

Barriers to access to controlled medicines

- **Insufficient knowledge & training** on efficacy and safety profiles: inappropriate use or no use;
- **Behaviours:** • Fear for abuse and dependence • Fear for diversion and sanctions
- **Inaccurate quantification of needs**, inefficient supply chain: fragmentation, shortages, diversion & waste
- **Regulations:** • Limited prescription duration; special prescription forms • Limitation of dispensing outlets; limitation of prescribing • Prohibition/Restrictions on exports and imports-special licences needed
- **National medicines policies and regulations** are available but often **not effectively implemented & enforced**
- Ministry of Health **lacks resources &** hence insufficient leadership and coordination
- Government **funding is limited**. Out of pocket payment is the major source of financing: need for sustainable coverage of essential medicines including by NHIS
- **Insufficient resources and capacity in National Regulatory Authorities (NRAs):** Circulation of substandard/counterfeit products on markets:
- Development of **STGs and NEML** not always based on scientific evidence
- **Irrational use of medicines** which could harm patients, increase resistance and waste resources

Chapter IV :

- ❖ **Operational recommendations on cross-cutting issues: drugs and human rights, youth, children, women and communities**



Participants during the Discussion Conference

➤ **By Ms. Valérie Lebaux Chief, Justice Section UNODC Division for Operations**

- We reiterate our commitment to respecting, protecting and promoting all human rights, fundamental freedoms and the inherent dignity of all individuals and the rule of law in the development and implementation of drug policies (...)

Drugs and human rights, vulnerable members of society

- Ensure that specific needs of underage drug offenders and children affected by drug-related crime are appropriately considered in criminal justice proceedings
- Mainstream a gender perspective in drug policies and programmes & address protective and risk factors that make women and girls vulnerable to exploitation and participation in drug trafficking
- Prevent abuse of drugs by children, youth and other vulnerable members of society by providing opportunities for healthy and self-sustained lives

➤ **By Rashimila Sharkya, Nepal Concerned Center (CWIN Nepal), VNGOC**

- Nepal has the pioneer child rights organization called CWIN (Child Workers in Nepal Concerned Center) that works for promotion and protection rights of children
- Governments shall take all appropriate measures to protect children from the use of narcotic drugs - the best interests of the child should be given preference when designing drug policies and preference above other population groups.

Three (3) important lessons:

1. drug problems are preventable and prevention is the most advanced level of harm reduction
2. with timely and right interventions, children can be helped out of their drug problems
3. a broader strategy to empower the children is more effective than simply providing services or knowledge

Some selected recommendation for further action:

1. nation-states should establish child-friendly national drug policies and take measures to ensure children's rights to grow up in the drug-free environment
2. the best interest and participation of children must be ensured in primary prevention and protection measures for children and youth
3. drug problems are associated with other social issues --- measures should be taken to fulfill basic human rights of all the children and young people
4. child-friendly measures must be taken for empowerment and social reintegration of children specifically living and working in difficult circumstances such as children on the streets and children forced into commercial sexual exploitation



OFAP Hosting Dinner

From left to right: Mr. Esbjorn Hornberg (Executive Director of IOGT International), Mr. Nuno Jorge (OFAP President), Mr. Eduardo Vetere (Vice President of The International Association of Anti-Corruption Authorities (IAACA) Mr. Augusto Nogueira (OFAP Vice-President), Mr. Pedro Moutinho de Almeida (Ambassador of Portugal), Mr. Michael Platzer (Liaison Academic Council on the United Nations System (ACUNS) Chair Vienna NGO Alliance on Crime Prevention and Criminal Justice)