

Commission on Narcotic Drugs

Compilation of the outcome of the thematic debate of the Commission at its fifty-third session

Relevant part of the report on the fifty-third session (E/2010/28):

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

1. At its 3rd and 4th meetings, on 9 March 2010, the Commission considered agenda item 3, which read as follows:

“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”.

2. For its consideration of item 3, the Commission had before it the following:

(a) Paper submitted by the Vienna NGO Committee on Drugs on behalf of the participants and contributors to Beyond 2008 (E/CN.7/2010/CRP.2);

(b) New challenges, strategies and programmes in demand reduction (E/CN.7/2010/CRP.3);

(c) Note by the Secretariat on the thematic debate (E/CN.7/2010/CRP.4).

3. The thematic debate was chaired by the Third Vice-Chairman of the Commission. The debate on subtheme (a) was led by Eduardo Haro Estabridis (Peru), Mechthild Dyckmans (Germany) and Bogdan Gheorghe (Romania). The debate on subtheme (b) was led by Azarakhsh Mokri (Islamic Republic of Iran), Thomas McLellan (United States of America) and Bogdan Gheorghe (Romania). The debate on subtheme (c) was led by O.P.S. Malik (India), Felipe Cáceres García (Plurinational State of Bolivia), Olivier Weber (France) and Alexander V. Fedulov (Russian Federation). The debate on subtheme (d) was led by Ahmed Awad Elgamel (Sudan), Bob Keizer (Netherlands) and Mihai Toader (Romania). In addition to leading the debate on the subthemes, the panellists made audio-visual presentations.

4. Statements were made by the representatives of Australia, the Netherlands, the Russian Federation, the United States, Switzerland, Belarus, Peru, the United Kingdom of Great Britain and Northern Ireland, the Islamic Republic of Iran, China, Morocco, Thailand and Côte d'Ivoire. The Commission also heard statements by the observers for Nigeria, Japan, Indonesia, Algeria, Sweden, Slovakia, Suriname, the Republic of Korea, Armenia, Namibia, Lebanon and Portugal. A statement was made by the observer for the International Federation of the Red Cross and Red Crescent Societies.

Deliberations

Subtheme (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

5. The Chief of the Health and Human Development Section of the United Nations Office on Drugs and Crime (UNODC) introduced subtheme (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”.

6. Speakers noted the serious health risks posed by drug use (e.g. damage to the heart caused by cocaine use) and expressed concern regarding the lasting impact of the long-term and frequent use of illicit drugs on the functioning of the brain, on physical and mental health and on behaviour. Additional health and social consequences of drug use and dependence on individuals, their families and the community included the transmission of HIV, hepatitis and tuberculosis, as well as mental health disorders, crime and violence, and car and other accidents, and reduced productivity in the workplace.

7. Several speakers expressed concern regarding the use of drugs, especially cannabis, by youth, since drug use during childhood and adolescence affected the healthy development of the brain. In that regard, one speaker recalled Commission resolution 52/5, entitled “Exploration of all aspects related to the use of cannabis seeds for illicit purposes”, in which all Member States were urged to take strong

measures against the illicit cultivation of cannabis plant. One speaker noted the emergence of a new trend involving synthetic cannabinoids contained in herbal mixtures not under international control.

8. It was agreed that effective prevention and early interventions, as well as a multidisciplinary approach, were essential elements of drug demand reduction policies and some speakers underlined that specialized treatment and rehabilitation services were frequently unavailable. Some speakers noted that the use of illicit substances by women and girls was underreported and that the health and social consequences of drug use and dependence for women and girls, their families and the community required special consideration and treatment and care services.

9. Although speakers reported on a variety of experiences with regard to the use of the media to raise awareness and prevent drug use among young people, the need to better target media campaigns and to use media appealing to youth (e.g. social networking websites) was highlighted. Some speakers expressed concern about the possible counterproductive effects of mass media campaigns; others emphasized the importance of targeted, community-driven approaches in using the media. Some speakers emphasized that selective or indicated prevention might be better suited to target groups at risk. One speaker noted that universal prevention was questioned only in the area of drugs but not in other health policy areas, such as obesity. The speaker said that it was possible to influence attitudes and behaviour in the general population and that negative attitudes to drugs could act as a deterrent to drug use, if combined with measures to facilitate healthy choices. Several speakers stressed the importance of implementing different types of prevention activities, especially among youth, and noted that such activities should be research-based, well-targeted and developed in diverse settings (in schools, in the family and in the community).

