Thematic debate: in the context of a balanced approach to reducing drug demand and supply, measures to enhance awareness of the different aspects of the world drug problem, including by improving understanding of how to tackle the problem:

(a) Effective means of raising awareness about the risks of abusing drugs, including cannabis, giving special attention to addressing in a comprehensive manner the specific needs of women, men, youth and children;

(b) Measures to improve the understanding of drug addiction as a chronic but treatable multifactorial health disorder;

(c) Regional and interregional cooperation;

(d) Importance of research and the collection, reporting and analysis of data for raising awareness about the world drug problem.

Note by the Secretariat

* E/CN.7/2010/1.
** This conference room paper has not been edited.
3 (a) Effective means of raising awareness about the risks of abusing drugs, including cannabis, giving special attention to addressing in a comprehensive manner the specific needs of women, men, youth and children

Questions/points for discussion

• Is there scientific evidence of the risk to health, security, social cohesion and development directly caused by the use of illicit drugs (either occasional or long-term)? Are illicit drug use and drug dependence per se affecting brain function, physical and mental health and basic behavioural patterns?

• In addition to their specific impact on health and behaviour, drug use and dependence appear to have a range of health and social consequences on individuals, their families and the community. Is there a clear link between drug use/dependence and HIV/AIDS, Hepatitis, Tuberculosis, mental health disorders, crime and violence, car accidents, accidents and lost productivity in the workplace?

• Are the consequences of illicit drug use more problematic for children and youth? What is the impact of drugs on the developing brain during childhood and adolescence? To what extent are children or people suffering from drug dependence at particular risk?

• Why the use of substances among women is often underreported? How do the history and pattern of use differ between female and male drug users (e.g. presence of co-morbid psychiatric disorder, history of physical and sexual abuse, non-medical use of prescription drugs, etc.)? To what extent is stigma an issue? What health and social consequences does this have for female users, their families and the community? To what extent do treatment and care services in the country address the special needs of women?

• How aware are practitioners, policymakers and the general public of the new perspectives opened by scientific research on cannabis and cannabinoids agonists? Is there a link between cognitive/memory impairment, behavioural/psychiatric disorders and cannabis use (particularly high-concentration cannabis)? Being considered as a “soft drug”, was cannabis’ dangerousness underestimated?

• Are the effects of drugs related to specific individual responses? Are there groups of population or individuals with specific vulnerability for drug use initiation or susceptibility to develop dependence?

• How do the media cover the issue of drug use and dependence? How does this compare to the coverage of other health promotion messages (eating healthy, nutritional problems, physical exercise, etc.) or of chronic health disorders (e.g. diabetes, hypertension and cardiovascular diseases)? To what extent is the coverage of drug use and dependence well balanced (i.e. based on scientific evidence, respectful of the dignity of users, not scaring and not minimizing)?

• Are reliable information on drugs and training for drug prevention extensively provided to parents, teachers and police officers? Are these information and training part of school and university curricula?
3 (b) Measures to improve the understanding of drug addiction as a chronic but treatable multifactorial health disorder

Questions/points for discussion

• To what extent the understanding of drug addiction as a chronic multifactorial health disorder informs the training of doctors, nurses and social workers? To what extent are drug use and dependence included in the curricula of these professions?

• What is the evidence about the pathogenesis of drug dependence? In other words, what is our understanding about the interplay of genetic, neurobiological and environmental factors making individuals vulnerable to using drugs and/or developing dependence? Looking at scientific evidence, is the typical clinical history of a person suffering from drug dependence a history of unhealthy “free choices” or, more often, a history of adverse experiences?

• What does the scientific evidence tell us about the possibility of changing the trajectory of children at risk and ensuring their healthy development?

• How aware are practitioners, policymakers and the general public of the stable changes in the brain functions that are at the basis of the compulsive behaviour and uncontrollable craving that is the core of drug dependence as a health disorder?

• To what extent do stigma, ignorance and prejudice survive among practitioners, policymakers and the general public? What are the consequences of this for drug users, their families and the community?

• What proportion of people suffering from drug dependence is compliant to treatment as compared to people suffering from other chronic health disorders (e.g. diabetes, hypertension and cardiovascular diseases)? Are relapse rates comparable to other chronic diseases?

• To what extent are people suffering from drug dependence also suffering from other concomitant psychiatric disorders worsening the course of the disease and requiring specific treatment and care?

• Many among the general public and policymakers, and sometimes even practitioners appear to believe that “prevention and treatment do not work”. Is this perception caused by the fact that often prevention and treatment interventions are not evidence-based?

• Are prevention strategies based on evidence and measurable results, as for other chronic health disorders (e.g. diabetes, hypertension and cardiovascular diseases) or following misleading fashionable strategies?

• Are treatment and care services based on scientific evidence and trials? How does this compare to the treatment and care of other chronic health disorders (e.g. cancer, mental health disorders, etc.)?

• Is the public health system offering appropriate responses to drug use disorders?
3 (c) Regional and interregional cooperation

Questions/points for discussion

Following consultations with Member States to ensure their full support, UNODC launched a new generation of regional programmes, an approach welcomed by the Commission on Narcotic Drugs and Commission on Crime Prevention and Criminal Justice in 2009 (see ECOSOC resolution 2009/23 “Support to the development and implementation of regional programmes of the UNODC”). This approach helps to operationalize the Strategy for the period 2008-2011 for the United Nations Office on Drugs and Crime¹ which was endorsed by Member States in 2007.

