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Open-ended intergovernmental expert working group on drug demand reduction

Vienna, 15-17 September 2008

Report on the meeting of the open-ended intergovernmental expert working group on drug demand reduction, held in Vienna from 15 to 17 September 2008

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I. Significant and measurable results in drug demand reduction

1. At its 1st meeting on 15 September, the open-ended intergovernmental expert working group considered agenda item 3 “Significant and measurable results in drug demand reduction”.
2. For its consideration, the Meeting had before it the following documents:
 - (a) Note by the Secretariat on the results attained by Member States in achieving the goals and targets set at the twentieth special session of the General Assembly, the limitations and problems encountered and the way forward in the area of drug demand reduction (UNODC/CND/2008/WG.4/2);
 - (b) Fifth report of the Executive Director on the world drug problem (E/CN.7/2008/2);
 - (c) Fifth report of the Executive Director on the world drug problem: drug demand reduction (E/CN.7/2008/2/Add.1);
 - (d) Report of the Executive Director on the collection and use of complementary drug-related data and expertise to support the global assessment by Member States of the implementation of the declarations and measures adopted by the General Assembly at its twentieth special session (E/CN.7/2008/8);
 - (e) Report of the Executive Director on the collection and use of complementary drug-related data and expertise to support the global assessment by Member States of the implementation of the declarations and measures adopted by the General Assembly at its twentieth special session (E/CN.7/2007/7);
 - (f) Complementary drug-related data and expertise to support the global assessment by Member States of the implementation of the declarations and measures adopted by the General Assembly at its twentieth special session (E/CN.7/2008/CRP.1-9);
 - (g) Report of the International Narcotics Control Board pursuant to the twentieth special session of the General Assembly (E/CN.7/2008/CRP.16);
 - (h) Report by the Executive Director as a contribution to the review of the twentieth special session of the General Assembly “Making drug control ‘fit for purpose’: Building on the UNGASS decade” (E/CN.7/2008/CRP.17*).
3. Three introductory audiovisual presentations were made by the Secretariat. Statements were made by the representatives of France (on behalf of the European Union), Afghanistan, Bolivia, the Russian Federation, the United Kingdom, the Netherlands, Japan, Egypt, Cuba, Thailand, the United States of America and Indonesia. The observer for the European Commission also made a statement. Two representatives, speaking on behalf of the Vienna NGO Committee, reported on the outcome of the “Beyond 2008” NGO Forum that took place in Vienna, from 7 to 9 July 2008.

Deliberations

4. In its presentations, the Secretariat provided an analysis of the evolution of global trends in drug use and of progress made and measures taken by Member States since 1998 to achieve the UNGASS goals in demand reduction at the regional and global levels. The presentations were based on information provided by Member States in their responses to the chapter of the Biennial Reports Questionnaire on drug demand reduction and Part II of the Annual Reports Questionnaire on drug abuse, and included data on prevention, treatment and rehabilitation measures and measures to reduce the health and social consequences of drug abuse. The Secretariat highlighted the importance of quantitative and qualitative data for monitoring and evaluation purposes, as well as the need to improve data quality and coverage, and to harmonize reporting tools and data collection activities, in coordination with other agencies. In addition, the Secretariat emphasized the importance of considering the scientific evidence, which had become available since 1998, in the development of drug demand reduction policies.

5. Several delegations expressed the need to prioritize data collection as well as to improve and develop monitoring and evaluation systems. One delegation proposed that the improvement of these systems should be included among the recommendations of the working group. In this connection it was also noted that cooperation with other bodies, such as World Health Organization (WHO), UNAIDS, the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and the Inter-American Drug Abuse Control Commission of the Organization of American States (CICAD/OAS) should be acknowledged and further strengthened.

6. Several delegations underlined the fact that the Political Declaration called for a balanced approach to drug control and for strengthening linkages between demand and supply reduction measures. In the view of a number of delegations, a balanced approach to demand and supply reduction had not yet been achieved, as, in many countries, prevention and treatment efforts were still insufficient due to lack of resources, trained personnel and international assistance.