10. Furthermore, it was agreed that reliable information on drugs and training aimed at drug prevention should be made widely available to primary health care workers, teachers and police officers as part of the training curricula. That was particularly important when dealing with primary health care workers, as they had the opportunity to identify problems and intervene at an early stage.

11. It was underlined that interventions, in particular drug use prevention interventions, should be evaluated and that, despite difficulties, the scientific basis for interventions should be expanded.

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

12. The Chief of the Health and Human Development Section of UNODC introduced subtheme (b), “Measures to improve the understanding of drug addiction as a chronic but treatable multifactorial health disorder”.

13. One speaker noted that drug addiction was a chronic but multifactorial health disorder. It was emphasized that addiction produced changes in the brain and caused craving and withdrawal symptoms years after drug abuse had stopped. In that regard, it was

underlined that practitioners, policymakers and society at large should be informed of the changes in the brain's functions that were at the root of compulsive behaviour and cravings, which, in turn, explained why drug dependence was a health disorder. It was also noted that, although effective interventions were available, few were being applied and that access to care should be increased.

14. It was stated that strengthening of infrastructure and human resources should take place in parallel with awareness-raising activities, since better awareness led to an increased demand for services. Such demand should be promptly met by quality services so as to avoid the potential target groups becoming disillusioned about the effectiveness of the services.

15. Efforts to strengthen human resources should include the appropriate training of doctors, nurses and social workers, since the effectiveness of care was highly contingent on staff attitudes and the quality of such training.

16. It was highlighted that prevention and treatment strategies should be based on scientific evidence and trials, as was the case for other chronic health disorders (e.g. diabetes, hypertension and cardiovascular diseases).

17. Some speakers mentioned that non-governmental organizations had often led the way when no services were available. Several speakers emphasized that prevention of drug use and caring for addicts should be mainstreamed into national public health systems. One speaker noted that, in recognizing drug abuse as a multifactorial health disorder, care should be exercised to prevent drug users from becoming victims of the health-care system.

Subtheme (c). Regional and interregional cooperation

18. The Chief of the Integrated Programming Unit of UNODC introduced subtheme (c), "Regional and interregional cooperation".

19. Several speakers stressed that countering the drug problem was the common and shared responsibility of all States. A broad spectrum of cooperation and coordination was also essential for an integrated and balanced approach to drug-related issues. In addition to North-South cooperation, of growing importance were South-South cooperation and cooperation between Governments and civil society organizations.

20. One speaker stressed that the concept of shared responsibility must go beyond being a static principle inasmuch as it was a principle that had political and strategic foundations that could be translated into concrete actions aimed at realistic and constructive cooperation.

21. Some speakers referred to the connection between drug trafficking and other forms of organized crime, such as trafficking in persons and weapons.

22. Several speakers expressed the view that regional and interregional cooperation, including the exchange of information and best practices on the latest trends in drug trafficking and abuse, had proved to be the most effective method of fighting illicit drugs.

23. Several speakers referred to drug trafficking as a threat to international peace and security, reiterating the concern on that matter expressed by the Security Council in a presidential statement (S/PRST/2010/4). Some speakers mentioned their experiences in forging partnerships for cooperation on drug matters at the bilateral, regional and interregional levels through mechanisms such as the Association of Southeast Asian Nations (ASEAN) and China Cooperative Operations in Response to Dangerous Drugs (ACCORD), the Paris Pact initiative, Project Prism, Project Cohesion, the Targeted Anti-trafficking Regional Communication, Expertise and Training (TARCET) initiative and Operation Canal.

24. Other important forums and mechanisms for international and regional cooperation, particularly with regard to fighting trafficking in heroin from Afghanistan, included the Triangular Initiative involving Afghanistan, Iran (Islamic Republic of) and Pakistan, the Shanghai Cooperation Organization and the Collective Security Treaty Organization.

