

6.4 Public health dimension of the world drug problem including the Special Session of the UNGA, to be held in 2016

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In focus

At the request of several Member States, the Secretariat will provide information ([EB138/11](#)) on the public health dimension of the world drug problem, including in the context of the Special Session of the United Nations General Assembly on the World Drug Problem, which is scheduled to be held in April 2016.

(It is not clear why this report was published so late, less than two weeks before the EB meeting.)

The report canvasses key issues for a public health consideration of 'the world drug problem' including:

- · prevention of drug use and reduction of vulnerability and risks
- · treatment and care of people with drug use disorders
- · prevention and management of the harms associated with drug use
- · access to controlled medicines
- · monitoring and evaluation

The Board is invited to note the report.

A resolution may be under preparation..

Background

The [Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem \(2009\)](#) will be reviewed at the April UNGASS (above).

For more background see WHO [Management of Substance Abuse website](#).

PHM comment

This is an excellent report and should form the basis for a strong resolution.

Nevertheless, the analysis needs to be strengthened in certain areas.

The section on primary prevention is largely about prevention strategies and programmes tailored to the age of the target population, risk levels and the settings in which the interventions are planned to be delivered.

There is a reference in para 7 of EB138/11 to the need for action on the social determinants of drug use including unemployment and marginalisation but not much which reflects on causes of widening inequalities, intergenerational unemployment and deep alienation which contribute to communities who are predisposed to deploy mind altering substances to reframe their realities.

It is interesting to return to the Statement by the United Nations Under-Secretary-General and Executive Director of the United Nations Office on Drugs and Crime, Mr. Antonio Maria Costa which introduces the [2009 Political Declaration](#).

... the largest share of the world's drug trade and abuse can be traced to a few blocks, in a few neighbourhoods of a few big cities. The key to regaining control of these areas is for law enforcement, combined with social reintegration, to create viable alternatives for young people who are lost to addiction, or who have become urban child soldiers of crime syndicates. In a rapidly urbanizing world, drug control will be won, or lost, in the cities.

The world faces a rolling global economic crisis including a growing imbalance between productive capacity and effective consumption. The neoliberal response to this imbalance is to drive (through so-called 'free' 'trade' agreements) a process of global economic integration with a view to protecting the interests of powerful transnational corporations even though it contributes to a further widening of inequality and increases the numbers of excluded and marginalised. Talk about 'reintegration of marginalised people into their communities' in this context belongs to a parallel fantasy world.

The drug cartels use the same covert channels and havens for moving money globally as the big corporations use to avoid paying tax. However, the leading capitalist powers continue to stall on a multilateral agreement on taxation.

Another quote from Mr Antonio Maria Costa directs our attention to the role of imperial destabilisation and overt warfare in creating the conditions for drug trafficking.

While ghettos burn, West Africa is under attack, drug cartels threaten Central America, and drug money penetrates bankrupt financial institutions,

The role of the imperial powers forcing opium onto the Chinese is perhaps the most notorious example of imperial adventures in creating the conditions for drug trafficking or

even promoting drug markets. However, it is not a unique case, nor is the practice of purely historical interest.

There is a long history of imperial interference in Central America and in the Eastern Mediterranean which has in many ways created the conditions for illicit drug cultivation and trafficking.

An exclusionary and unfair trade regime in agricultural products, designed to support Northern agribusiness, contributes to driving some farmers in unstable and conflict zones to consider growing illegal crops.

There is a useful discussion of harm reduction in EB138/11 but no explicit mention of decriminalisation including for example safe injection facilities. This is too cautious.

There is an urgent need for a strong resolution to give authority to the public health perspective in the UNGASS in April. EB138/11 provides the basis for such a resolution. It would add a sense of reality to such a resolution to include some recognition of the additional issues referred to above.

