



# CHAPTER SEVEN

## THE COMMISSION ON NARCOTIC DRUGS (CND)

### Members of the Commission on Narcotic Drugs:

Argentina	Israel	Spain
Australia	Italy	Sudan
Austria	Jamaica	Switzerland
Belgium	Japan	Tajikistan
Bolivia	Kazakhstan	Thailand
Botswana	Lithuania	Trinidad and Tobago
Cameroon	Mexico	Turkey
Canada	Moldova	Uganda
China	Morocco	Ukraine
Colombia	Namibia	United Arab Emirates
Cuba	Netherlands	United Kingdom
Czech Republic	Niger	United States
Democratic Republic of the Congo	Nigeria	Uruguay
El Salvador	Pakistan	Venezuela
Ethiopia	Peru	Yemen
Finland	Poland	
Germany	Republic of Korea	
Iran (Islamic Republic of)	Russian Federation	
	Saudi Arabia	
	Senegal	

This year, AMUN's simulation will include the Commission on Narcotic Drugs (CND), one of the functional commissions of the Economic and Social Council (ECOSOC). Participation on the Commission is open to two members from any country currently represented on the CND (see list above). The CND will meet all four days of the Conference, and will report to a combined ECOSOC plenary session on Tuesday afternoon.

### About the CND

The Commission is a subsidiary body of the Economic and Social Council and was established in 1946 to be the United Nations' primary policy-making body on drug related issues. In 1991 the General Assembly expanded the CND's mandate to serve as the governing body of the Fund of the United Nations International Drug Control Programme (UNDCP). The CND assists ECOSOC in supervising the application of international conventions and agreements dealing with narcotic drugs, and advises the Council on all matters pertaining to the control of narcotic drugs. The CND is based in Vienna and meets on an annual basis.

### Purview of the Committee

The Commission on Narcotic Drugs (CND) is the central policy-making body of the United Nations on drug-related matters. As a functional Commission of the Economic and Social Council, the CND monitors the implementation of the three international drug control conventions and is empowered to consider all matters pertaining to the aim of the conventions, including the scheduling of substances to be brought under international control. It also advises on all matters pertaining to the control of narcotic drugs, psychotropic substances and their precursors. The CND submits reports to ECOSOC on its proposals to strengthen the international drug control system.

**Website:** <http://www.unodc.org/unodc/en/commissions/CND/index.html>

## EXPANDING THE CAPACITY OF COMMUNITIES TO PROVIDE INFORMATION, TREATMENT, HEALTH CARE AND SOCIAL SERVICES TO PEOPLE LIVING WITH HIV/AIDS AND OTHER BLOOD-BORNE DISEASES IN THE CONTEXT OF DRUG ABUSE AND STRENGTHENING MONITORING, EVALUATION AND REPORTING SYSTEMS

HIV/AIDS and other blood-borne diseases are not exclusive to one group, country, or region of the world, though the diseases are more prevalent in some areas than others. Between 30.3 million and 36.1 million people are infected with AIDS, a number which is steadily increasing. The populations most at risk of contracting HIV/AIDS are those intravenous drug users, emergency affected populations, and sex workers. The provision of information, treatment, health care, and social services to those living with HIV/AIDS and other blood-borne diseases is a growing concern within the United Nations global development agenda. The Commission on Narcotic Drugs (CND) is

concerned exclusively with the transmission, care, and social services provided to persons with HIV/AIDS in the context of drug abuse.

Drug use increases the risk of contracting HIV/AIDS, especially when the drug use involves needles which are not sterilized correctly. According to UNODC information from 2006, there are 13 million people using cocaine, 16 million using opiates, and 35 million using amphetamines throughout the world. These individuals are at high risk for contracting HIV/AIDS. The infection rate rises between those that share drug equipment. Many drug users are ignorant of the increased risks that come with sharing needles, a problem compounded by the fact that the act of sharing in some cultures is seen as a relational experience and may also be a cost-saving measure. Once the disease is contracted within a drug using community, it can spread rapidly, affecting up to 90% of the entire community. Sex workers are statistically more likely to abuse drugs, and emergency affected populations may use or traffic drugs as a means of survival. Because in emergency situations women are often the most vulnerable, the proportion of women infected is slightly higher than men. These are complicated and interrelated issues which contribute to the HIV/AIDS pandemic, requiring a comprehensive response from the international community.

The General Assembly addressed the provision of information, treatment, health care and social services to those living with HIV/AIDS and other blood-borne diseases in the United Nations Millennium Declaration in 2000. In the Declaration of Commitment on HIV/AIDS, the UN stated that the effort to control the spread of HIV/AIDS would be multinational and further recognized that the disease presents a serious obstacle to achieving the Millennium Development Goals. The General Assembly identified sub-Saharan Africa, the Caribbean, Latin America, and Central and Eastern Europe as the areas most affected by HIV/AIDS, while noting that the threat is not limited to these regions. Both Declarations include goals of maintaining or reversing transmission trends and improvements to health care, education, and social services related to the treatment of HIV/AIDS.

