Access to controlled medicines, drug prevention, treatment and care as pillars of a balanced and human rights based response to the world drug problem

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The right to health at the centre of the drug control system since the beginning


Preamble

The Parties,

Concerned with the health and welfare of mankind,

Recognizing that the medical use of narcotic drugs continues to be indispensable for the relief of pain and suffering and that adequate provision must be made to ensure the availability of narcotic drugs for such purposes,

Recognizing that addiction to narcotic drugs constitutes a serious evil for the individual and is fraught with social and economic danger to mankind,
And since 2016, more than ever

The right to health of people who need access to controlled medicines
A balance is possible

- Ensuring access while preventing diversion and non-medical use
- INCB, UNODC, WHO
- **Safe and effective prescription practices** supported by:
  - Legislation and policy
  - Supply chain management
  - Capacity of doctors, nurses, pharmacists
  - Acceptance of patients, families and the general public
The right to health of people vulnerable to starting to using drugs

A wide range of vulnerability factors outside of the control of the individual
The key role of adverse childhood experiences and inequalities

Prevalence of substance use disorders among adults that suffered 4 or more adverse childhood experiences compared to the general population

General population  4 ACEs + Higher income 4 ACEs + Lower income

More people with drug use disorders among poorer parts of the population

FIG. 10 Prevalence of past-year drug use and of drug abuse or dependence in Colombia, by socioeconomic class, 2013

<table>
<thead>
<tr>
<th></th>
<th>Prevalence percentage</th>
<th>Past-year use</th>
<th>Abuse/dependence*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any drug</td>
<td></td>
<td>4</td>
<td>2.5</td>
</tr>
<tr>
<td>Cannabis</td>
<td></td>
<td>3.5</td>
<td>2</td>
</tr>
<tr>
<td>Cocaine</td>
<td></td>
<td>3</td>
<td>1.5</td>
</tr>
<tr>
<td>Basuco</td>
<td></td>
<td>2.5</td>
<td>1</td>
</tr>
<tr>
<td>Ecstasy</td>
<td></td>
<td>2</td>
<td>0.5</td>
</tr>
</tbody>
</table>

Socioeconomic class 1  Socioeconomic class 2  Socioeconomic class 3  Socioeconomic classes 4-6
Support the healthy and safe development of children and youth through evidence-based prevention

Practice based on scientific evidence

Interventions that are effective AND safe according to scientific evidence

Do no harm
What about inequality?

Evidence-based prevention, including UNODC tools have been found to be effective in:

- Poor communities
- Violent communities
- Both boys and girls
- Refugees, displaced and otherwise traumatized populations

The right to health of people who use drugs and people with drug use disorders
Globally limited access to any drug dependence treatment and care service (1:8)

Particularly serious situation for women and adolescents
As well as for people in contact with the criminal justice system and in prison settings

Poor quality and human rights violations in the name of drug treatment & care
Access to quality treatment and care services – We know what to do

- Voluntary
- Based on scientific-evidence (effective and safe)
- Tailored to the needs of populations in especially vulnerable circumstances
  - Youth – Women – People in contact with the criminal justice system – People in prison

And many evidence-based tools are available

- Quality assurance mechanism
- Psychosocial therapies
- SOS Management of opioid overdose
- Social inclusion and support to recovery
- OAT and other medication assisted therapy
- Women, including pregnant women
- Adolescents
- Alternatives to conviction and punishment
- Treatment of drug use and other mental health disorders in prison settings
Evidence-based services – including as alternative to conviction and punishment – result in positive impact for the individual and the community.

Evidence-based treatment decreases DRUG USE, thus shrinking the illicit market.

[Graph showing the decrease in heroin use over time with labels Residential Methadone Detox.]

Australian Treatment Outcome Study (Teesson et al., Addiction, 2015)
Evidence-based treatment decreases **OVERDOSES**

![Graph showing the decrease in overdose deaths due to evidence-based treatment.](image)

Evidence-based treatment decreases **CRIME**

![Bar chart showing the decrease in crime rates due to evidence-based treatment.](image)

*Australian Treatment Outcome Study* (Teesson et al., *Addiction*, 2015)
Evidence-based treatment decreases INCARCERATION, PRISON OVERCROWDING AND ASSOCIATED PROBLEMS

Evidence-based treatment COSTS LESS than probation, incarceration and doing nothing

Figure 1
Costs of drug abuse treatment in the USA per person, per year (United States dollars)

<table>
<thead>
<tr>
<th>Treatment Type</th>
<th>Cost (United States dollars)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient treatment</td>
<td>2,722</td>
</tr>
<tr>
<td>Methadone maintenance</td>
<td>3,386</td>
</tr>
<tr>
<td>Residential treatment</td>
<td>12,677</td>
</tr>
<tr>
<td>Probation</td>
<td>16,951</td>
</tr>
<tr>
<td>Incarceration</td>
<td>39,690</td>
</tr>
<tr>
<td>Untreated addiction</td>
<td>43,300</td>
</tr>
</tbody>
</table>

United States dollars
Thank you!
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