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Addendum

Thematic debate on drug abuse prevention, treatment and rehabilitation

1. At its 1251st and 1252nd meetings, on 8 March, the Commission considered agenda item 3, which read as follows:

- “3. Thematic debate on drug abuse prevention, treatment and rehabilitation:
- (a) Community capacity-building;
 - (b) Preventing HIV/AIDS and other blood-borne diseases in the context of drug abuse prevention.”

2. The thematic debate on item 3 (b) was led by the Executive Director of the Joint United Nations Programme on HIV/AIDS, who made an introductory statement. Statements were made by the representatives of Brazil, France, Germany, the United States, Croatia, Sweden, Spain, Malaysia, Japan, the Islamic Republic of Iran, Australia, Norway, Italy, China, Switzerland, India, Turkey and Pakistan. A statement was also made by the observer for Luxembourg on behalf of the members of the European Union (the candidate countries Bulgaria, Croatia, Romania and Turkey, as well as the Countries of the Stabilization and Association Process and potential candidates Albania, Bosnia and Herzegovina, Serbia and Montenegro and the former Yugoslav Republic of Macedonia (and the EFTA members Iceland and Norway, members of the European Economic Area), associated themselves with that statement). Statements were also made by the observers for the Netherlands, Finland, Morocco, Sri Lanka, Canada, Slovenia, the Republic of Korea, Slovakia, Portugal, Bolivia and Viet Nam. The observers for the World Health Organization, the Council of Europe and the International Federation of Red Cross and Red



Crescent Societies also made statements. The observers for the European AIDS Treatment Group and the Transnational Radical Party also made statements.

3. The thematic debate on item 3 (a) was led by the Chairman of the Commission. Statements were made by the representatives of Chile, Norway, Argentina, Hungary, Brazil, Malaysia, Cuba, the United States, Turkey, Peru, China, Nigeria, the Islamic Republic of Iran, Sweden, Australia, Indonesia, Mexico and Guatemala. A statement was also made by the observer for Luxembourg on behalf of the European Union (the candidate countries Bulgaria, Croatia, Romania and Turkey, as well as the Countries of the Stabilization and Association Process and potential candidates Albania, Bosnia and Herzegovina, Serbia and Montenegro and the former Yugoslav Republic of Macedonia (and the EFTA members Iceland and Norway, members of the European Economic Area), associated themselves with that statement). Statements were also made by the observers for the Netherlands, Portugal (on behalf of the European Union), Latvia (on behalf of the European Union) and Slovenia. The observer for the European Commission also made a statement.

Deliberations

Preventing HIV/AIDS and other blood-borne diseases in the context of drug abuse prevention

4. The thematic debate focused on risk-taking behaviours resulting from illicit drug use associated with the transmission of HIV/AIDS and other blood-borne diseases, the effective strategies to reduce those risk-taking behaviours, and the successful practices and resources used to deal with the problem.

5. There was consensus on the role of drug abuse, especially injecting drug use, as a major factor contributing to the HIV epidemic, especially in member States of the Commonwealth of Independent States and in many countries in South and South-East Asia. The vast majority of speakers indicated that the problem of HIV/AIDS as it related to drug abuse was a serious issue in their countries. In many cases, use of contaminated drug injecting equipment was the main route of transmission of HIV, as well as hepatitis. Some representatives mentioned non-injecting drug use and related risky sexual behaviour as crucial factors in the spread of the HIV epidemic.

6. The majority of the speakers reported that, in their countries, tangible success had been achieved in reducing HIV prevalence among drug abusers and in stabilizing or even reducing HIV transmission to the non-drug-using population by following a comprehensive approach to the problem and carrying out programmes involving various types of intervention, such as preventing drug abuse (especially among young people), offering effective treatment and rehabilitation services for drug abusers and reducing the negative consequences of drug abuse through the provision of key services. Those services included needle exchange programmes (also involving the disposal of contaminated injection equipment), substitution maintenance treatment, voluntary HIV testing and counselling, outreach programmes, prevention of and treatment for sexually transmitted infections, and vaccinations for hepatitis. Most speakers expressed the need to develop and implement the types of intervention that would be appropriate in the countries

concerned, taking into account the various legal, social and cultural norms. Several speakers emphasized that UNODC should provide assistance in that area to member States, upon request.

7. Speakers confirmed that whatever was being done to reduce HIV/AIDS should be in accordance with the provisions of the international drug control treaties and should in no way be perceived as making drug abuse an acceptable behaviour.

