Report to the Commission on Narcotic Drugs on Supporting recovery from substance use disorders
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1 Executive Summary

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

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

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

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

Section 2.4 includes brief statements regarding two resolutions, both of which were adopted by the CND, on the issue of supporting recovery from substance use. The CND urges Member States to notify ECOSOC of any 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
diseases. The representative from the United Kingdom expressed their support for centers in which nations provide
a safe place to administer drugs for drug users to reduce the contraction of HIV/AIDS and significantly reduce death
by overdose.

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

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

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

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

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

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

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

2.4 Action Taken by the Commission

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

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

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

Passed by consensus, with 2 abstentions