

# UNODC World Drug Report 2016:

Launch in Geneva on 23 June 2016

Briefing to the Member States and Civil Society Organizations

Remarks by Aldo Lale-Demoz, Deputy Executive Director, UNODC

---

UNODC is honoured to present the findings of the **World Drug Report 2016**, which is being launched simultaneously in Geneva and Vienna, and later today in New York.

The **World Drug Report 2016** comes at a decisive moment, just months after Member States, at the UN General Assembly Special Session on Drugs, adopted a comprehensive set of recommendations to address the world drug problem. The resulting outcome document, entitled “*Our joint commitment to effectively addressing and countering the world drug problem*”, provides concrete ways forward for all stakeholders – Member States, UN and other international and regional organizations, as well as Civil Society Organizations, the scientific community and academia - to take action on shared challenges.

In the outcome document, Member States reaffirmed their commitment to addressing the persistent, new and evolving challenges in drug control, in line with the three international drug control conventions. The operational recommendations contained in the outcome document encompass measures to address demand and supply reduction, as well as to improve access to controlled medicines whilst preventing their diversion; recommendations cover human rights, youth, children, women and communities, and highlight emerging challenges and the need to promote long-term, comprehensive, development-oriented, balanced and fair drug control policies and programmes.

The outcome document highlights the need to provide evidence- and science-based programmes for prevention of drug use; for treatment of drug use disorders; and for the prevention, treatment and care of HIV, Hepatitis C and other infections for people who inject drugs and people who live in prisons. The importance was mentioned of implementing existing and emerging international standards for drug use prevention and treatment, as well as interventions for ending AIDS, such as Opioid Substitution Therapy, Needle and Syringe Programme and Antiretroviral Therapy. These critical standards and technical guides were co-

developed and are being implemented jointly with our great partners WHO and UNAIDS in over 50 countries around the world.

In 2015, the international community, through the General Assembly, also adopted the **2030 Agenda for Sustainable Development** and the 17 Sustainable Development Goals. Many of the Sustainable Development Goals and their targets are related to the intersection between drugs, health, social and economic development, environmental sustainability, gender equality, peace, just and inclusive societies, and partnership. In particular, at the intersection between drugs and health, I would like to bring to your attention target 3.5, on the prevention and treatment of substance use disorders, target 3.3 on HIV, and 3.8 on access to essential medicines, including some that are controlled.

Against this backdrop, the **World Drug Report 2016** presents a comprehensive overview of major developments in drug markets, trafficking routes and the health impact of drug use. It also focuses on the linkages between drugs and development and the importance of “development-sensitive” drug control policies. An effort has been made to offer insight into the wide-ranging impact of drugs not only on the health and well-being of individuals, but also on the people around them, in particular women and children, families and the communities at large.

There are clear linkages between drugs and development, and this needs to be reflected in national policies, strategies and programmes. Drug control policies need to be in line with international human rights instruments. They also need to be people-centred, gender sensitive, age-appropriate, and must address stigma, discrimination and marginalization. But it is equally true that development interventions must take into account this interconnectedness, as well as the potential risks associated with social and economic changes.

Governance and the rule of law represent crucial areas in which the links between the drug problem and development have not been sufficiently recognized yet. Guaranteeing the rule of law needs to be viewed as a concept wider than coercion, encompassing access to justice delivered fairly, in full respect of human rights, and through a robust system that places authority in the hands of relevant institutions, with appropriate safeguards.

In this context, the first option for people with drug use disorders who are brought into contact with the criminal justice system for minor offences should be alternatives to incarceration. A set of basic principles to promote the use of non-custodial measures, as well as legal safeguards

for persons subject to alternatives to imprisonment, are set forth in the United Nations Standard Minimum Rules for Non-custodial Measures (the Tokyo Rules) and in the United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules). They provide useful guidance towards reducing the use of imprisonment and ensuring that criminal justice responses to offences, including drug offences, are appropriate and proportionate.

At the same time, the human rights of people in prisons and other closed settings must continue to be ensured while they are in detention, including their right to health services, particularly for drug dependence treatment and for the prevention and treatment of HIV, hepatitis and tuberculosis. The higher risk of death for people with drug use disorders after release from prison points to the need for appropriate interventions, such as pre-release education on overdose prevention, post release follow-up, and linkages with social services in the community.