25. One speaker made reference to the Nineteenth Meeting of Heads of National Drug Law Enforcement Agencies, Latin America and the Caribbean, held on Isla Margarita, Bolivarian Republic of Venezuela, in 2009, stating that it had advanced interregional cooperation between States in Latin America and the Caribbean and States in West Africa on countering drug trafficking. Reference was also made to the recommendations adopted by the Nineteenth Meeting of Heads of National Drug Law Enforcement Agencies, Africa, in Windhoek in October 2009, as a good example of regional cooperation.

26. The importance of increasing awareness of the global dimension of the drug problem was noted. It was also noted that grass-roots efforts made by civil society should be supported and expanded.

27. Several speakers commended the regional approach adopted by UNODC, as it was facilitating dialogue on policy and cross-border cooperation, providing access to information about regional and global issues and trends, and ensuring access to high-level technical expertise.

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

28. The Director of the Division for Policy Analysis and Public Affairs of UNODC introduced subtheme (d), “Importance of research and the collection, reporting and analysis of data for raising awareness about the world drug problem”.

29. Speakers highlighted the need for accurate, reliable, relevant, timely and comparable data, as such data were essential for forming an accurate picture of international drug markets, identifying trends in those markets and developing evidence-based policies, programmes and evaluations. Information should be collected using a transparent, reliable monitoring system, including national focal points trained on globally agreed standards.

30. Speakers expressed the view that the data collection process at the international level needed to be more effective both in terms of enabling Governments to provide statistics and in terms of collecting the most relevant and comparable information. In that connection, any new international data collection tool should have the following characteristics:

(a) It should be simple and streamlined in order to ensure an optimal response rate;

(b) The terminology used should be clarified, and the drug definitions and terminology used should be in line with the three international drug conventions;

(c) It should include a broad spectrum of indicators, thus enabling a comprehensive assessment of the illicit market for each drug;

(d) It should provide the opportunity for accelerated data submission and processing through Web portals;

(e) It should draw on data from a variety of sources, including health, law enforcement and criminal justice services and treatment and population-based sources, as well as open-source information, including academic research;

(f) It should build on existing national, regional and international systems and experiences in order to avoid duplication of efforts and make full use of existing data.

31. Several speakers stated that research should take into account the specific nature of local drug markets and that provisions should be made for reporting such information to the international community. Speakers expressed the need for more expert-level debate on research and research findings at sessions of the Commission.

32. It was stressed that data collection and analysis should be independent from political interpretation, that there should be a strong link between research, policy and practice and that the involvement of the scientific community was important.

33. It was acknowledged that data collection was an indispensable process, even if it was costly. There was a need for long-term investments at the local, national, regional and global levels in terms of financial resources and capacity-building.

34. The Chairman of the thematic debate summarized the salient points of the thematic debate as follows:

(a) There was scientific evidence that drug use, even when occasional, posed serious risks to health;

(b) Long-term and frequent use of illicit drugs had lasting effects on the way the brain functions, on physical and mental health and on behaviour;

(c) Drug use and drug dependence had a range of health and social consequences for individuals, their families and the community, such as HIV/AIDS, hepatitis, tuberculosis, mental health disorders,

crime and violence, traffic and other accidents and lost productivity in the workplace;

(d) The use of drugs by young people was a major concern, as drug use during childhood and adolescence affects the healthy development of the brain. Access to evidence-based prevention and early intervention, as well as specialized treatment and rehabilitation in some cases, was essential;

(e) Female and male drug users had different histories and patterns of use. Female drug users were likely to have a co-morbid psychiatric disorder and a history of physical and sexual abuse and to make non-medical use of prescription drugs. The health and social consequences of drug abuse for female drug users, their families and the community required special consideration. Treatment and care services should address the special needs of women;

(f) Reliable information on drugs and training for drug prevention should be provided extensively to primary health care workers, teachers, parents, media professionals and police officers;

(g) Prevention efforts should address all levels of risk (universal, selective and indicated), including through evidence-based interventions carried out in different settings (the school, the family and the community, as well as through the media), and should be tailored for the target population groups and be mainstreamed in national education and health policies;