7. There was general consensus that any recommendation from the group should be within the extant system of international drug control as defined by the United Nations Conventions. Several delegations noted that the existing international drug control system, based on the United Nations Conventions, the UNGASS Political Declaration and the Guiding Principles of Drug Demand Reduction of 1998, remained valid, as well as the need to achieve a balanced approach between supply and demand reduction. One delegation was of the view that significant progress had been achieved since 1998 in drug demand reduction. UNGASS had been a turning point inasmuch as it had brought the issue to the forefront as a fundamental pillar of international drug control.

8. Some delegations indicated that the active involvement of the addicted population and those affected by addiction problems within communities, and broad-based partnerships in society at large had had promising results.

9. Several delegates called for a greater emphasis on and full commitment to human rights in the context of drug demand reduction efforts, and stressed the

importance of treatment and rehabilitation rather than criminalization of drug addicts. Some delegations stated that there was a need for an improved understanding of addiction within communities with a view to easing the (re)insertion of drug addicts into the society.

10. One delegation suggested integration between criminal justice system and treatment providers, such as the development of drug treatment courts. Some delegations expressed reservations about the establishment of such courts.

11. Several delegates emphasized the importance of harm reduction measures as an essential element of comprehensive drug demand reduction policies. They underlined that such measures were not only effective means of limiting the further spread of the HIV/AIDS epidemic, but also complemented demand reduction efforts and recognized drug dependency as a health condition. One delegation called for a universal definition of harm reduction to be considered in the context of drug demand reduction policies. Some delegations indicated that addressing the health and social consequences of drug use should constitute a separate pillar of drug control. Others felt that it should be one of the elements included in the area of demand reduction, together with prevention and treatment. One delegation expressed the view that harm reduction measures should not be conducted globally.

12. Some delegations noted that, based on progress made in research and in understanding the nature of drug addiction as a multifactorial chronic disease, harm reduction measures should be strengthened, based on scientific evidence, and put on an equal footing with prevention and treatment. In this connection, another delegation indicated that reducing the number of addicts remained the main aim of interventions, and that harm reduction efforts should not be implemented as stand-alone interventions, as that could be counterproductive.

13. Some delegations expressed reservations about the use of the concept of "containment" to describe the global progress in drug control made during the UNGASS period given that clear indicators, which would allow for measuring success or failure, had not been set. In the view of one delegation, the concept of containment could be misleading, as many countries had experienced an increase in their drug abuse problem and, as a result, witnessed new phenomena such as the poly-drug abuse. Another delegation also questioned this concept, noting that, in the last five years, there had been an increase in the abuse of cannabis, cocaine and ATS, only partially compensated by a slight decrease in opiates in the last three to four years and suggested that it would be more accurate to say that there had been a degree of progress in some areas and in some countries.

14. One delegation noted that the concept of a stabilization of the drug abuse problem did not provide an accurate description of what had been achieved, since the figures contained in the reports of UNODC did not support this assessment, and there was a need for a comprehensive evaluation. Another delegation stressed that the quality of data and monitoring needed to be substantially improved in the future.

15. One speaker indicated that, while the implementation of drug demand reduction measures should be based on the international conventions, certain incompatibilities between them should be addressed. There were also different perceptions among States as to the implementation of policies prescribed by the conventions that needed to be addressed. In this connection, the International Narcotic Control Board (INCB) should consider assessing the difficulties observed

in the implementation of the Conventions by Member States in the last ten years, while bearing in mind human rights, sustainable human development and scientific progress.

16. Several delegates stated that it was essential to use the lessons learned from the UNGASS period to further encourage and facilitate the identification, sharing and adoption of best practices to further improve the quality of implementation of prevention, treatment and harm reduction measures, while building on achievements to date.

II. Limitations and problems

17. At its 2nd meeting on 15 September, the open-ended intergovernmental expert working group considered agenda item 4 “Limitations and problems”.

18. For its consideration, the Meeting had before it the following documents:

(a) Note by the Secretariat on the results attained by Member States in achieving the goals and targets set at the twentieth special session of the General Assembly, the limitations and problems encountered and the way forward in the area of drug demand reduction (UNODC/CND/2008/WG.4/2);

(b) Fifth report of the Executive Director on the world drug problem (E/CN.7/2008/2);

(c) Fifth report of the Executive Director on the world drug problem: drug demand reduction (E/CN.7/2008/2/Add.1);

(d) Discussion note by the International Narcotics Control Board on the open-ended intergovernmental expert working group on drug demand reduction (UNODC/CND/2008/WG.4/CRP.1*).