The Declaration of Commitment has furthered efforts in each region to increase prevention, education, care, treatment, and focus on communities and families in the fight against HIV/AIDS. A vital aspect of such plans is the emphasis on human rights, with efforts particularly focused on assisting vulnerable populations, and reducing the stigma for those living with HIV/AIDS. Most often, drug abusers who contract HIV/AIDS are faced with double the stigma, and may be particularly vulnerable or unable to seek social services. The transmission of HIV/AIDS in the context of drug abuse is an issue which has often been marginalized, but it must be addressed in order to combat the diseases effectively.

The Commission on Narcotic Drugs recently reaffirmed its commitment to working with the World Health Organization (WHO), the United Nations Office on Drugs and Crime (UNODC), and the Joint United Nations Programme on HIV/AIDS (UNAIDS). In its 2009 report, the CND recognized the importance of access to prevention programs, treatment, health care, and other social support services. The HIV/AIDS pandemic cannot be stopped without a comprehensive approach that takes into account the implications of drug use. While the ultimate aim of the CND and UNODC is to prevent and eradicate drug abuse in all forms, it is also important to ensure that the decision to use drugs is not a de facto decision to expose oneself to HIV/AIDS. The CND has been confronted with the difficult challenge of addressing illegal drug use within the parameters of all relevant national and international law, while also attempting to curtail high-risk behavior such as needle sharing.

In recent years, a number of Member States have experimented with programs to reduce risk of exposure to HIV/AIDS in the context of drug abuse. One approach that has been used in a variety of contexts allows drug users to exchange used or “dirty” needles for clean, sterile ones. Other Member States have chosen to prosecute possession and use of illegal narcotics less aggressively in favor of a public-health approach to the problem. While some data exists to support the efficacy of such programs in reducing the spread of HIV/AIDS, more studies are needed to modify the approach for other regions and cultures.

ECOSOC and the CND are attempting to approach the problem of HIV/AIDS from all social, legal, and health perspectives with the help of the UNAIDS Joint Programme. ECOSOC has called to increase funding to further efforts to provide education and medical assistance, address the gender disparities in those affected with HIV/AIDS, and develop strategies to help drug users reduce or eliminate exposure to HIV/AIDS. A solution to the HIV/AIDS pandemic will

not be possible without addressing the various impetuses that lead to high-risk behavior. One of the ongoing challenges for the international community is striking a balance between enforcement of criminal drug laws and the treatment for drug abusers suffering from HIV/AIDS. Prevention strategies must take a multi-faceted approach that acknowledges these competing interests. Furthermore, any programs will have to be accompanied by strategies to overcome the social and cultural stigmas associated with discussing HIV/AIDS as well as drug abuse.

Questions to consider from your government’s perspective on this issue include:

- What steps can be taken by the international community to support UNAIDS and ECOSOC to make sure international aid is used effectively in the fight of drug-related transmission of HIV/AIDS?
- How do differences of cultural views regarding gender impact the efforts to reduce risk of exposure to HIV/AIDS in the context of drug use?
- What initiatives have succeeded in the past to lower the risk of contracting HIV/AIDS in the context of drug abuse? Can these initiatives be adapted for use in other nations? What monitoring information is necessary to further expand these initiatives?
- How can the UNAIDS Joint Programme and the CND help governments to more effectively use assistance to target the interrelation between drug use and HIV/AIDS?

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### **UN Documents:**

- A/RES/62/178
- A/RES/60/262
- A/RES/60/224
- A/RES/58/313
- A/RES/57/308

A/RES/57/299  
A/RES/56/264  
A/RES/55/242  
A/RES/55/13  
A/RES/54/283  
A/RES/54/282  
A/RES/S-26/2  
A/60/736  
CND 51/14  
CND 49/4  
CND 48/12  
ECOSOC 2007/32  
ECOSOC 2005/47  
ECOSOC 2004/35

### **Additional Web Resources:**

[www.avert.org/injecting.htm](http://www.avert.org/injecting.htm)- AVERTing HIV and AIDS  
[www.drugpolicy.org](http://www.drugpolicy.org) - Drug Policy Alliance  
[www.genderandaids.org](http://www.genderandaids.org) - United Nations Development Fund for Women  
[www.unaids.org/en](http://www.unaids.org/en)- Joint United Nations Programme on HIV/AIDS  
[www.unodc.org/unodc/en/commissions/CND/index.html](http://www.unodc.org/unodc/en/commissions/CND/index.html) - Commission on Narcotic Drugs  
[www.who.int](http://www.who.int) - World Health Organization

## **THE NEED FOR A BALANCE BETWEEN DEMAND FOR AND SUPPLY OF OPIATES USED TO MEET MEDICAL AND SCIENTIFIC NEEDS**

The demand for and supply of opiates used to meet medical and scientific needs deals with two issues of great importance to the United Nations. First, there are serious implications for health care, specifically regarding the reduction in pain and suffering of peoples, as the World Health Organization (WHO) has concluded that opiates are indispensable to the alleviation of pain. Second, this topic is concerned with the illicit drug trade, specifically the illicit trade of opium. The Commission on Narcotic Drugs (CND) has struggled to find a balance between these two issues, ensuring that supplies are sufficient to allow for the needs of medical and scientific purposes, while preventing over-production of opium so as to discourage illicit trade.