Notes of discussion at EB138

Discussion of this item commenced Thirteenth Meeting (am of Day 6)

Doc: [EB138/11](#)

Sweden: I'll speak on behalf of 14 countries, Argentina, Guatemala, Australia, Panama, USA, Colombia, Mexico, South Africa, Sweden, Zambia, Uruguay, we thank secretariat for report. The co-sponsors, underscore the public aspect of the world drug problem. 25 years since WHO comprehensively WHO's role on the public dimension of the drug problem. We share the interest in the PH dimension of the World drug problem. Underscore

families particularly women, adolescence

treatment, needed: prevention, lack of availability of drugs, affordability, etc. goal is to protect health and wellbeing of humankind. full respect of human rights and gender equality. SDG's can help to solve this problem. discussion in UN GA is opportunity to strengthen public approach to drug problem.

underline WHO action in detection assessment in psychoactive substances.

advice commissioner on narcotic drugs. addressing substance in use. we like underscore drug control convention to protect

balanced and integrated approach , prevention , treatment , care , recovery . related to HIV and HCV and control substances pain relief , this Eb highlight to strengthen the world in this field including other UN agencies

finally taking advantages such a decision

Malta: speaking from EU and member states. Appreciation to Secretariat for the report. From International drug system, their main concern is the protection of public and individual health nationally and internationally. SDGs set out the framework for cooperation in the coming years. WHO plays a crucial role in supporting MS and the international control system with regards to world drug problem as a public health concern. This has to go from prevention all the way through to reintegration of rehabilitated individuals. More needs to be done to provide access to essential medicines which are controlled drugs. Demand Evidence and experience-based drug policies. We would like WHO to provide an evidence-based approach to the world drug problem. Need to enhance social integration and support the physical and mental health of affected individuals. Would like to see this issue represented in May 2016 WHA again. Would like to see Comprehensive strategy on the public policy towards drug use in the years ahead.

Argentina: on behalf of the Americas. We recognize the work done . comprehensive approach based on scientific evidence is needed. we support item 6.4. early intervention, effective treatment, and social reintegration. mitigation of consequence of drug abuse to underscore rehabilitation.

we strengthen the WHO role to strengthen more balanced approach , drug control conventions. we recognise world drug problem we review drug policies and plans and establish mechanism to esp session WHA , encourage open debate from 2016 we support discussion

international drug control inventions. collective and coordinated action needed. work on regional level in review of drug policies and plans. person centered approach: broader and open debate in continuation of the UN GA and WHA 69

Eritrea: speaking on behalf of 47 MS in African region. Recognising the WD problem in their region, they are taking, mental health gap action program. Working with the UN Office in Drugs and Crime to address the problem substantially. Multisectoral coordinated manner in national policies and guidelines and programs. Would like Financial support for implementation, a More balanced and comprehensive approach. Take into account International Drug Control conventions.

US: thank you. world drug problem is serious thread. WHO blace imp rule including drug control recommendation 1961, 1971 drug conventions. It would be useful to monitor and share information among MS. International treatment standards (similar to the ones released in 2014) could be done. Should work with INCB, CND and Member states. new Psychoactive substances been produced in threatening way . It would be useful to monitor and share information among MS. International treatment standards (similar to the ones released in 2014) could be done. Should work with INCB, CND and Member states.

WHO contribution to drug efforts. UNODC and WHO efforts to implement standards is imp. WHO works in this area could be better . WHO to increase the focus on Public Health aspects of the World Drug problem. US adapting strategies , prescribing practice .

recovery support services

WHO, UNODC and UNAIDS to work together with (technical guide - essential to achieving out commitment on AIDS by 2020). They associate with the statements of Sweden and Argentina (america's group).

Thailand: shorten to address monitoring and evaluation issues in report. there is MNE framework to monitor and find challenges. this may hamper the effectiveness of implementation

misinformation on this problem . thailand suggest Culturally specific suggestions to clear

Canada: aligns itself with Argentina (Americas). PH approach to demand reduction of drugs is essential in national and international fora. Preventing, providing treatments and care, recovery, and reducing harm. Support the availability of and access to controlled substances.

