



*American Model United Nations*

**Commission on Narcotic Drugs**

# **Report to the Commission on Narcotic Drugs on Supporting recovery from substance use disorders**

# Contents

<b>1</b>	<b>Executive Summary</b>	<b>2</b>
<b>2</b>	<b>Matters calling for action</b>	<b>3</b>
2.1	CND II/1 . . . . .	3
2.2	CND II/2 . . . . .	3
2.3	Deliberations . . . . .	4
2.4	Action Taken by the Commission . . . . .	5
<b>3</b>	<b>Consideration of the status</b>	<b>6</b>

# 1 Executive Summary

2 The Commission on Narcotic Drugs (CND) is pleased to present to the Economic and Social Council  
3 (ECOSOC) its final report on the topic on Supporting Recovery from Substance Use Disorders. The following  
4 report covers a wide range of sub-topics, ranging from the destigmatization of drug use to the expansion of Treatnet,  
5 a program formerly established by the CND.

6 The sections 2.1 and 2.2 of the report include two draft resolutions, which the CND is submitting and  
7 recommending to ECOSOC for consideration and adoption. The first draft resolution entitled "Supporting recovery  
8 from substance use disorders," recognizes the present success of Treatnet and its ability to advance the rehabilitation  
9 of substance use by Member States. It recognizes the benefits of research partnerships and the expansion of the  
10 program to increase transparency of information between Member States.

11 The second draft resolution, also entitled "Supporting recovery from substance use disorders," focuses on  
12 establishing a six-point plan that addresses the issue of rehabilitation for drug users. It covers issues including  
13 destigmatization, education and healthcare.

14 Section 2.3 covers the deliberations and proceedings of the CND that produced this proposal. It includes  
15 a brief summary of the relevant and significant debate on this topic as well as the voting record for the resolutions  
16 presented in this report.

17 Section 2.4 includes brief statements regarding two resolutions, both of which were adopted by the CND,  
18 on the issue of supporting recovery from substance use. The CND urges Member States to notify ECOSOC of any  
19 changes to their national jurisdictions.

## 2 Matters calling for action

### 2.1 CND II/1

*Fully aware* of the reality that substance addiction treatment and rehabilitation are essential pieces of a multifaceted approach to combating substance demand as well as promoting social good,

*Deeply concerned* about the current inconsistent state of substance addiction treatment and rehabilitation worldwide,

*Noting* that many countries differ in their knowledge and implementation of substance addiction treatment and rehabilitation programs,

*Deeply disturbed* by the lack of comprehensive research and information dissemination regarding addiction and proper treatment methods,

*Observing* the success of the implementation of Treatnet on part of the United Nations Economic and Social Council (ECOSOC) and the United Nations Office on Drugs and Crime (UNODC),

1. *Congratulates* Treatnet on the progress made so far in comprehensively advancing the state of substance addiction treatment and rehabilitation;

2. *Recommends* the Economic and Social Council provide additional fiscal resources to Treatnet;

3. *Encourages* research partnerships between nationally-sponsored and private research entities and Treatnet;

4. *Expresses its hope* that the expansion of Treatnet will lead to increased worldwide communication on substance addiction treatment and rehabilitation.

### 2.2 CND II/2

*Guided by* the success of the Commission's Political Declaration of 1998 and the Political Declaration and Action plan of 2009 in ebbing the flow of the global narcotic supply,

*Bearing in mind* the Single Convention on Narcotic Drugs (1961), the Convention on Psychotropic Substances (1971) and the Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988),

*Recognizing* the ongoing global struggle with substance use, and its severe social, economic and security implications on all Member States,

*Fully believing* in the TreatNet Initiative and its goal of providing high quality evidence based treatment to the 250 million people suffering from addiction worldwide,

*Recognizing* the sovereignty of Member States in the degree to which they implement or administer TreatNet,

*Reaffirming* commitment to the central tenants of TreatNet including the provision of treatment, the training of medical staff, the promotion of research on drug treatments, the education of local communities on anti-drug activities and the development of resources for domestic policy regarding drug rehabilitation,

1. *Calls upon* Member States to continue to expand the TreatNet initiative, in order to provide rehabilitation programs in more regions throughout the world;

