Resolution 57/7

Providing sufficient health services to individuals affected by substance use disorders during long-term and sustained economic downturns

The Commission on Narcotic Drugs,

Bearing in mind the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol\(^1\) and, in particular, the obligation to give special attention to and take all practicable measures for the prevention of abuse of drugs and for the early identification, treatment, education, aftercare, rehabilitation and social reintegration of the persons involved,

Recalling the applicable obligations of States parties under the relevant United Nations international legal instruments to protect all human rights and fundamental freedoms and the inherent dignity of all individuals,

Emphasizing the importance of the protection of health and equitable access to the highest attainable standard of health services for all without any form of discrimination,

Recalling the obligations of States parties to the International Covenant on Economic, Social and Cultural Rights,\(^2\) under article 2 thereof, to progressively realize the right to enjoyment of the highest attainable standard of health to the maximum of available resources, and of States parties to the Convention on the Rights of the Child,\(^3\) under article 33 thereof, to take all appropriate measures to protect children from the illicit use of narcotic drugs and psychotropic substances,

Recalling also the Political Declaration adopted by the General Assembly at its twentieth special session,\(^4\) and the determination of Member States to provide the necessary resources for treatment and rehabilitation and to enable social reintegration so as to restore dignity and hope to children, young people, women and men who have become drug abusers,

Reaffirming the commitment undertaken by Member States in 2009 in the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem,\(^5\) in which Member States expressed their full awareness that the world drug problem remained a common and shared responsibility and asserted that it was most effectively addressed in a multilateral setting through a comprehensive and balanced approach,

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\(^2\) General Assembly resolution 2200 A (XXI), annex.
\(^4\) General Assembly resolution S-20/2, annex.
Recalling its resolution 48/7 of 11 March 2005, entitled “Competencies required to address drug abuse”, in which the Commission recognized that developing human resources was an important element in countering the devastating impact of drug abuse.

Noting the importance of adequately providing public health services related to substance use disorders, even at times of long-term and sustained economic downturn, which may have a subsequent impact on resources, exacerbating challenges related to the health and social well-being of individuals, families and communities,

Conscious that the existing patterns of drug abuse remain and new ones emerge, requiring an inclusive and balanced approach that promotes, inter alia, public health and safety,

Concerned that the effects of long-term and sustained economic downturns may result in a rise in the marginalization of people affected by substance use disorders and undermine efforts aimed at promoting health, social reintegration and recovery,

Recognizing that civil society, in particular non-governmental organizations, has an important role to play in addressing the world drug problem, including reaching out to and engaging with people affected by substance use disorders, including vulnerable groups with specific needs, as defined in the Political Declaration of 2009,

Recognizing also the need to better understand the potential impact of the resource challenges facing Member States in respect of their ability to address drug abuse and the related health and social consequences for individuals and society,

Taking into consideration the potential impact of economic depression in countries experiencing that situation on their drug demand and supply reduction policies,

1. Recognizes that addressing the world drug problem demands an integrated, multidisciplinary, mutually reinforcing and balanced approach to supply and demand reduction strategies, including with respect to their effective implementation, based on the principle of common and shared responsibility;

2. Reiterates the importance of effective cooperation among relevant stakeholders at the national, regional and international levels as an essential element for addressing the world drug problem;

3. Encourages Member States, in cooperation, as appropriate, with relevant stakeholders, to endeavour to ensure that measures taken at the national and local levels in response to long-term and sustained economic downturns do not disproportionately affect the implementation of comprehensive and balanced national drug demand and supply reduction policies, including adequate provision of related health measures, in accordance with national legislation, and of sufficient efforts for supply reduction;

4. Invites Member States to assist each other in meeting economic challenges, including by collaborating in the provision of assistance, including technical assistance, upon request, in order to improve their ability to address drug abuse and the related health and social consequences for individuals and society through, where
appropriate, bilateral, regional and international cooperation, including with the United Nations Office on Drugs and Crime;

5. **Acknowledges** the important role played by civil society, in particular non-governmental organizations, in addressing the world drug problem, notes with appreciation its important contribution to the formulation and implementation of drug demand and supply reduction policy, and reiterates the commitment made in its resolution 54/11 to improve the participatory role of civil society in addressing the world drug problem;

6. **Invites** Member States, in accordance with their national legislation and domestic legal systems, to continue providing, including in times of long-term and sustained economic downturn, the best attainable coverage, accessibility and quality with regard to health and social services to all people who are or may be affected by substance use disorders.