CHINA: thank you. we appreciate the report of secretary . expression of harm reduction to demining and legitimizing use of drugs and criminalizing drug users. Ensure controlled medicines are used in medical and non medical practices, to avoid that other drugs are abused (e.g. ketamine in China and other places in SE Asia - SEAsia and US are working together to reduce it). working on regulations. pilot projects. China tells about positive results. recognized by international community as best practices. we love to share it all country make effort with secretary , trafficking to illegal chanel. countries as china. pilot projects continuing great achieving in treatment of HIV

Ensure controlled medicines are used in medical and non medical practices, to avoid that other drugs are abused (e.g. ketamine in China and other places in SE Asia - SEAsia and US are working together to reduce it). Narcotic and psychotropic drugs.

Brazil: aligns with Argentina . Would like to show their support towards the secretariat for continuing the work towards the Special Session. Coordinated efforts needed. Need for alignment of UN drug control policies, with Human Rights treaties and conventions, and with the public health approach. Harm reduction, voluntary treatment, rehabilitation, reintegration, and Human rights and citizenship → for this to happen, we need working more together with human rights bodies, we need to expand access to health care to everyone in need.

New Zealand : it is time of us to provide solution , clear signal need to be sent including control drugs as part of essential medicines and essential with SDGs , we encourage the report

Argentina: they are supportive with 4 main areas:

- Prevention and drug consumption: various new neural / psychological

- Model of social stress as a preventive approach has allowed us to understand prevention of addiction.
- Learnings from Cognitive neuroscience also has allowed us to move forward. This also has an ethical approach, because the alterations to the brain done by addiction are able to be prevented.
- In some cases, the damage remains in the brain after . Harm reduction can only be ethically acceptable in some cases.

Pakistan: thank you , pakistan support balanced approach on using narcotics and essential medicine. large number population lives under the line of use of drugs per day. balance between excess and control need to be made. pakistan support the report in general .

Saudi Arabia: prevention reduces crime, prevention therapies manage to reduce the socio-economic consequences of drug abuse. Would like WHO to provide Technical support to member states, to make this possible.

Non EB members:

Colombia: colombia fully support what is said by Sweden. and statement made on behalf of americans. new approaches comprehensive policies. priorities to public health. Secretary report mention result of scientific research . the prevention affect social economic and criminal

public policy .

we like to the use of prescribed drugs , and the thread of psychiatric drugs especially synthetic ones . punitive laws makes access more difficult for users to reduction services. global crisis that led to many patients not getting access to care or pain relief treatments.

need to have clear item in agenda in WHA , we hope strategy will be clear

Australia: co-sponsor of the statement made by Sweden. They hope the Special session will be Addressing in a balanced way the different players in this problem: social stability, crime, HR, PH. Strong supporter of all the report, they think it has sufficient flexibility (as well as international treaties and conventions do) to be adapted nationally. Access to controlled substances for medical purposes. They welcome the cooperation of WHO - union of cancer control - for use of certain substances in the context of cancer. In the Lead up to special session: welcome the full and active participation that WHO has made possible. UN ODC website is set up for the purpose of the lead up to the special session.

Guatemala: all components to be taken into account in a balanced manner. Stresing prevention rather than stigmatising users. Differentiated approaches are required to deal with drug users of different substances. Access to controlled medicines. Political and scientific levels to be taken into account. Important role of WHO to providing the scientific guidance, with guidelines for narcotic drugs and psychotropic substances - we would like these to be included in the agenda of the 69 WHA.

Mexico; we welcome the report . lack of comprehensive policies. we look to find together a solution. more than 250 new psychoactive are within countries and without adequate control. we need to put it first thing in WHA .

international drug control regime needs new approaches. 20 years ago a declaration was adopted to reduce demand for narcotics. human rights perspective, public health and socioeconomic development. draw from all relevant UN agencies. consensus on UN GA.

facing up to these problems . we should have a public health approach.

we had active role. we hold in oct 2015 a conference with americans about it . enable identify key measures . we urge secretary to continue its work .

