

WHO

(26)

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Narcotic Drugs**

High-level segment

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**Statement by the World Health
Organization**

(Note: Check against delivery)

General debate

Madam Chairperson,
Distinguished Delegates,
Ladies and Gentlemen:

Illicit drug use and drug dependence unquestionably represent a significant public health problem, but effective interventions exist and comprehensive public health measures can reduce the drug-related harm and the overall prevalence of drug use in populations.

We know that drug dependence is a disease, and we know that people who are drug dependent *can* recover, but that often takes time and support. We also know that drug dependence, rather than occasional drug use, is associated with particularly harmful behaviours. These include high risk behaviours for HIV transmission.

Today, approximately 3 million injecting drug users are thought to be living with HIV/AIDS. Even greater numbers are thought to have contracted hepatitis B and C through drug injection practices. And still HIV-infected drug users have very low rates of treatment for HIV/AIDS despite evidence that good treatment outcomes can be achieved in this population.

Among the key interventions for HIV prevention among injecting drug users are substitution therapy for opioid dependence and the making available of sterile injecting equipment. In people who are opioid dependent, agonist maintenance treatment significantly reduces rate of HIV infection, illicit drug use and crime. Programmes of making sterile needles and syringes programmes, sometimes referred to as "harm reduction" or "harm minimization" programme, are an important component of an effective public health response to injection drug use and associated HIV risks. In fact, research has demonstrated effectiveness of these interventions both in low-

and high-income settings, and these programs can also become entry points for further treatment and psychosocial support.

Tailoring the response to the health needs of drug users has been found most useful manner to respond to their health problems. To offer no other help than abstinence-oriented treatment for a drug user with multiple health problems who is experiencing difficulty in achieving abstinence, or to provide only sterile injection equipment to someone who wants help to stop using drugs, are missing opportunities for health interventions and clear limitations to what public health can effectively achieve.

One of the key ways to improve coverage of prevention and treatment interventions for people whose health status is affected by drug use, is for different parts of the health care system to work in close collaboration in identifying, and properly addressing drug use and dependence in their patients. This includes primary health care services.

With public health objectives in mind, we should also be aware of the potential though unintended health consequences of implementing some drug control measures. It is acknowledged that criminal sanctions and imprisonment for drug use can be associated with increased public health risks. This can result in increasing the social marginalization of people with drug use disorders rendering them less likely to receive treatment for drug dependence or for associated health conditions such as HIV, hepatitis, or mental health problems.

From a public health perspective, appropriate diversion schemes from law enforcement to treatment and effective and ethical prevention and treatment interventions in prisons and other closed settings should be available, and the continuity of treatment ensured.

Another challenge that we face in this area is the limited access to medications of significant public health importance that are under international control. Since the objective of drug control is an optimal public health outcome, we need to look for ways to minimize risks of drug misuse and drug dependence without limiting the use of narcotic and psychotropic drugs for medical and scientific purposes.

The World Health Organization has the necessary expertise, long-term experience and commitment to promote and support effective drug demand reduction measures in the context of public health. We are committed to intensifying our work in this area in collaboration with our UN partners and other Organizations seeking to reduce the burden of harm from drug use. Yesterday, WHO and UNODC launched a new initiative - a Joint Programme on Drug Dependence Treatment and Care that was developed to strengthen the international efforts towards achieving better coverage and quality of treatment for drug use disorders with a focus on low- and middle-income countries.

Clearly, not only drug dependence treatment, including abstinence-oriented treatment, but primary prevention is of utmost importance. WHO promotes those public health measures that reduce the prevalence of drug use in communities and reduce the uptake of illicit drug use in populations, particularly among youth. This includes specific preventive measures in at risk groups. In a recent WHO study, early detection of drug use with a screening instrument and subsequent simple brief interventions have been shown to be effective in reducing illicit drug use. This is an approach which may have implications for many health and social services.

In conclusion, Madam Chair, let me re-emphasize in the context of this discussion, that WHO supports a *comprehensive* public health approach to the problems of drug use that includes effective measures to prevent and reduce drug use and associated health risks, provide effective and ethical

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Thank you.

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