



Economic and Social Council

Distr.: Limited
13 March 2008

Original: English

Commission on Narcotic Drugs

Fifty-first session

Vienna, 10-14 March 2008

Draft report

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Addendum

Drug demand reduction

1. At its 1291st meeting, on 12 March, the Commission considered agenda item 4 (b), which read as follows:

“Drug demand reduction:

“(b) World situation with regard to drug abuse.”

2. For its consideration of the item, the Commission had before it the report of the Secretariat on the world situation with regard to drug abuse (E/CN.7/2008/4) and the report of the Executive Director on responding to the prevalence of HIV/AIDS and other blood-borne diseases among drug users (E/CN.7/2008/7).

3. Statements were made by the representatives of the United States, Italy and Spain, the observer for Slovenia (on behalf of the European Union) and the representative of the Islamic Republic of Iran. The observer for Ecuador also made a statement. Statements were also made by the observers for the World Health Organization, the International Federation of the Red Cross and Red Crescent Societies and the Eurasian Harm Reduction Network.

4. The Director of the Division for Operations of UNODC made an introductory statement. The Chief of the Global Challenges Section presented an analysis of the world drug abuse situation and trends since 1998, summarizing key findings based on the annual reports questionnaire and the biennial reports questionnaire. Also discussed were the related methodological issues with regard to global data collection and analysis.



Deliberations

5. Several speakers reiterated that comprehensive measures for drug demand reduction were an essential element of the response to the world drug problem. They emphasized the importance of a balanced approach to supply and demand reduction measures, which needed to be driven by evidence of the effectiveness of those measures. Speakers called for the balanced allocation of funding and other resources between supply and demand reduction measures.

6. Speakers stressed the importance of integrating prevention and treatment measures into overall health-care systems and of using an approach based on public health and respect for human rights to address the disease burden attributable to drug use. Some speakers expressed concern about the limited access to key health-care interventions in that area, in particular in low- and middle-income countries.

7. Several speakers reiterated the essential role played by good-quality data in supporting the formulation of evidence-based responses in demand reduction. Concern was expressed about the quality and quantity of data made available by Member States for global analysis of the drug use situation and trends and about the need to improve the reliability of data on drug abuse.

8. It was suggested that a regional reporting mechanism should be designed as a basis for a global monitoring system beyond 2008 and that an Internet-based data collection instrument should be designed to facilitate responses by Member States. One speaker emphasized the need for the biennial reports questionnaire to be revised and offered technical support for its revision.

9. Several speakers highlighted the importance of primary prevention among youth and underlined the need to develop programmes targeting vulnerable groups, including women, children and families at risk.

10. Several speakers called for measures to strengthen comprehensive responses to HIV/AIDS prevention and care, including the collection of information on subject areas such as the risks associated with drug abuse, sterile injecting equipment, drug substitution therapy, treatment and rehabilitation, voluntary counselling and testing, antiretroviral therapy treatment and other services. Speakers welcomed the efforts of UNODC in playing a leading role in that work.