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English only

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**Commission on Narcotic Drugs****Sixty-third session**

Vienna, 2–6 March 2020

Item 6 of the provisional agenda\*

**Follow-up to the implementation at the national, regional and international levels of all commitments, as reflected in the Ministerial Declaration of 2019, to address and counter the world drug problem****Note of the Secretariat on the implementation of resolution 61/11 “Promoting non-stigmatizing attitudes to ensure the availability of, access to and delivery of health, care and social services”\*\*****I. Introduction**

1. The present note has been prepared pursuant to Commission on Narcotic Drugs resolution 61/11, entitled “Promoting non-stigmatizing attitudes to ensure the availability of, access to and delivery of health, care and social services for drug users”, requesting UNODC “to report to the Commission on Narcotic Drugs at its sixty-third session on how the Office has implemented the aspects of the present resolution that are relevant to its work”.
2. In the resolution, the Commission recalled the outcome document of the thirtieth special session of the General Assembly, entitled “Our joint commitment to effectively addressing and countering the world drug problem”, in which Member States reaffirmed their determination to tackle the world drug problem, recognizing that appropriate emphasis should be placed on individuals, families, communities and society as a whole, with a view to promoting and protecting the health, safety and well-being of all humanity, as part of a comprehensive, integrated and balanced approach.
3. Simultaneously, the Commission recognized that marginalization, stigmatizing attitudes, discrimination and fear of social, employment-related or legal repercussions may dissuade many who need help from accessing it and lead those who are in stable long-term recovery from a substance use disorder to avoid disclosure of their status as a person in recovery from addiction.
4. Also acknowledging that removing stigmatizing attitudes may require comprehensive and balanced efforts by Member States, the Commission encouraged

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\* E/CN.7/2020/1.

\*\* This document has not been edited.



Member States, as appropriate, within their national and regional contexts, to promote, among their relevant agencies and social service sectors, non-stigmatizing attitudes in the development and implementation of scientific evidence-based policies related to the availability of, access to and delivery of health, care and social services for drug users, and to reduce any possible discrimination, exclusion or prejudice those people may encounter.

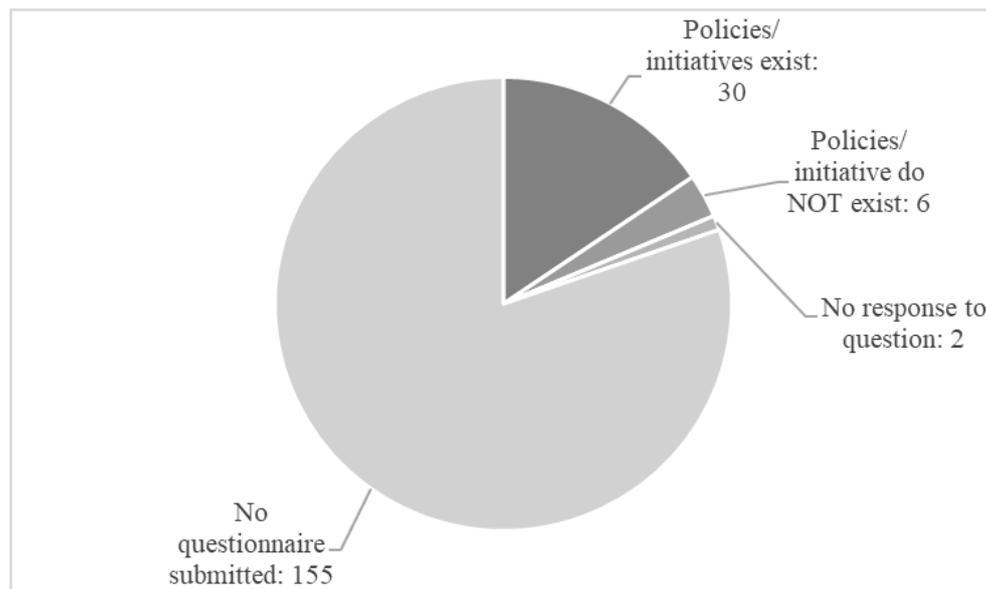
## II. Activities related to resolution 61/11