Drug markets have seen great diversification in the past few years, with the emergence of new substances, new combinations of polydrug use, and new injecting behaviours, involving stimulants which carry higher risks of infectious diseases. Attention to recent trends, however, should not overshadow the importance of continuing to focus on trends related to traditional drugs, such as heroin. The resurgence in heroin use, leading to fatal consequences, has been documented in a few countries where it was previously in decline, demonstrating that heroin is not a problem unique to the older generation and that it still needs to be prioritized by the international community. The focus on opiates remains pertinent, considering that the Global Burden of Disease study indicates that opioids, cocaine and amphetamines, and cannabis together account for 12 million years lost due to premature deaths or disability, of which 8 million are linked to opioid use disorders.

Furthermore, polydrug use and the increased complexity of shifts between the use of different drug types pose challenges to people responding to emergencies related to drug use, as well as to those treating drug use disorders. In such instances, polydrug use can compromise treatment efforts that are drug specific. This situation requires policymakers and practitioners to be more aware of emerging trends in drug use and to have mechanisms and protocols in place to detect and diagnose a wider range of substances used.

The recent data emerging from the Near and Middle East on “Captagon” show worrying signals for a sub-region where drug manufacturing and trafficking have the potential to exacerbate a challenging situation of porous borders, violent conflict, insurgency and limited government control in certain areas. In the past, other regions affected by similar vulnerabilities experienced the development of a drug-violence nexus, in which drug production, trafficking and conflict become mutually reinforcing elements. More information, particularly on drug use, is needed in the Near and Middle East to help understand if and how the observed increase in seizures indicates greater drug consumption in the sub-region and what the potential implications for drug policy may be.

Information on the use of New Psychotropic Substances (NPS) and their health consequences remains limited. Understanding the NPS problem for better policy decisions requires efforts on different fronts: supporting countries to improve their forensic capacity relating to NPS detection, and to develop or improve monitoring systems that can effectively collect information on the use of NPS and their health consequences. More research is needed to understand the effects on and the risks to users who consume such products, and how to communicate those risks. We also need to better understand the wide range of national legislative responses that have been put in place by Member States in different regions to address the dynamics of the NPS market.

Cannabis has been gaining a higher level of visibility at a health-care policy level, in international research and as a result of recent changes in legalization in some parts of the world. There is an overall increase in the number of new entrants in treatment for cannabis use disorders. In great measure, this is a reflection of the expansion in the provision of treatment programmes to address the needs of cannabis users. It is important that science-based prevention programmes are available for adolescents and young people so as to prevent the early initiation of drug use, including cannabis, and that treatment interventions such as *Screen and Brief Intervention* (SBI) are available for people who already use cannabis, so as to prevent progression into drug use disorders.

Countering the various dimensions of the world drug problem from health, security, criminal justice responses, rule of law, and overall development perspectives requires collaboration among different stakeholders, as outlined in the UNGASS outcome document.

UNODC has experienced an effective collaboration with many UN agencies and international organizations and Member States to counter these various dimensions of the drug problem.

Today offers a good opportunity to acknowledge the collaborative spirit and the joint work that has been undertaken by UNODC, WHO and UNAIDS, which will only grow in the years to come. With WHO we have been working hard over the past years in the areas of drug dependence treatment and access to controlled drugs for medical purposes. In this connection, I invite you to participate in **Listen First**, the campaign of this year led by UNODC and WHO to promote evidence-based prevention and the concept that listening to children and youth is the first step to help them grow healthy and safe. Our collaboration with UNAIDS and its Co-Sponsors remains robust after many years of joint work, and the 2016-2021 Fast-Track Strategy, as well as the SDG 3.3 on ending AIDS offer us great motivation to continue addressing specifically HIV and AIDS among people who inject drugs and people in prison, among other risk populations.

At UNODC, we look forward to continued collaboration with all stakeholders in and out of government, especially within the frameworks of the post 2015 development agenda and the 2016 UNGASS outcome document.