(h) Evaluation of interventions to prevent drug use was not only possible but essential, and all drug abuse prevention efforts should have strong monitoring and evaluation components;

(i) There was an interplay of genetic, neurobiological and environmental factors that made individuals vulnerable to using drugs and becoming drug-dependent;

(j) Practitioners, policymakers and the general public should be made aware of the changes in brain functions that were at the root of compulsive behaviour and uncontrollable cravings, which, in turn, explained why drug dependence was a health disorder, and of the fact that stigma, ignorance and prejudice persisted and had adverse consequences for drug users, their families and the community;

(k) Care for drug addicts should be integrated into mainstream health-care services;

(l) Training of doctors, nurses and social workers should include the understanding of drug addiction as a chronic multifactorial health disorder and an understanding of evidence-based interventions. The topics of drug use and dependence should be included in the curricula used for those professions;

(m) Prevention and treatment strategies should be based on scientific evidence and trials, as is the case with other chronic health disorders;

(n) There were differences between drug use and drug addiction: while drug use was largely a function of access and availability, drug addiction was largely a function of genetic heredity;

(o) Non-governmental organizations had often led the way where no services were available. Their efforts should be included in the mainstream provision of health, education and social policies, building on the resources and areas of synergy between civil society and the public sector;

(p) Participants in the thematic debate recognized the critical importance of regional and interregional cooperation and made repeated calls to step up the operational dimension of and mechanisms for such cooperation;

(q) UNODC had developed integrated and multicomponent programmes in various regions of the world that supported the required policy dialogue and cooperation among countries. Additional regional programmes needed to be developed and implemented in other parts of the world;

(r) Promoting and supporting capacity-building at the national level was an important element of regional and interregional cooperation;

(s) UNODC should ensure the complementarity of regional programmes and of national and regional initiatives;

(t) In March 2009, Member States had decided that research, data collection and analysis were essential to support and monitor the efforts required to reach the objectives set for 2019 in the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem (A/64/92-E/2009/98, sect. II.A.);

(u) Improvements to the annual report questionnaire currently under discussion by the Commission could improve the completeness and quality of the data reported. The involvement of the scientific community in that process was important;

(v) There was a call for fewer, shorter and simpler questions in the revised questionnaire and for the questions to be as comprehensive as possible. It was stressed that comparability of data was a key issue;

(w) There was a strong call for resources to support data collection;

(x) It was noted that some countries needed to gather information on specific drugs affecting local communities;

(y) UNODC should continue to publish the annual *World Drug Report*, which provided a comprehensive picture of global drug problems and their evolution;

(z) The relevance of the *World Drug Report* and its usefulness for Member States and the international community depended on the quantity and quality of the information that UNODC and Member States could produce. Good progress had been made, but additional efforts needed to be made at the national and international levels in that respect.

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38. Statements were made by the representatives of Australia, the Netherlands, the Russian Federation, the United States, Switzerland, Belarus, Peru, the United Kingdom of Great Britain and Northern Ireland, the Islamic Republic of Iran, China, Morocco, Thailand and Côte d'Ivoire. The Commission also heard statements by the observers for Nigeria, Japan, Indonesia, Algeria, Sweden, Slovakia, Suriname, the Republic of Korea, Armenia, Namibia, Lebanon and Portugal. A statement was made by the observer for the International Federation of the Red Cross and Red Crescent Societies.

Deliberations

Subtheme (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

39. The Chief of the Health and Human Development Section of the United Nations Office on Drugs and Crime (UNODC) introduced subtheme (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”.

40. Speakers noted the serious health risks posed by drug use (e.g. damage to the heart caused by cocaine use) and expressed concern regarding the lasting impact of the long-term and frequent use of illicit drugs on the functioning of the brain, on physical and mental health and on behaviour. Additional health and social consequences of drug use and dependence on individuals, their families and the community included the transmission of HIV, hepatitis and tuberculosis, as well as mental health disorders, crime and violence, and car and other accidents, and reduced productivity in the workplace.