8. Other speakers expressed their reservations concerning activities that, instead of putting an end to drug abuse, might be perceived as facilitating or encouraging it. They indicated that priority should be given to providing treatment and rehabilitation for drug abusers, as those activities were aimed at enabling such persons to refrain from abusing drugs.

9. While many speakers reported on the positive results of such activities, concern was expressed about the lack of specific services to reduce the spread of HIV/AIDS and other blood-borne diseases in many countries in Asia and Eastern Europe, where injecting drug use had been increasing and HIV prevalence among injecting drug users was very high. It was indicated that, in general, those services were not sufficiently available to meet the demand and that more should be done in that area. It was mentioned that drug abusers who were HIV-positive needed to have access to antiretroviral treatment.

10. Many speakers mentioned the need to target at-risk and vulnerable populations. People in prisons were considered to be at high risk of HIV infection and it was considered important to increase HIV and drug abuse prevention and treatment services in that environment, including access to health-care services comparable with those available to the general population. Treatment alternatives to imprisonment for persons arrested for offences involving drug possession were also mentioned as an effective approach to reducing the risk of HIV infection and continued drug abuse.

11. While several speakers reported significant success in reducing HIV prevalence among injecting drug users in their countries, serious concern was expressed regarding the high prevalence rates of hepatitis among injecting drug users.

12. In closing, the discussion leader, noting the considerable increase during the past two years in the attention given to the issue of HIV/AIDS in the context of drug abuse, identified five salient points made during the discussion:

(a) All speakers expressed concern about the HIV/AIDS situation, in particular in relation to injecting drug use. That concern was expressed by representatives of countries with high HIV prevalence rates as well as those with low rates;

(b) The discussion showed that an impressive and diverse range of activities were being implemented, resulting in real successes. Many speakers indicated that there was a decline in the HIV infection rate following the implementation of specific activities in their countries;

(c) Clearly no consensus had emerged on what was the best approach, although the overwhelming majority of speakers described the approach followed in

their countries as comprehensive; every Government was concerned about how to reduce drug abuse and not only HIV/AIDS infection;

(d) Concern was expressed that prison populations were a vulnerable group that required special kinds of intervention;

(e) Injecting drug users living with HIV/AIDS needed to be included in programmes providing access to antiretroviral treatment.

Community capacity-building

13. There was clear consensus on how community capacity-building was an essential component of effective drug policy. Representatives reported that a wide range of drug control activities were being implemented in their countries, in particular, demand reduction activities at the community level. However, some stressed that, in order to succeed, community-based action needed to be supported and nurtured by appropriate government policies.

14. Speakers also stated that community-based action must genuinely respond to local needs. Therefore, such action should be based on an assessment of the local situation, in terms of substance abuse, risk and protective factors and available resources. Action should also be supported by data collection systems working regularly at the national level and providing up-to-date information on drug abuse trends. Action at the community level could also be used effectively to contribute to the national data collection process.

15. Community-based action should be supported by mechanisms to ensure its sustainability by making resources available. That could be achieved in part through the active support and participation of the national and local authorities. Strong political support at the municipal level and strong links with all sectors, including the private sector, were also mentioned as important factors for success. It was noted, however, that such links and support sometimes required a long time to be established and that resources generally tended to be less than adequate.

16. One challenge that was mentioned by many was ensuring the quality of community-based activity. In particular, the provision of training and advice by experts was frequently cited as a factor contributing to successful action. Speakers also noted the importance of creating networks among communities at the national, regional and international levels to help communities to support each other and learn from each other.

17. One particular challenge with regard to the quality of action at the community level was ensuring that it was evidence-based. It was noted, however, that evidence was sometimes not available, especially since many approaches had been tested in circumstances different from those in which they were applied. The importance of monitoring and evaluation, as well as supporting communities in that important task, was stressed repeatedly.

18. At the end of the thematic debate on sub-theme (a), the Chairman of the Commission summarized the salient points as follows:

(a) Community capacity-building in various kinds of drug control activities was critical for successful national drug policies;

(b) Community capacity-building should involve all sectors of the community;

(c) Communities should network at the national, regional and international levels, with a view to drawing on best practices and sharing experience;

(d) Lack of information about drug abuse trends and good practices and lack of expertise at the local level were the most important challenges to effective community capacity-building;

(e) Governments could and should support community capacity-building through the development and dissemination of information on drug abuse trends and on best practices;

(f) Governments could and should support community capacity-building by providing training and encouraging the formation of networks at various levels;

(g) Political commitment at the local and national levels was critical to the success of efforts at community capacity-building.