- The regional programme approach streamlines strategic planning and implementation tools, moving away from a fragmented project-based approach to a truly integrated “Programme Approach”. What have been the immediate benefits so far?
- How are the regional programmes aligned with regional and national priorities and how do they promote partner countries’ ownership?
- In 2009, regional programmes have been developed in East Asia and the Pacific, Central America/Caribbean, South Eastern Europe and Eastern Africa. What are the lessons learned so far which may be applied to other regional programmes under formulation?
- In addition to promoting capacity-building at the national level, UNODC will make full use of its comparative advantages in promoting strategic regional initiatives, facilitating cross-border cooperation and dialogue, providing access to information about regional/global issues and trends, ensuring access to high-level technical expertise, and in advocating for and supporting the implementation the various United Nations conventions, standards and norms. How will the complementarity between national and regional initiatives be ensured under the regional programmes?
- In addition to regional programmes, UNODC has also developed thematic programmes which provide a conceptual synthesis of UNODC work (i.e. mandates, approaches, methodologies, assistance tools) covering each of its thematic focus areas. How does UNODC ensure the most effective synergy between regional programmes and thematic programmes?
- UNODC is supporting global programmes focusing on drug dependence treatment and health consequences, such as TREATNET. Why is the regional level considered a critical focal point for translating global knowledge to regional, subregional and country contexts?

¹ ECOSOC resolution 2007/12, annex.
3 (d) Importance of research and the collection, reporting and analysis of data for raising awareness about the world drug problem

Policy and trend analysis is one of the three key focus areas of UNODC Strategy. Under the result area “Threat and Risk Analysis”, Member States have requested UNODC to focus efforts on improving the knowledge on trends and the capacity to formulate strategic responses. In March 2009, the Member States decided to achieve elimination or significant reduction in the world illicit drug supply and demand by 2019 and emphasized that research, data collection and analysis were essential to support and monitor the efforts required to reach that objective.

Accordingly, UNODC efforts to raise awareness through research work focus on:

1. The annual production of the World Drug Report (WDR) and reports to CND to help Member States monitor the world drug situation

The Secretariat reports to CND and the UNODC World Drug Report provide every year a comprehensive picture of the global drug problems and their evolution. The WDR has become an essential reference for Member States and the general public (it is the most downloaded document on UNODC website). The General Assembly has regularly emphasized the importance of the WDR. The content of the report is based on intensive data collection and analytical work performed throughout the year. Resources available for that work are limited and overly dependent on a few voluntary contributions. The relevance of the report, and its usefulness for Member States and the international community, depend on the quantity and quality of the information that UNODC and Member States can produce on the various aspects of the world drug problem. Remarkable progress has been made over the years, but there remain significant gaps, and additional efforts need to be made at national and international level to fill these gaps.

- What could be done to increase the amount and predictability of resources available to UNODC for the production of the content of its flagship report on drugs?

- What could be done by UNODC and by Member States to improve the dissemination and accessibility of the WDR and its effective use for policy making?

2. Strengthening drug data collection systems to improve the evidence-base

UNODC works with Governments in the main drug producing countries to estimate illicit cultivation and drug production. It also supports the national efforts to

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2 E/CN.7/2007/14-E/CN.15/2007/5, p. 7. The overall objective is to obtain better “knowledge of thematic and cross-sectoral trends for effective policy formulation, operational response and impact assessment in drugs and crime”.

3 ECOSOC resolution 2007/12, annex, result area 2.1.

measure the use of illicit drugs. Over the years, the national monitoring systems developed for the cultivation/production of illicit drugs have evolved into the prime source of information on heroin and cocaine production trends. While over 90% of opium/heroin and cocaine production are regularly monitored, several gaps exist in the monitoring of the production of cannabis and synthetic drugs, as well as in monitoring drug prices and drug consumption. Some data gaps also exist in the area of seizure statistics.

- How can the knowledge on the production of the most widely used drugs such as cannabis and ATS be improved?
- How can UNODC effectively support the improvement in the availability and quality of data on drug use at national and international level?
- With the improvements of the ARQ currently under discussion, how can the completeness and quality/richness in detail of the data reported be improved?
- How can individual seizure reports be improved to cover more countries along specific drug routes? How can seizure statistics be enhanced with information on substance purity and double counting be avoided?
- In which areas can synergies be used through data sharing arrangements with relevant institutions?
- What achievements can be made to further close the data gaps on ATS, not only in Southeast Asia?

3. The analysis of transnational drug markets to help strengthen international response

Threat assessment reports prepared by UNODC (on various regions, on the transnational trade in Afghan heroin or on the impact of drug trafficking on security) are providing evidence of, and raising awareness about, the links between drug trafficking, organized crime, development and security issues. They show that the huge dimensions of transnational drug markets exceed the response capacity of any single country or region. They also reveal gaps in our collective understanding of how these transnational markets operate. That information is essential to develop and implement the strategies needed to reach the 2019 objective adopted by the Member States. The complexity of the issue requires intensive research and analysis efforts. UNODC has started such efforts for ATS and heroin. Resources are needed to continue to develop dedicated research programmes on transnational drug markets, including on the US$ 88 billion transnational cocaine market. In parallel, it is important to pursue the development of regional threat assessments to identify the impact these transnational drug markets have on various vulnerable regions.

- What can UNODC do to help Member States undertake regional threat assessments?
- Which transnational drug markets (heroin, cocaine, cannabis, ATS) should receive priority for more in-depth threat analysis at the global level?
• How can research help Member States make “demand reduction and supply reduction measures work together”, as called for in the 2009 Political Declaration and Plan of Action.5

• How can research help Member States develop international strategies, based on the principle of shared responsibility, to tackle transnational drug markets (for ATS, heroin, cocaine, …) more effectively?

• How can policy and trend analysis help Member States ensure that local, regional and global drug control strategies and programmes reinforce each other?