With the passage of the Single Convention on Narcotic Drugs in 1961 and its 1972 amendment, this issue was brought into greater focus. The Convention served to combine previously existing treaties dealing with drug control, while extending coverage systems to the plants which were actually the root source of narcotic drugs. As such, the objectives of the Convention exist to limit the possession, use, trade in, distribution of, importation, exportation, manufacture, and production of drugs to strictly medical and scientific purposes while relying on international cooperation to deter drug trafficking. Finally, the Convention establishes the International Narcotics Control Board (INCB) to serve as an independent and quasi-judicial control to monitor implementation of the Convention.

The INCB bears the responsibility for ensuring the availability of opiates for medical and scientific purposes, while discouraging over-production to prevent illicit trade. Upon request of the Economic and Social Council (ECOSOC), the board has reported upon the status of

opiate availability around the globe. The board draws these conclusions by asking Member States which are party to the Convention to estimate their need for opiates in the upcoming year, and then comparing those figures to estimates of opiates produced legally for medical and scientific purposes.

The UN has praised the work of the INCB in numerous resolutions. In these resolutions the UN not only commended the work of the board, but encouraged Member States to report their opiate needs to the board so that accurate demand counts could be maintained. Furthermore, ECOSOC and the CND have called upon Member States to engage in cooperation to limit the production of opiates to only those for approved medical and scientific uses, and has requested those countries which have previously not engaged in the cultivation of opium poppy for the production of opiates to continue to refrain from such production.

Even with these mechanisms in place, maintaining the delicate balance between the supply and demand of opiates has proven to be difficult. While 2004 and 2005 figures show a small surplus of opium, demand was larger than supply in 2006 through 2008. Supplies of opium rich in morphine were able to only meet 80% of the demand in 2006 and 60% in 2007. However, current estimates for 2009 show that the supply will once again be larger than the demand.

Striking this delicate balance is also impacted by recent medical advances. While the need for opiates for the alleviation of pain remains indisputable, the reliance upon the opium poppy plant for the production of opiates may be shrinking. Synthetically produced opiates, often called opioids, have recently grown in popularity and do not require production of the opium poppy plant. It should be noted, however, that the opium poppy plant is still necessary for the production of both morphine and codeine, the two most commonly used opiates. The CND has urged producing Member States to plan carefully based on the licit consumption estimates of consumer nations, and in turn has urged consumer Member States to track the licit use and demand of opiates and derive a realistic estimate for producing states.

The two goals of medical pain treatment and eradicating illicit drug production must be continually weighed against one another in light of supply and demand, the possible licit and illicit uses, and the economic effects of increasing the production of opioids. Finding a balance in the supply of and the demand for opiates used for medical and scientific needs will require intense cooperation from Member States, particularly in the realm of recording and reporting demand for and actual production of opiates. One of the many uncertainties in this process involves developing nations which may not individually import medical opiates in high amount, but in the aggregate compose a significant portion of the market. These nations often do not have the necessary infrastructure to track and report on demand and usage. Another challenge is ensuring that the imported opiate products do not come from confiscated illicit drugs, as such trade skews the data on production and demand. Furthermore, the CND must be aware that some groups have advocated the legalization of opium cultivation and production in nations such as Afghanistan, where the illicit production and trade is a serious concern.

Questions to consider from your government's perspective on this issue include:

- How can current supply and demand reporting techniques be improved?

- Is it possible to improve the cultivation of opium poppy to ensure global stocks meet demands?
- What measures can be taken to ensure remaining stocks of opium poppy are not used for illicit purposes?
- Is moving forward with only synthetic production of opiates a viable option? What costs and benefits come with this plan of action?

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- ECOSOC Decision 2008/248  
 CND 51/9  
 CND 51/15  
 E/RES/2007/9  
 E/RES/2006/34  
 E/RES/2005/26  
 E/RES/2004/43  
 E/RES/2003/40  
 Single Convention on Narcotic Drugs  
 1972 Protocol Amending the Single Convention on Narcotic Drugs

### **Additional Web Resources:**

- [www.incb.org](http://www.incb.org) - International Narcotics Commission Board  
[www.unodc.org/unodc/en/commissions/CND/index.html](http://www.unodc.org/unodc/en/commissions/CND/index.html) - The Commission on Narcotic Drugs