2. *Recommends* the expansion of local outreach programs to mitigate the stigmas surrounding addiction in order to build a global environment more conducive to recovery efforts, while at the same time maintaining respect for the cultures of the various member states;

3. *Further invites* Member States to develop reintegration programs for those seeking treatment for addiction so that these individuals can more easily rejoin their communities without consequence;

4. *Emphasizes* the need for additional educational programs designed to make future generations more aware of the dangers of addiction in the hopes of decreasing youth addiction;

5. *Endorses* the adoption of an effectiveness rating by the United Nations to provide a global standard for substance abuse recovery programs in Member States;

6. *Expresses* its hope that the Commission will adopt an evolving definition of substance abuse, so that new pathways to addiction can be suppressed before they become a global problem;

7. *Recommends* the implementation of innovative programs such as mobile rehabilitation clinics in rural communities or any region that has barriers that hinder accessibility.

## 2.3 Deliberations

At its 2015 session, the Commission on Narcotic addressed the following general topics: the United Nations Treatnet program, the destigmatization of narcotic drug use, the establishment of youth education programs and the support of other international public health programs.

The representative of China drew attention to Treatnet as a new and comprehensive program as of 2009 established by the United Nations Office of Drugs and Crime (UNODC) that aims to enhance rehabilitation from narcotic drugs in developing countries. They emphasized that the program focuses on adopting evidence-based services to treat drug users and those at high risk of becoming drug users. The representative of China further emphasized that a number of Member States fund and support the implementation of the Treatnet program.

The representative of France voiced concerns that certain Member States did not have the economic ability to fund the program. This was addressed by members of the Commission by stating the proposed draft resolutions would address this issue. The delegation of France also expressed concern that the effectiveness of the newly developed Treatnet program has not been properly researched yet or reviewed to show that it is successful. The Netherlands and other delegations largely responded to France by stating that the program has shown much success in providing international resources for drug treatment and rehabilitation and has additionally shown competence in effectively using a large amount of funding. The Netherlands further emphasized that the potential troubles caused by creating new drug treatment and development programs could be avoided by simply providing more funding for the pre-existing Treatnet framework. This sentiment eventually prevailed and was represented in the language of the draft resolutions included above, which were all approved for inclusion in the report by a majority vote of the body.

Destigmatization of drug users was addressed by the Commission as an alternative to harsh punitive measurements and isolation from society. Several representatives, including Australia, Germany, and Bolivia, expressed their belief in the need to reintegrate narcotic drug users back into society and remove the stigma associated with narcotic drug users that is present in most societies. They acknowledged the need for rehabilitation and therapy for the affected individuals. Many delegates emphasized that the Commission must recognize and respect the cultural differences between Member States, especially with respect to drug stigmatization.

Other representatives, including the Russian Federation and Egypt, expressed significant concerns over the use of rehabilitative and destigmatizing measures in handling substance abuse. They asserted that drug use should remain stigmatized and it should be combatted through legal action. Therefore, they would not be in favor of employing rehabilitation in the treatment of those incriminated in drug-related crimes. However, the Netherlands countered that treatment centers could ultimately reduce demand and have a ripple effect on the supply side of substance use.

Concern was also expressed by certain members of the body that drug consumption was largely a cultural issue. Rather than addressing treatment programs, delegations such as the Islamic Republic of Iran advocated for harm reduction programs focused on changing the cultural support for drug consumption. Such programs, they said, would provide a more effective way to address the problem of drug consumption and treatment at the source. The representative from Spain suggested that decriminalization should serve as a step towards legalization.

A few delegates indicated the concern that the points on destigmatization violate state sovereignty. Other delegates replied by emphasizing that actions made by the United Nations may be merely strong recommendations.

As a part of efforts to destigmatize use of and addiction to narcotic drugs, representatives from multiple Member States, including France and Turkmenistan, suggested the implementation of youth education and outreach programs as a fundamental component of preventative education programs. Furthermore, Germany echoed this sentiment and advised using the Treatnet framework in order to assist in destigmatization and education. Canada also considered education to be a vital element of destigmatization efforts, but cautioned against a heavy-handed approach, emphasizing the need to tread carefully along the lines of cultural understanding.