### A. Activities of Member States

5. In 2019, UNODC surveyed Member States asking them for information about policies and interventions that promote a non-stigmatizing approach to providing health, care and social services to persons who use drugs and with drug use disorders. The questionnaire was developed on the basis of operative paragraphs 1, 2 and 3 of resolution 61/11. Thirty-eight countries responded, with 30 indicating they have policies or initiatives that promote non-stigmatizing attitudes towards persons who use drugs, six indicated that they did not have any policies or initiatives and two did not reply to this question (figure 1). Of the countries reporting the existence of such policies or initiatives, all indicated that their policies or initiatives commenced after 2000, with one country stating that policies would come into force in 2019. In addition, 70 per cent of those countries responded that these policies or initiatives are a part of their national drug control strategy.

Figure 1

**Number of countries reporting the existence of policies/ initiatives promoting a non-stigmatizing approach to providing services to persons who use drugs and with drug use disorders**

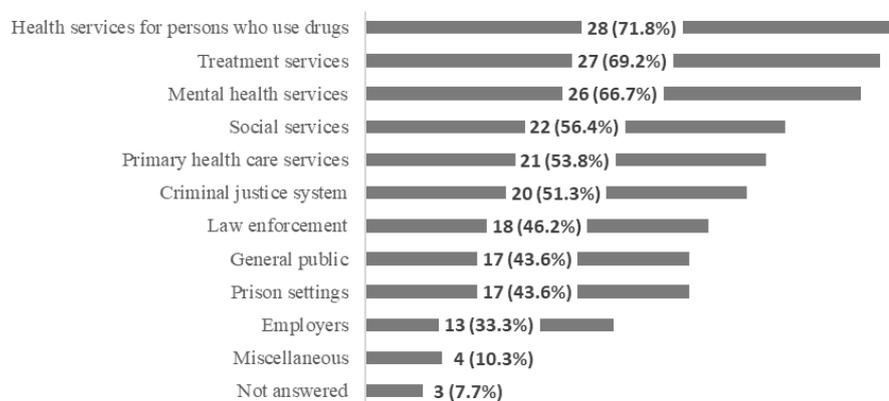


6. All but one country reported that they had programmes or services on treatment, care and rehabilitation of drug use disorders and/or on HIV/AIDS prevention, treatment and care for people who use drugs, with all but one country reporting that programmes or services exist. In addition, all but three countries indicated that these programmes or services included provisions that aim to promote anti-stigmatizing attitudes towards persons who use drugs, with one of the remaining three indicating that the policy was implicit and not directly included. Finally, countries also reported on the best available estimate as to how many people in need were covered by such programmes or services. However, the replies were too wide-ranging to allow a meaningful aggregation of the estimates.

7. Of the countries that indicated that they have interventions and/or policies to promote anti-stigmatizing attitudes towards drug users, most were being implemented in health and treatment services, followed by services in the mental health, social and primary health care sectors (figure 2).

Figure 2

**Services/sectors in which policies/interventions to promote anti-stigmatizing attitudes towards drug users are implemented (N=38)**



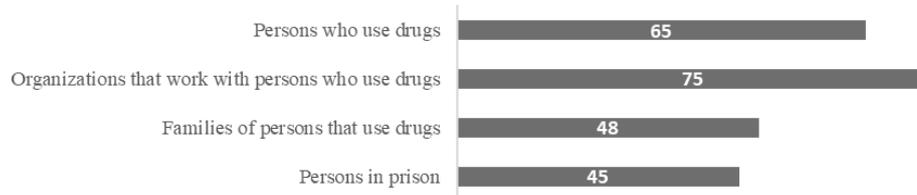
8. Member States also reported interventions and/or policies to promote anti-stigmatizing attitudes towards persons who use drugs that were being planned in these same sectors for the future. Two countries indicated that they would continue with the current programming with nothing new planned, while one country indicated that they would implement policies in prison settings to decrease stigmatizing attitudes starting in 2020.