41. Several speakers expressed concern regarding the use of drugs, especially cannabis, by youth, since drug use during childhood and adolescence affected the healthy development of the brain. In that regard, one speaker recalled Commission resolution 52/5, entitled “Exploration of all aspects related to the use of cannabis seeds for illicit purposes”, in which all Member States were urged to take strong

measures against the illicit cultivation of cannabis plant. One speaker noted the emergence of a new trend involving synthetic cannabinoids contained in herbal mixtures not under international control.

42. It was agreed that effective prevention and early interventions, as well as a multidisciplinary approach, were essential elements of drug demand reduction policies and some speakers underlined that specialized treatment and rehabilitation services were frequently unavailable. Some speakers noted that the use of illicit substances by women and girls was underreported and that the health and social consequences of drug use and dependence for women and girls, their families and the community required special consideration and treatment and care services.

43. Although speakers reported on a variety of experiences with regard to the use of the media to raise awareness and prevent drug use among young people, the need to better target media campaigns and to use media appealing to youth (e.g. social networking websites) was highlighted. Some speakers expressed concern about the possible counterproductive effects of mass media campaigns; others emphasized the importance of targeted, community-driven approaches in using the media. Some speakers emphasized that selective or indicated prevention might be better suited to target groups at risk. One speaker noted that universal prevention was questioned only in the area of drugs but not in other health policy areas, such as obesity. The speaker said that it was possible to influence attitudes and behaviour in the general population and that negative attitudes to drugs could act as a deterrent to drug use, if combined with measures to facilitate healthy choices. Several speakers stressed the importance of implementing different types of prevention activities, especially among youth, and noted that such activities should be research-based, well-targeted and developed in diverse settings (in schools, in the family and in the community).

44. Furthermore, it was agreed that reliable information on drugs and training aimed at drug prevention should be made widely available to primary health care workers, teachers and police officers as part of the training curricula. That was particularly important when dealing with primary health care workers, as they had the opportunity to identify problems and intervene at an early stage.

45. It was underlined that interventions, in particular drug use prevention interventions, should be evaluated and that, despite difficulties, the scientific basis for interventions should be expanded.

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

46. The Chief of the Health and Human Development Section of UNODC introduced subtheme (b), “Measures to improve the understanding of drug addiction as a chronic but treatable multifactorial health disorder”.

47. One speaker noted that drug addiction was a chronic but multifactorial health disorder. It was emphasized that addiction produced changes in the brain and caused craving and withdrawal symptoms years after drug abuse had stopped. In that regard, it was

underlined that practitioners, policymakers and society at large should be informed of the changes in the brain's functions that were at the root of compulsive behaviour and cravings, which, in turn, explained why drug dependence was a health disorder. It was also noted that, although effective interventions were available, few were being applied and that access to care should be increased.

48. It was stated that strengthening of infrastructure and human resources should take place in parallel with awareness-raising activities, since better awareness led to an increased demand for services. Such demand should be promptly met by quality services so as to avoid the potential target groups becoming disillusioned about the effectiveness of the services.

49. Efforts to strengthen human resources should include the appropriate training of doctors, nurses and social workers, since the effectiveness of care was highly contingent on staff attitudes and the quality of such training.

50. It was highlighted that prevention and treatment strategies should be based on scientific evidence and trials, as was the case for other chronic health disorders (e.g. diabetes, hypertension and cardiovascular diseases).

51. Some speakers mentioned that non-governmental organizations had often led the way when no services were available. Several speakers emphasized that prevention of drug use and caring for addicts should be mainstreamed into national public health systems. One speaker noted that, in recognizing drug abuse as a multifactorial health disorder, care should be exercised to prevent drug users from becoming victims of the health-care system.

Subtheme (c). Regional and interregional cooperation

52. The Chief of the Integrated Programming Unit of UNODC introduced subtheme (c), "Regional and interregional cooperation".

53. Several speakers stressed that countering the drug problem was the common and shared responsibility of all States. A broad spectrum of cooperation and coordination was also essential for an integrated and balanced approach to drug-related issues. In addition to North-South cooperation, of growing importance were South-South cooperation and cooperation between Governments and civil society organizations.