19. An audiovisual presentation was made by a representative of the Secretariat of the INCB. Statements were made by the representatives of Mexico, Bolivia, Iran (Islamic Republic of), Belarus, Saudi Arabia, the United Kingdom, Romania, Australia, Nigeria, Pakistan, Bolivia, the United States, Colombia, the Russian Federation, Japan, Bolivarian Republic of Venezuela and Algeria. The observers for the European Commission and the European Monitoring Centre for Drugs and Drug Addiction also made statements.

Deliberations

20. Several speakers stressed the importance of a balanced approach between demand and supply reduction in order to effectively combat the world drug problem. In this regard, many speakers noted with concern that disproportionately higher funds had been made available to supply reduction activities in the last ten years.

21. Many speakers recognized that demand reduction interventions often did not address fundamental human rights. The need to respect human rights and promote human health in order to achieve sustainable human development was emphasized in this regard.

22. Many speakers expressed concern about the stigmatization of people using drugs and living with HIV/AIDS, and the problems of reintegrating those people into society. In addition, some speakers noticed that drug dependence was still not recognized as a chronic but treatable multifactorial health disorder.

23. Many speakers mentioned the lack of mainstreamed demand reduction interventions. The non-integration of treatment interventions in the public health care system was underlined.

24. Several speakers expressed concern about the lack of available data, particularly on the rapidly changing nature and extent of drug use. In addition, the lack of systematic monitoring and evaluation of coverage and quality of drug demand reduction interventions was highlighted. The need for intensified international cooperation and support in this area was pointed out by some speakers. One speaker emphasized the necessity to build on the lessons learned from the Biennial Reports Questionnaire for the development of new standardized evaluation instruments.

25. Several speakers underlined that inadequately trained personnel hindered the effective implementation of evidence-based demand reduction interventions. In this respect, some speakers stressed the lack of certifications and quality standards. The lack of infrastructure, human resources and competencies to implement pharmaceutical treatment interventions and preventing diversion into the illicit market were also mentioned.

26. Many speakers supported the view that opiates for pain relief and palliative care were not adequately available in many countries and that due consideration should be given to this important issue in the conclusions of the working group. Some delegations stressed the need to increase the availability of opioids for therapy in the developing world, particularly for pain-relief purposes. In this context, one delegation noted that 85 per cent of opioids for therapies of pain relief were used in the developed world.

27. Some speakers noted the lack of innovative prevention programmes using new media while targeting youth. The special needs of vulnerable youth were also underlined.

28. Several speakers noted that communication among governmental agencies and civil society as well as international agencies was still weak, and existing networks had not been used to the full extent.

III. The way forward: identification of elements to be discussed at intersessional meetings of the Commission on Narcotic Drugs

29. At its 2nd and 3rd meetings on 15 and 16 September, the open-ended intergovernmental expert working group considered agenda item 5 “The way forward: identification of elements to be discussed at intersessional meetings of the Commission on Narcotic Drugs”:

- (a) General principles;

- (b) Principles for prevention of substance abuse;
- (c) Principles for treatment of drug dependence;
- (d) Principles for HIV/AIDS and other blood-borne infectious diseases prevention and care.

30. For its consideration, the Meeting had before it the following documents:

(a) Note by the Secretariat on the results attained by Member States in achieving the goals and targets set at the twentieth special session of the General Assembly, the limitations and problems encountered and the way forward in the area of drug demand reduction (UNODC/CND/2008/WG.4/2);

(b) Report by the Executive Director as a contribution to the review of the twentieth special session of the General Assembly “Making drug control ‘fit for purpose’: Building on the UNGASS decade” (E/CN.7/2008/CRP.17*);

(c) Fifth report of the Executive Director on the world drug problem: drug demand reduction (E/CN.7/2008/2/Add.1);

(d) Discussion note by the International Narcotics Control Board on the open-ended intergovernmental expert working group on drug demand reduction (UNODC/CND/2008/WG.4/CRP.1*);

(e) Report of the International Narcotics Control Board pursuant to the twentieth special session of the General Assembly (E/CN.7/2008/CRP.16).