9. The Commission requested Member States, as appropriate, within their national and regional contexts, to continue to enhance inclusiveness in developing relevant programmes and strategies, to seek opinions and contributions from drug users and from organizations and family and community members who work with them and support them, to facilitate the development of scientific evidence-based policies regarding the availability of, access to and delivery of health, care and social services.

10. The data collected are summarized in figure 3 and indicate that approximately 35 per cent of the reporting countries do not have mechanisms to seek opinions and contributions from persons who use drugs as the countries develop strategies, interventions and policies to increase the availability of, access to and delivery of health, care and social services for persons who use drugs. Sixty-five per cent of reporting countries indicated that they do seek input from persons who use drugs, utilizing a wide range of modalities, including: conducting focus groups with persons who use drugs, regularly scheduled open forums within treatment settings, and, active participation in national councils and national strategic planning.

Figure 3

**Percentage of reporting countries that have mechanisms to seek opinions and contributions as they develop strategies, interventions and policies to increase the availability of, access to and delivery of health, care and social services for persons who use drugs: by group of persons consulted**



11. In contrast, 75 per cent of countries responded that mechanisms exist to seek opinions and contributions from organizations that work with persons who use drugs in the development of strategies (including interventions and policies) to increase the availability of, access to and delivery of health, care and social services for persons who use drugs, highlighting the critical role that civil society plays in promoting non-stigmatizing attitudes.

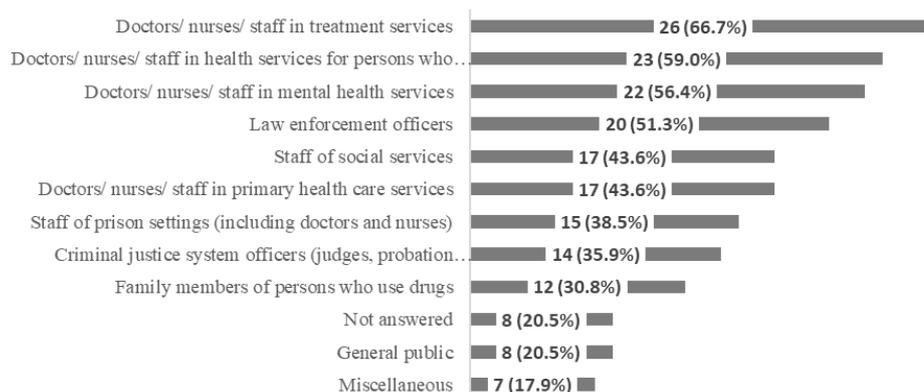
12. Over 50 per cent of the responding countries indicated that no mechanisms exist to seek opinions and contributions from the families of persons who use drugs in the development of strategies to increase the availability of, access to and delivery of health, care and social services for persons who use drugs. In addition, the mechanisms that were described as existing focused primarily on the family being involved in the process of comprehensive treatment services, including family therapy and social service visits that focused on communication skills.

13. Finally, 55 per cent of the responding countries indicated that no mechanism exists to seek opinions and contributions from persons in prison and of those that report that they do seek opinions, the mechanism is a lengthy survey/questionnaire.

14. As part of the survey, Member States were requested to report on the existence of training programmes that include information on the effect that stigmatizing attitudes have on the availability of, access to and delivery of services to persons who use drugs. Seventy-three per cent of reporting countries indicated the existence of such training programmes for a variety of stakeholders, as summarized in figure 4.