54. One speaker stressed that the concept of shared responsibility must go beyond being a static principle inasmuch as it was a principle that had political and strategic foundations that could be translated into concrete actions aimed at realistic and constructive cooperation.

55. Some speakers referred to the connection between drug trafficking and other forms of organized crime, such as trafficking in persons and weapons.

56. Several speakers expressed the view that regional and interregional cooperation, including the exchange of information and best practices on the latest trends in drug trafficking and abuse, had proved to be the most effective method of fighting illicit drugs.

57. Several speakers referred to drug trafficking as a threat to international peace and security, reiterating the concern on that matter expressed by the Security Council in a presidential statement (S/PRST/2010/4). Some speakers mentioned their experiences in forging partnerships for cooperation on drug matters at the bilateral, regional and interregional levels through mechanisms such as the Association of Southeast Asian Nations (ASEAN) and China Cooperative Operations in Response to Dangerous Drugs (ACCORD), the Paris Pact initiative, Project Prism, Project Cohesion, the Targeted Anti-trafficking Regional Communication, Expertise and Training (TARCET) initiative and Operation Canal.

58. Other important forums and mechanisms for international and regional cooperation, particularly with regard to fighting trafficking in heroin from Afghanistan, included the Triangular Initiative involving Afghanistan, Iran (Islamic Republic of) and Pakistan, the Shanghai Cooperation Organization and the Collective Security Treaty Organization.

59. One speaker made reference to the Nineteenth Meeting of Heads of National Drug Law Enforcement Agencies, Latin America and the Caribbean, held on Isla Margarita, Bolivarian Republic of Venezuela, in 2009, stating that it had advanced interregional cooperation between States in Latin America and the Caribbean and States in West Africa on countering drug trafficking. Reference was also made to the recommendations adopted by the Nineteenth Meeting of Heads of National Drug Law Enforcement Agencies, Africa, in Windhoek in October 2009, as a good example of regional cooperation.

60. The importance of increasing awareness of the global dimension of the drug problem was noted. It was also noted that grass-roots efforts made by civil society should be supported and expanded.

61. Several speakers commended the regional approach adopted by UNODC, as it was facilitating dialogue on policy and cross-border cooperation, providing access to information about regional and global issues and trends, and ensuring access to high-level technical expertise.

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

62. The Director of the Division for Policy Analysis and Public Affairs of UNODC introduced subtheme (d), “Importance of research and the collection, reporting and analysis of data for raising awareness about the world drug problem”.

63. Speakers highlighted the need for accurate, reliable, relevant, timely and comparable data, as such data were essential for forming an accurate picture of international drug markets, identifying trends in those markets and developing evidence-based policies, programmes and evaluations. Information should be collected using a transparent, reliable monitoring system, including national focal points trained on globally agreed standards.

64. Speakers expressed the view that the data collection process at the international level needed to be more effective both in terms of enabling Governments to provide statistics and in terms of collecting the most relevant and comparable information. In that connection, any new international data collection tool should have the following characteristics:

(a) It should be simple and streamlined in order to ensure an optimal response rate;

(b) The terminology used should be clarified, and the drug definitions and terminology used should be in line with the three international drug conventions;

(c) It should include a broad spectrum of indicators, thus enabling a comprehensive assessment of the illicit market for each drug;

(d) It should provide the opportunity for accelerated data submission and processing through Web portals;

(e) It should draw on data from a variety of sources, including health, law enforcement and criminal justice services and treatment and population-based sources, as well as open-source information, including academic research;

(f) It should build on existing national, regional and international systems and experiences in order to avoid duplication of efforts and make full use of existing data.

65. Several speakers stated that research should take into account the specific nature of local drug markets and that provisions should be made for reporting such information to the international community. Speakers expressed the need for more expert-level debate on research and research findings at sessions of the Commission.

66. It was stressed that data collection and analysis should be independent from political interpretation, that there should be a strong link between research, policy and practice and that the involvement of the scientific community was important.

67. It was acknowledged that data collection was an indispensable process, even if it was costly. There was a need for long-term investments at the local, national, regional and global levels in terms of financial resources and capacity-building.