31. Introductory audiovisual presentations were made by representatives of the Secretariat. Statements were made by the representatives of Mexico, Bolivia, France (on behalf of the European Union), Iran (Islamic Republic of), Canada, New Zealand, Ecuador, Saudi Arabia, Nigeria, the United Kingdom, the Netherlands, Sweden, Indonesia, Thailand, Romania, Peru, Namibia, Switzerland, France, Slovenia, Hungary, China, Ecuador, Spain, the Russian Federation, Argentina, Ireland, St. Lucia, Norway, Bolivarian Republic of Venezuela, the United States, New Zealand, Germany and Ghana. The observers for the WHO and the CICAD/OAS also made statements.

Deliberations

(a) General Principles

32. Several delegations highlighted the need for a human rights-based approach in demand reduction, including the right of the target groups of interventions to be involved in the planning and design of those interventions.

33. Several speakers underlined the decreasing relevance of the distinction between producing and consuming nations.

34. Several delegations reiterated the continuing importance of the principle of shared responsibility adopted by the General Assembly in the Political Declaration in June 1998.¹

¹ General Assembly resolution S/20-2.

35. The full respect of the sovereignty and territorial integrity of States, non-intervention in the internal affairs of States, and all human rights and fundamental freedoms, were also stressed by delegations.

36. Delegations recognized the life-time commitment of many NGOs to drug demand reduction, and acknowledged their expertise and experience in their frontline work with people who use drugs, their willingness to participate in evaluation, to be innovative and to contribute to the evidence-base.

37. Delegations acknowledged the recommendations identified by the NGO Forum "Beyond 2008" regarding collaboration mechanisms between NGOs, Governments and international and regional bodies, particularly UNODC and the Commission on Narcotic Drugs (CND). Some delegations highlighted that the role of civil society would be broader than that of non-governmental organizations alone, and should include collaboration with other stakeholders.

38. Many delegations confirmed their support for a balanced and integrated approach between demand and supply reduction and stated that this balance had not yet been reached.

39. Some delegations expressed support for reviewing and refreshing the mechanisms and structures that had been in place over the last ten years, and in particular the role of the INCB, to include greater consideration of drug demand reduction in addition to their focus on supply reduction.

40. The need to strengthen international collaboration was highlighted by many speakers, taking into account the respective mandates of the international organizations working in the area of demand reduction. International collaboration was of crucial importance to strengthen national capacities, exchange of information and training. One delegation noted the importance of promoting regional and international networks for collaboration in the area of demand reduction to share best practices and exchange information.

41. The need for sustained funding to address the drug problem was highlighted by some speakers.

42. The need for improved and coordinated data collection, monitoring and evaluation of demand reduction programmes to inform demand reduction services and policy was stressed by many delegations. In this regard, one speaker emphasized the importance of technical and financial support for strengthened national drug observatories as well as the development of international indicators and exchange of data among countries.

43. Drug dependence was referred to by some speakers as a chronic relapsing medical disorder.

44. Many delegations stated that drug demand reduction programmes should be integrated in a comprehensive strategy aiming at preventing drug use, facilitating access to counselling, to treatment of dependency and to rehabilitation, and establishing effective measures to reduce adverse health and social consequences of drug abuse. For these reasons, these delegations deemed it necessary to lay down, not only the principles of prevention and of treatment, but also the principles for reducing the negative health and social consequences of drug abuse, including prevention and care of HIV/AIDS, and prevention of drug related deaths.

45. Some delegations supported the proposal by UNODC and WHO to develop a comprehensive and multisectorial strategy for demand reduction. Some delegations emphasized the important role of communities in demand reduction interventions, including self-help groups, peer support, faith-based support groups and the private sector.

46. The need for the implementation, evaluation and further development of integrated evidence-based prevention, treatment and rehabilitation approaches, including the prevention of the adverse health and social consequences of drug use, was addressed by many speakers. One delegation highlighted the need for a differentiated understanding and adjusted interventions along the course of drug use and drug dependence.

47. Poly-drug use as well as combined use of illicit and licit substances, was a concern expressed by several speakers.

48. One delegation indicated that scientific studies on the effects of coca leaf and cannabis on human health should be conducted.

(b) Principles for prevention of substance abuse

49. Awareness and advocacy campaigns were considered by many delegations as an important tool for prevention. Some delegations also suggested making use of new media, such as the Internet, for preventive activities.