Representatives from Germany, France and the Netherlands, among others, recognized the need to improve access to clean needle exchange programs for the sake of public health and the reduction of intravenously transmitted

112 diseases. The representative from the United Kingdom expressed their support for centers in which nations provide  
113 a safe place to administer drugs for drug users to reduce the contraction of HIV/AIDS and significantly reduce death  
114 by overdose.

115 The representative from France also voiced support for improved access to opiate substitution programs, such  
116 as methadone clinics, to help facilitate withdrawal. The representative from Colombia also recommended focusing  
117 on mobile clinics, especially for informal and rural communities to ensure widespread access to healthcare.

118 The Commission members also expressed numerous opinions during informal caucusing sessions. These  
119 opinions largely expressed support or disapproval for the initiatives discussed above. Much of these opinions were  
120 synthesized into the draft resolutions shown above, which were all voted on by the body and received a majority  
121 support for inclusion in the report.

122 While there was widespread support for Resolution II/2, calling for the expansion of Treatnet, some states  
123 voiced the concern that the resolutions violated state sovereignty. Sponsored as a friendly amendment, the concerns  
124 were integrated into the resolution. The delegates from Russia in particular, despite the presence of Treatnet in  
125 Russia, noted the paramount importance of state sovereignty.

126 Two friendly amendments were sponsored by the United States, Colombia, and the Russian Federation.  
127 These amendments pertained to concerns over state sovereignty. Specifically, they sought to recognize the efficacy  
128 of states to implement Treatnet programs in a manner that pertained to their specific circumstances. The first of  
129 these amendments, which was concerned with developing nations, reiterated the fact that Treatnet should emphasize  
130 the creation of new programs that would focus on the specific needs of individual nations. The second of these  
131 amendments was explicitly concerned with matters of state sovereignty and added a clause to address this concern.  
132 Both of these amendments passed.

133 The Netherlands also expressed concern at much of the wording in the preambular clauses in resolution II/2;  
134 as a result, the state sponsored a contested amendment, which was not incorporated into the final resolution.

135 The delegates from the United Kingdom and the United States suggested an amendment to the draft reso-  
136 lution in regards to respecting sovereignty and called for an information session regarding the submission of a report  
137 every six months instead of three months.

138 At the conclusion of this session, the Commission is optimistic at the future prospects of rehabilitative care  
139 for narcotic drug use. Through its bolstering of Treatnet, and reaffirmation of various narcotic drug treatment  
140 strategies outlined in this report, the Commission hopes to further the progress previously made by the international  
141 community.

## 142 **2.4 Action Taken by the Commission**

143 At its meeting on November 23, 2015, the Commission approved the recommendation for adoption by  
144 ECOSOC of revised draft resolution II/1 sponsored by Turkey, Ukraine, the Netherlands, Guatemala, Kazakhstan,  
145 Hungary, China, Turkmenistan, Peru, Poland, the United States, Japan, Uruguay, the Democratic Republic of the  
146 Congo, Indonesia and Australia. The delegation from India requested a roll call vote on the resolution. Before passage,  
147 the resolution was amended by Amendment A to strengthen the emphasis on human rights. This amendment was  
148 introduced by the Netherlands. The final resolution passed with a vote of 31 in favor, 1 opposed, and 3 abstentions.

149 Also at this meeting, the CND discussed and approved revised draft resolution II/2, sponsored by Japan, the  
150 United States, Italy, Turkey, Australia, China, Algeria, France, Uruguay, the Czech Republic, Bolivia, Cuba, India,  
151 Mexico, Denmark, Poland and the Russian Federation. The delegation from India requested a roll call vote on the  
152 resolution. Before passage, the resolution was amended by Amendment A reinforcing the Commission's commitment  
153 to national sovereignty. This amendment was introduced by the United States and the United Kingdom. In addition,  
154 the resolution was amended by Amendment B to commit to supporting mobile clinics in order to provide greater  
155 access to substance use treatments in informal areas. This amendment was introduced by the United States and the  
156 United Kingdom. The final resolution passed with a vote of 31 in favor, 5 opposed, and 4 abstentions.

### 157 **3 Consideration of the status**

158           At its 2015 session, on 24 November, the draft report of the Commission was made available for consideration.  
159 The Commission considered the report, and with no amendments, adopted the report by consensus. India and the  
160 Netherlands abstained from consensus.

Passed by consensus, with 2 abstentions