

ROUND TABLE 1

Salient Points by the Co-Chairs

Excellencies,

Ladies and Gentlemen,

It is my great pleasure to present the Co-Chairs summary of the salient points of Round Table 1 “*Demand reduction and related measures, including prevention and treatment, as well as health-related issues; and ensuring the availability of controlled substances for medical and scientific purposes, while preventing their diversion*” which was held on 19 April 2016 from 3:00 p.m. to 6:00 p.m.. Round table 1 was co-chaired by Professor Ravindra Fernando, Chairman of the National Drugs Control Board of Sri Lanka and myself.

The salient points summarized by the Co-Chairs are as follows:

Many speakers commended the ongoing move to a people-centered, public health approach in addressing the world drug problem, acknowledging that drug use and drug use disorders are complex and chronic health issues that can and should be prevented and treated through interventions and services based on scientific evidence and human rights.

In this context, it was recognized by a number of speakers that efforts must be strongly reinforced, particularly with regard to collaboration among different sectors both at national and local levels, training and qualification of service providers, budget investments with a view to meet SDG target 3.5 on strengthening prevention and treatment. Speakers emphasized the importance of strengthening the common and shared responsibility in addressing the world drug problem. Reference was also made to the need for enhanced cooperation among the UN entities, in particular UNODC, WHO, INCB and UNAIDS.

Interventions drew attention to a spectrum of evidence-based interventions that are being implemented with success and that need to be scaled up, including education and prevention of drug use, accessible services to prevent HIV, Hepatitis C, other blood-borne diseases and overdose (for example naloxone), psychosocial and pharmacological treatment, as well as rehabilitation services with a view to recovery. It was mentioned that special attention should be paid to reach, and provide services, to particularly vulnerable groups including women, children, youth, people with co-morbid mental health disorders and people in prison settings. In this context, several speakers commended the International Standards on the Treatment of Drug Use Disorders recently published by UNODC and WHO.

In addition, the necessity of providing health and social care, treatment, reintegration and recovery-oriented services to drug users as an alternative to criminal justice sanctions was emphasized. Further, problems including the non-medical use of prescription drugs were mentioned by several delegations, as well as, in one case, the need to develop treatment and harm reduction options for stimulant users.

Moreover, it was highlighted that the 2011 UNGASS target of 50% reduction of new HIV infections among people who inject drugs by 2015 has been missed. Reference was made that the recently adopted SDG target 3.3 calls for **e**Ending AIDS as a public health problem by 2030, including among people who inject drugs and in prison settings, which has also been endorsed in the just adopted UNGASS2016 Outcome Document.

A number of speakers stressed that the science and economic arguments to support countries to end AIDS among people who use drugs by 2030 were available. Reference was made to the fact that national drug policies and strategies were to be grounded in science, public health, human rights and

gender responsiveness. Addressing stigma and discriminations against people who use drugs; developing alternatives to criminalization for drug use and possession for personal use; and urgent scaling up of harm reduction services, particularly opioid substitution therapy, needle syringe programme and antiretroviral therapy, as defined by WHO, UNODC and UNAIDS in the Technical Guide 2012, in the community and in prison settings, were also mentioned. It was further mentioned that these measures need to be matched by allocation, both domestic and international, of resources based on prioritization and efficiency.

Finally, many speakers reiterated their commitment under the three international drug control conventions to ensuring the availability of controlled substances for medical and scientific purposes, while preventing their diversion, misuse and abuse. It was recognized that there was a high degree of discrepancy between high, and low- and middle- income countries in terms of ensuring availability for medical and scientific purposes, including pain management and palliative care. In this context, reference was made to the value of a multi-sectorial approach in addressing existing barriers and in alleviating the pain and needless suffering of patients.