50. The need for early intervention as well as the need for prevention programmes to address high-risk groups were emphasized by some speakers.

51. One delegation noted the importance of increased international networking at the regional level for cooperation, training and production of scientific evidence in the fields of prevention and reduction of substance abuse.

52. Several delegations highlighted the issue of measuring the effect of prevention programmes, and the need for standardized instruments and effective evaluation systems that should be built into prevention programmes.

53. The need for prevention programmes in the workplace was addressed by some delegations, while others noted the importance of community-based prevention programmes.

54. Several delegations highlighted the role of community based organizations including self-help, community volunteers and companies in solving problems at the community level, and one delegation indicated children of drug misusing parents as a specific target group.

55. The issue of effectiveness of evidence-based prevention, treatment and rehabilitation was raised by various delegations.

56. Several delegations stressed the importance of early interventions and timeliness of interventions.

57. Prevention activities in schools, with families and in the workplace were considered important by many speakers.

(c) Principles of treatment of drug dependence

58. Many speakers emphasized the need for ethical and humane treatment of drug users as patients in need of professional and individualized treatment and care. In the view of several speakers, there should be a variety of psycho-social and pharmacological treatment options available.

59. Some delegations highlighted the importance of rehabilitation and social reintegration of drug users and the need for extended community support. In the opinion of one delegation, recovery should be the goal of treatment and rehabilitation.

60. Some speakers addressed the need to offer a variety of treatment options and to mainstream drug dependence treatment within the public health system and particularly within primary health care.

61. Some delegations highlighted the need for alternatives to imprisonment for drug users and the need to offer treatment services within the criminal justice system. Other issues such as corruption, overcrowding and access to drugs within prisons also needed to be addressed. Some delegations also put an emphasis on the transition period between prison and reintegration into the community.

62. Delegations discussed that Member States with opioid dependence problems that would like to improve the availability of medication-assisted therapy in line with the conventions and that did not yet have the legal authority, infrastructure, training, distribution controls and medical capacity needed to establish and scale-up medication-assisted therapy, at this point should do so.

63. One delegation noted the extensive scientific literature documenting the effectiveness of substance abuse treatment programmes that promote recovery as a goal.

64. Several speakers stated that Member States should offer outreach and low-threshold interventions as entry points to treatment within a comprehensive national framework while ensuring that they did not encourage drug use.

(d) Principles for HIV/AIDS and other blood-borne infectious diseases prevention and care.

65. Some delegations emphasized the importance of prevention and treatment not only of HIV and AIDS, but also of Hepatitis B and C, as well as other related infectious diseases, such as tuberculosis.

66. While some delegations indicated that measures related to the reduction of the adverse health and social consequences of drug use should be addressed in a separate pillar, other delegations stressed that measures to reduce the negative health and social consequences of drug use should be seen and addressed within the framework of demand reduction. Several delegations stressed the need to elaborate principles for harm reduction. One speaker stated the importance of a consistent message by United Nations organizations towards the reduction of adverse health and social consequences of drug use.

67. Some delegations emphasized that in spite of the fact that measures to reduce the adverse health and social consequences of drug use had the best evidence of

success, compared to other demand reduction interventions, they were often given least priority.

68. Several delegations noted that all interventions should be culturally sensitive and in line with the three international drug control conventions.

69. The need for HIV/AIDS campaigns, also integrated with drug demand reduction advocacy campaigns, was emphasized by some delegations.

70. Some delegations highlighted that injecting drug use was not the only way drug use was associated with HIV and AIDS, as sexual transmission also played a role.

IV. Conclusions

71. At its 4th to 6th meetings, on 16 and 17 September 2008, the open-ended intergovernmental expert working group on drug demand reduction considered agenda item 6 "Conclusions". For its consideration of that item, the working group had before it the draft conclusions.

72. Following deliberations, the experts participating in the working group drew up the following conclusions:

73. The 1998 commitments to attain significant and measurable results in the drug demand reduction field had been attained to a limited extent, but containment of the world drug problem had not been achieved, due to a lack of a balanced and comprehensive approach.

74. Member States should pursue a balanced and mutually reinforcing approach to drug supply and drug demand reduction, devoting more efforts to the implementation of demand reduction with a view to achieving proportionality of efforts and resources and international cooperation in addressing drug abuse as a health and social issue, while upholding the law and its enforcement.