Figure 4

**Number and percentage of countries reporting the existence of training programmes that include information on the effect that stigmatizing attitudes have on the availability of, access to and delivery of services to persons who use drugs. By stakeholders targeted through the training programme**



## B. Activities of the United Nations Office on Drugs and Crime

15. Operative paragraphs 4 and 5 of resolution 61/11 called for action on the part of the United Nations Office on Drugs and Crime. The Commission called upon the United Nations Office on Drugs and Crime to integrate awareness of stigmatizing attitudes into existing training programmes for agencies with tasks in the areas of health, care and social services, and other relevant officials, and, where appropriate, in cooperation with other relevant regional, interregional and international organizations. To date UNODC continues to disseminate evidence-based practices to Member States, including through capacity building, using the International Standards on Drug Use Prevention and the International Standards for the Treatment of Drug Use Disorders, as well as on HIV prevention, treatment and care for people who use drugs and for people in prisons. Such capacity-building activities promote services that are based on science and on a balanced, non-stigmatizing and non-discriminating approach that respects the dignity and the rights of persons who use drugs and with drug use disorders. In 2019 alone, such activities targeted policymakers, service providers and law enforcement officers reaching 18 countries on prevention of drug use, 22 countries on treatment, care and rehabilitation of drug use disorders, 25 countries on HIV prevention, treatment and care for people who use drugs and 35 countries for people in prisons.

16. In addition, in 2019, UNODC began a multi-phase process to collect scientific evidence, best practices and experiences from Member States related to policies and actions addressing a non-stigmatizing approach and potentially the impact of stigma on persons who use drugs, with a view to publish a Handbook on the subject.

17. In the first phase, UNODC undertook an overview of the scientific literature and addressed a call to all Member States to identify experts who could serve as focal points for this process. Twenty-eight Member States nominated 31 experts that were all requested to provide input, ideas, experiences and scientific information through an online consultation. The online consultation was opened to all the members of the Vienna NGO Committee with a view to allow the collection of as wide a range of information as possible.

18. All in all, 130 respondents from 53 countries provided input through the online consultation, nearly split equally related to gender and with a variety of backgrounds represented (figures 5 and 6).

Figure 5

### Gender of respondents to the online consultation (N=130)

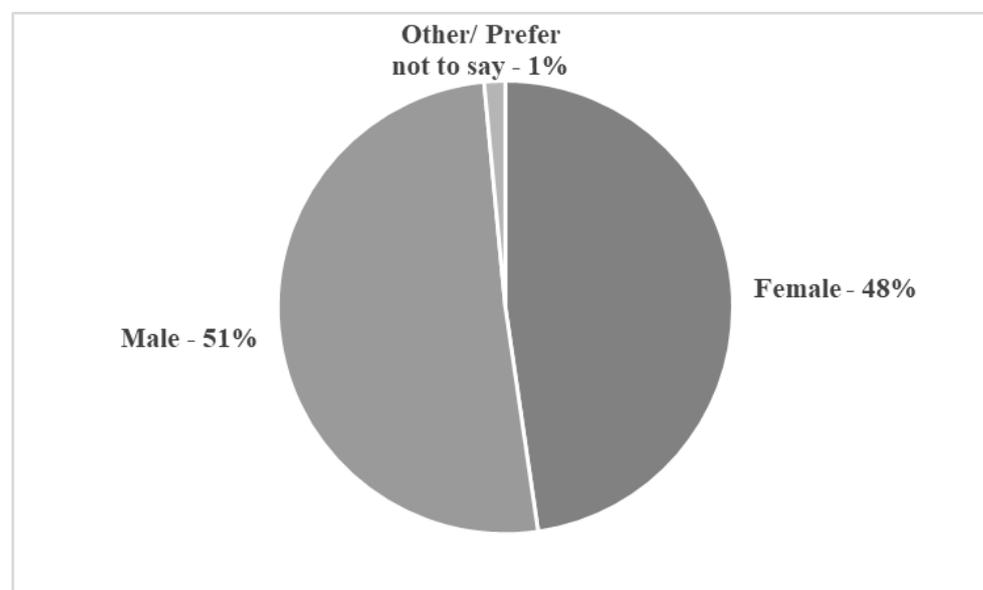
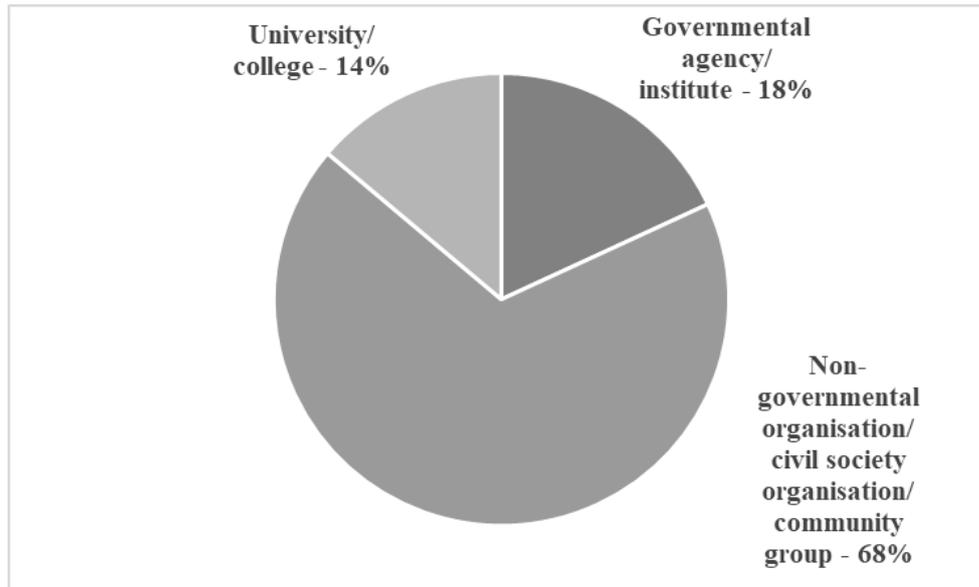