Zambia: aligns with statements by co-sponsors by Sweden and by Eritrea (African region). Overshadowed by law enforcement. Instability in their health systems. Has created challenges in access to essential medicines (e.g. ketamine and diazepam). Most patients end up locked up instead of treated. Many young people go to jail and then get out of jail not treated but still having the diseases - so they think mental health has to play a strong role. Signal to the world to move towards a more multisectorial approach.

Spain: agree with continent with report. prevention drug use. i identify young people

based on demand harm reduction policy is imp , these program we had many years in spain .

balanced approach. equal importance to health and security and safety identifying young people and populations at risk. distribution of specific surengers. reduction of expenditures on justice systems

Switzerland: support sweden statmentment . initial aim is protection of health.

in the field of health , taking into account health dimension. new HIV infections linked to use of injected drugs. could be avoided , new approaches . swiss organised with colombia here in geneva about this subject . we will continue to organise these events with other UN agencies. Message we want to ensure that health and human rights are in consideration.

Panama: no sufficient access to opioid alternatives consumption. Strengthen the capacities of PH systems is needed - with WHO to lead a normative and technical - scientific role, based on evidence. WHO to improve access to controlled drugs. Working on... Hungas 2016 to adopt action plan to address the friction between needs and availability of controlled medicines.

Uruguay: we welcome report and work has been done in WHO. we believe we need to strengthen

we will be dealing with this again this year . these solution need to be adapting into national context . experience has shown approaches have fallen to ?

the states need to provide guarantee provide support health care sector. harm reduction strategy proved to be cost effective. legal framework designed to control , risk of damaging practices . we hope to continue discussion in WHA

Indonesia: ensure commitment to meeting on world drug problem. speaking on local policies. including update essential medicines list on regular basis. to prevent . recognise role of WHO for monitoring and appropriate systems. world problem, based on shared and collective responsibility. looking forward to discussion in WHA.

UNAIDS: Commends role of WHO on world drug problem. Welcomes people and rights based approach. HIV burden and higher risk of drug users. only 15% of people who need it get palliative care, medicines for pain not available in many countries. Harm reduction works, financially effective also. structural barriers to solving the issue, including criminalisation.

Recommendations: 1) importance that drug control respects human rights and dignity, 2) missed it 3) harm reduction, 4) alternatives to criminalisation 5) integration of services.

Hope recommendations will be included in final report.

NGOs:

- International Association for Hospice and Palliative Care Inc. (IAHPC)
- International Federation of Medical Students' Associations (IFMSA)
- The World Medical Association, Inc. (WMA)
- The Worldwide Hospice Palliative Care Alliance (WHPCA)
- World Hepatitis Alliance (WHA)

WMA: [The World Medical Association, Inc. \(WMA\)](#)

IFMSA: [International Federation of Medical Students' Associations \(IFMSA\)](#)

WHA: on behalf of patients who are or who might be infected with hepatitis C, including due to drug use. great paper of WHO. unhappy with another paper as it lacks the public health perspective and fails to mention hepatitis C. urge to ensure that final document aligns with public health approach and includes harm reduction. when HIV is mentioned, so should be Hepatitis.

Deputy Director General: WHO is prepared to take on its responsibility to reduce the public health burden and other diseases related to the drug consumption. WHO committee on drug: long experience to reduce the social burden of the drug consumption. Actively committed to reduce the burden of NCDs. The want to continue to advocate for access to controlled medicines..

They wish to continue to strengthen health system and public entities. WHO has participated in many side events and organized many events on the World drug problem.

Chair: number of MS have repeatedly asked for it to be referred to WHA.will be discussed in 12.6 today (what goes to WHA or not)

Item 6.4 closed