75. International assistance to Member States in addressing drug demand reduction should be brought up to scale in order to achieve significant impact. To that effect, long-term political and financial commitment from Governments and the international community should be ensured. Within this context, special attention should be devoted to strengthening the United Nations Office on Drugs and Crime and other relevant international agencies.

76. Member States, multilateral agencies and international and regional financial institutions should ensure short-, medium-, and long-term planning to allow for the continuous financial support of drug demand reduction programmes.

77. International and regional agencies working on drug demand reduction, and in particular UNODC, WHO, UNAIDS and INCB, should engage in constant dialogue in order to strengthen inter-agency cooperation for a strengthened response to drug use and dependence while respecting each organizations' role and mandate.

78. UNODC should propose, in consultation with Member States, an action plan to support the expansion of its work on drug demand reduction, in accordance with the Strategy for the period 2008-2011 for the United Nations Office on Drugs and Crime, for the consideration of the Commission.

79. While recognizing the illegal dimension of drugs, Member States, and international and regional agencies should develop and implement a sound and long-term advocacy strategy, harnessing the power of communication media, aimed at reducing stigma, promoting the concept of drug dependence as a multifactorial health and social problem and raising awareness on the existence of evidence-based interventions that are effective and cost-effective.

80. Member States should ensure that drug demand reduction efforts tackle the vulnerabilities, such as poverty and marginalization, that undermine sustainable human development.

81. Member States should develop and review, as appropriate, comprehensive and integrated drug demand reduction policies and programmes providing a continuum of prevention and care from primary prevention, to early intervention, to treatment, to rehabilitation and reintegration into society, to preventing and reducing the health, social and economic consequences of drug use and dependence for individuals, families and communities.

82. The delivery of comprehensive policy and programmes requires a multi-agency approach. This should include health, social care, criminal justice, employment, education agencies, non-governmental organizations and civil society. These policies and programmes should take full advantage of the activities of non-governmental and civil society organizations, such as those mainly reflected in the appropriate outcomes of the NGO Forum “Beyond 2008”, held in Vienna, from 7 to 9 July 2008.

83. Member States should ensure that drug demand reduction addresses all forms of drug use and dependence alone or in combination with any other substance.

84. Member States should deliver evidence-based prevention programmes at the universal and targeted levels in a range of settings (such as school, family, media, workplace, community, health and social services, prisons, etc.).

85. Member States should consider integrating scientifically established mechanisms for the voluntary and early identification, diagnosis and intervention of drug disorders as part of routine health care services.

86. Member States should consider developing a comprehensive treatment system offering a wide range of evidence-based and integrated pharmacological (such as detoxification, opioid agonist and antagonist maintenance) and psychosocial interventions (such as counselling, cognitive behavioural therapies, social support) focussed on the process of rehabilitation, recovery and re-insertion into society as its goal.

87. Member States should strengthen their efforts aimed at reducing the health and social consequences of drug abuse taking into consideration not only the prevention of related infectious diseases (such as HIV, Hep B and C, and tuberculosis, among others), but also all other health (such as overdose, workplace and traffic accidents or somatic and psychiatric disorders) and social consequences (such as families with problems, effects of drug markets in communities or crime).

88. Member States should ensure that drug demand reduction measures respect human rights and the inherent dignity of all individuals and facilitate access to health for all individuals.