Figure 6  
**Kind of institution to which respondents to the online consultation belonged to (N=130)**



19. The results of the overview of the literature and of the online consultation informed the second phase of the process that consisted in the Technical Consultation on Stigma hosted from 14 to 16 January 2020 by UNODC. During the consultation, nearly 50 participants met to discuss and inform this process. Participants included the experts nominated by Member States that had provided substantive input through the online consultations, four representatives nominated by the Vienna NGO Committee, as well as a limited number of researchers identified as particularly significant through the overview of scientific literature. In addition, in the interest of coordinating efforts with other relevant United Nations entities to support an increasing awareness of the negative effects of stigmatizing attitudes on the availability of, access to and delivery of health, care and social services for drug users, UNODC invited representatives from the World Health Organization and three other regional and international organizations to participate in the Technical Consultation.

20. The objectives of the Technical Consultation were to develop a Handbook for Member States that:

- (a) Increases awareness of the negative effects of stigmatizing attitudes on the availability of, access to and delivery of health, care and social services for drug users;
- (b) Promotes non-stigmatizing attitudes in the development and implementation of scientific evidence-based policies related to the availability of, access to and delivery of health, care and social services for drug users; and
- (c) Describes how non-stigmatizing approaches have been included in training successfully.

21. Experts agreed that stigma undermines all aspects of substance use disorders, from reducing access to services, to contributing to the risk of relapse and other self-stigmatizing behaviours. Moreover, stigma not only impacts persons who use drugs or with drug use disorders, but also their families and those who support them. When addressing the issue of stigma with persons who use substances, the complexity of the issues cannot be overstated. Stigma in general has common elements related to stereotypes and prejudice, as well as discrimination. In addition, the complexity for substance use arises in connection with the relationship with the criminal justice system. Similarly, an additional layer of complexity relates to the perception of recovery, which often differs between the mental health field and the substance use disorder field.

22. UNODC is currently drafting the document on the basis of the deliberations of the Technical Consultation, identifying and describing a variety of actions that Member States can take to promote non-stigmatizing attitudes in the development and implementation of policies related to health, care and social services for persons who use drugs. These actions include: education, meaningful contact with persons who use drugs, quality practices, and policy development including practices such as adopting non-stigmatizing language in all policies and materials. The draft will be shared with all Member States for feedback prior to finalization and publication.

23. UNODC has received extrabudgetary funding from Canada and continues to invite Member States and other donors to provide extrabudgetary resources for these purposes, in accordance with the rules and procedures of the United Nations.

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