68. The Chairman of the thematic debate summarized the salient points of the thematic debate as follows:

(a) There was scientific evidence that drug use, even when occasional, posed serious risks to health;

(b) Long-term and frequent use of illicit drugs had lasting effects on the way the brain functions, on physical and mental health and on behaviour;

(c) Drug use and drug dependence had a range of health and social consequences for individuals, their families and the community, such as HIV/AIDS, hepatitis, tuberculosis, mental health disorders,

crime and violence, traffic and other accidents and lost productivity in the workplace;

(d) The use of drugs by young people was a major concern, as drug use during childhood and adolescence affects the healthy development of the brain. Access to evidence-based prevention and early intervention, as well as specialized treatment and rehabilitation in some cases, was essential;

(e) Female and male drug users had different histories and patterns of use. Female drug users were likely to have a co-morbid psychiatric disorder and a history of physical and sexual abuse and to make non-medical use of prescription drugs. The health and social consequences of drug abuse for female drug users, their families and the community required special consideration. Treatment and care services should address the special needs of women;

(f) Reliable information on drugs and training for drug prevention should be provided extensively to primary health care workers, teachers, parents, media professionals and police officers;

(g) Prevention efforts should address all levels of risk (universal, selective and indicated), including through evidence-based interventions carried out in different settings (the school, the family and the community, as well as through the media), and should be tailored for the target population groups and be mainstreamed in national education and health policies;

(h) Evaluation of interventions to prevent drug use was not only possible but essential, and all drug abuse prevention efforts should have strong monitoring and evaluation components;

(i) There was an interplay of genetic, neurobiological and environmental factors that made individuals vulnerable to using drugs and becoming drug-dependent;

(j) Practitioners, policymakers and the general public should be made aware of the changes in brain functions that were at the root of compulsive behaviour and uncontrollable cravings, which, in turn, explained why drug dependence was a health disorder, and of the fact that stigma, ignorance and prejudice persisted and had adverse consequences for drug users, their families and the community;

(k) Care for drug addicts should be integrated into mainstream health-care services;

(l) Training of doctors, nurses and social workers should include the understanding of drug addiction as a chronic multifactorial health disorder and an understanding of evidence-based interventions. The topics of drug use and dependence should be included in the curricula used for those professions;

(m) Prevention and treatment strategies should be based on scientific evidence and trials, as is the case with other chronic health disorders;

(n) There were differences between drug use and drug addiction: while drug use was largely a function of access and availability, drug addiction was largely a function of genetic heredity;

(o) Non-governmental organizations had often led the way where no services were available. Their efforts should be included in the mainstream provision of health, education and social policies, building on the resources and areas of synergy between civil society and the public sector;

(p) Participants in the thematic debate recognized the critical importance of regional and interregional cooperation and made repeated calls to step up the operational dimension of and mechanisms for such cooperation;

(q) UNODC had developed integrated and multicomponent programmes in various regions of the world that supported the required policy dialogue and cooperation among countries. Additional regional programmes needed to be developed and implemented in other parts of the world;

(r) Promoting and supporting capacity-building at the national level was an important element of regional and interregional cooperation;

(s) UNODC should ensure the complementarity of regional programmes and of national and regional initiatives;

(t) In March 2009, Member States had decided that research, data collection and analysis were essential to support and monitor the efforts required to reach the objectives set for 2019 in the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem (A/64/92-E/2009/98, sect. II.A.);

(u) Improvements to the annual report questionnaire currently under discussion by the Commission could improve the completeness and quality of the data reported. The involvement of the scientific community in that process was important;

(v) There was a call for fewer, shorter and simpler questions in the revised questionnaire and for the questions to be as comprehensive as possible. It was stressed that comparability of data was a key issue;

(w) There was a strong call for resources to support data collection;

(x) It was noted that some countries needed to gather information on specific drugs affecting local communities;

(y) UNODC should continue to publish the annual *World Drug Report*, which provided a comprehensive picture of global drug problems and their evolution;

(z) The relevance of the *World Drug Report* and its usefulness for Member States and the international community depended on the quantity and quality of the information that UNODC and Member States could produce. Good progress had been made, but additional efforts needed to be made at the national and international levels in that respect.