89. Prevention, treatment, rehabilitation and prevention of the health and social consequences are often adequate responses to drug use and dependence. Member States legal systems should, where appropriate, comprise mechanisms to interface with the health care systems, including access to drug treatment, in accordance to their national legislation.
90. Member States should invest available resources in evidence-based measures, building on the significant scientific progress in this field.
91. Member States and the international community should support and widely disseminate further research to develop evidence-based measures relevant to different socio-cultural environments and social groups.
92. Member States should encourage innovative measures, incorporate evaluation, to respond to present and future challenges, and take into account the possibilities given by new media and technologies, including the Internet, with a view to develop the scientific evidence base.
93. Member States should ensure that access to affordable, cultural specific drug treatment is available and that drug dependence care services are included in the health care system, whether public or private, with the involvement of primary and, where appropriate, specialized health care in accordance with their national legislation.
94. Member States should ensure that measures are mainstreamed in the public and private provision of health, education and social services (such as family services, housing, employment, etc).
95. Member States should involve all stakeholders at the community level (including the target populations, their families, community members, employers and local organizations) in the planning, delivery, monitoring and evaluation of drug demand reduction measures.
96. Member States should involve communication media in supporting ongoing drug prevention programmes through well-targeted campaigns.
97. Member States should promote collaboration between governmental, non-governmental organizations and other members of civil society in the establishment of drug demand reduction measures at the local level.
98. Member States should ensure that a broad range of drug demand reduction services provide approaches that serve the needs of specific groups and are differentiated on the basis of scientific evidence so that they respond best to the needs of these groups, taking into account gender considerations and cultural background.
99. Member States should particularly ensure that prevention programmes target and involve youth and children with a view to increasing their reach and effectiveness.
100. Member States should ensure that their legal framework and proceedings, in compliance with international law, allow the full implementation of drug dependence treatment and care options for offenders, in particular and when appropriate treatment as an alternative to incarceration.

101. In order to implement comprehensive treatment programmes in criminal justice settings, countries should take measures to address corruption, reduce overcrowding and prevent access to, and use of, illicit drugs. With these controls in place, Member States should consider offering a range of treatment and care services to drug dependent inmates, including prevention of transmission of related infectious diseases, drug dependence pharmacological and psychosocial treatment, rehabilitation, preparation for release, and prisoner support programmes for the transition period from incarceration to release and re-entry and reintegration into the community.

102. Member States should support the development and adoption of appropriate health care standards as well as ongoing training on drug demand reduction measures.

103. Member States should, where appropriate, ensure that relevant service providers' educational curricula, including the curricula of universities, medical schools and other relevant professions, include training on drug use and dependence prevention and care.

104. Member States and the international community should support national, regional and international networks to provide training and develop and disseminate successful practices.

105. Member States should ensure that drug demand reduction measures are based on scientifically sound assessments of the nature and extent of the drug problem, as well as the social and cultural characteristics of the population in need.

106. Member States should increase their efforts in collecting data on the nature and extent of drug use and dependence, including the characteristics of the population in need, strengthening information and monitoring systems and employing evidence-based methodologies and instruments.

107. Member States should ensure that drug use and dependence prevention and care interventions, as well as other demand reduction measures, include adequate record systems, while maintaining confidentiality, and that drug dependence care record systems are part of an active system to monitor the nature and extent of the drug problem.

108. Member States and the international community should take an integrated and comprehensive approach to data collection and analysis to ensure that the information available in international, regional and national bodies is fully and legally utilized as well as provide technical assistance to those countries where capacity is less developed.

109. Member States and the international community should develop, adapt, and validate simple, United Nations standardized data collection and evaluation tools to allow for the comparable assessment of the effectiveness of demand reduction measures.

110. Member States and the international community should develop enhanced data collection instruments, in light of the lessons learned in the analysis of the Biennial Reports Questionnaire (BRQ), to be considered and adopted by the Commission on Narcotic Drugs and allowing the measurement of quality, extent and coverage of demand reduction measures, ensuring that tools used are appropriate to the different

needs and reporting capacities of countries and scientifically sound, while minimizing the reporting burden to States.

111. Member States should ensure sufficient availability of substances under international control for medication-assisted therapy within the scope of the international drug control conventions as part of a comprehensive package of services for the treatment of drug dependence, while also noting that there was an issue associated with the adequacy of availability of some of these substances for pain relief in some Member States.

V. Adoption of the report of the working group

112. At its 6th meeting, on 17 September 2008, the working group adopted its report, including its conclusions, to be submitted for consideration at the intersessional meetings preceding the fifty-second session of the Commission on Narcotic Drugs.

VI. Organization of the meeting

A. Opening and duration of the meeting

113. The open-ended intergovernmental expert working group on drug demand reduction was held from 15 to 17 September 2008, pursuant to Commission on Narcotic Drugs Resolution 51/4. The Chairperson of the fifty-second session of the Commission on Narcotic Drugs made an opening statement. The Chairperson of the expert working group also addressed the meeting. The Secretary introduced the provisional agenda and the proposed organization of work contained in document UNODC/CND/2008/WG.4/1.

B. Attendance

114. The meeting was attended by representatives of 80 Member States, one entity maintaining a permanent observer mission to the United Nations and by four observers for intergovernmental organizations. A list of participants is contained in document UNODC/CND/2008/WG.4/INF.1.

C. Election of officers

115. At its first meeting, on 15 September 2008, the open-ended intergovernmental expert working group on drug demand reduction elected the following officers by acclamation:

<i>Office</i>	<i>Regional group</i>	<i>Elected officer</i>
<i>Chairperson</i>	Western European and other States Group	David Best (Switzerland)
<i>First Vice-Chairperson</i>	Asia Group	Ali Hajigholam Saryazdi (Islamic Republic of Iran)
<i>Rapporteur</i>	Group of Latin American and Caribbean Countries	Márcio Reboucas (Brazil)

D. Adoption of the agenda

116. At its first meeting, on 15 September 2008, the Meeting adopted by consensus its provisional agenda (UNODC/CND/2008/WG.4/1) as orally amended. The agenda was as follows:

1. Election of officers.
2. Adoption of the agenda and other organizational matters.
3. Significant and measurable results in drug demand reduction.
4. Limitations and problems.
5. The way forward: identification of elements to be discussed at intersessional meetings of the Commission on Narcotic Drugs:
 - (a) General principles;
 - (b) Principles for prevention of substance abuse;
 - (c) Principles for treatment of drug dependence;
 - (d) Principles for HIV/AIDS and other blood-borne infectious diseases prevention and care.
6. Conclusions.
7. Adoption of the report of the working group.

117. Prior to the adoption of the provisional agenda, statements were made by the representatives of Mexico, New Zealand, Egypt, Romania and Cuba. Following the adoption of the agenda, the representative of Bolivia stated that Bolivia did not consider the coca leaf as a drug and regretted that it was listed as such in the 1961 convention.

E. Documentation

118. The documents before the open-ended intergovernmental expert working group on drug demand reduction are listed in the annex of the present report.

F. Closure of the meeting

119. A closing statement was made by the Chairperson of the open-ended intergovernmental expert working group. The experts of Germany and the Russian Federation also made statements expressing appreciation for the work of the Chairperson.

Annex

List of documents before the open-ended intergovernmental expert working group on drug demand reduction

<i>Document</i>	<i>Agenda item</i>	<i>Title or description</i>
UNODC/CND/2008/WG.4/1	2	Provisional agenda, annotations and programme of work
UNODC/CND/2008/WG.4/2	3, 4 and 5	Note by the Secretariat on the results attained by Member States in achieving the goals and targets set at the twentieth special session of the General Assembly, the limitations and problems encountered and the way forward in the area of drug demand reduction
UNODC/CND/2008/WG.4/CRP.1*		Note by the International Narcotics Control Board on the open-ended intergovernmental expert working group on drug demand reduction
UNODC/CND/2008/WG.4/CRP.2		European Union position paper on the review of the UNGASS process
UNODC/CND/2008/WG.4/CRP.3		USA The way forward – Conclusions
E/CN.7/2008/2	3 and 4	Fifth report of the Executive Director on the world drug problem
E/CN.7/2008/Add.1	3 and 4	Fifth Report of the Executive Director on the world drug problem. Drug demand reduction
E/CN.7/2008/8	3	Report of the Executive Director on the collection and use of complementary drug-related data and expertise to support the global assessment by Member States of the implementation of the declarations and measures adopted by the General Assembly at its twentieth special session
E/CN.7/2007/7	3	Report of the Executive Director on the collection and use of complementary drug-related data and expertise to support the global assessment by Member States of the implementation of the declarations and measures adopted by the General Assembly at its twentieth special session
E/CN.7/2008/CRP.1-9		Complementary drug-related data and expertise to support the global assessment by Member States of the implementation of the declarations and measures adopted by the General Assembly at its twentieth special session
E/CN.7/2008/CRP.16		Report of the International Narcotics Control Board pursuant to the twentieth special session of the General Assembly
E/CN.7/2008/CRP.17*		“Making drug control ‘fit for purpose’: building on the UNGASS decade”; report by the Executive Director of the United Nations Office on Drugs and Crime as a contribution to the review of the twentieth special session of the General Assembly