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**Follow-up to the implementation at the national,
regional and international levels of all
commitments, as reflected in the Ministerial
Declaration of 2019, to address and counter the
world drug problem**

Statement submitted by Dianova International, a non-governmental organization in special consultative status with the Economic and Social Council**

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

* [E/CN.7/2024/1](#).

** Issued without formal editing.



Overall, there is now a growing recognition and understanding of the complexity and integrated nature of mental health-related issues. There is also a growing body of research regarding their linkages with substance use, and a greater understanding of the needs of people with comorbidity, i.e. people with co-occurring substance use and mental health disorders. It is essential to put in place more efficient prevention, treatment, harm reduction, and support services for this population, and it is critical to develop greater awareness of the need to take a holistic approach to addressing these problems.

From the standpoint of intervention however, there are still barriers that prevent people with comorbidity from accessing adequate services. The complex link between mental health and drug dependence, for example, can make the clinical diagnosis of comorbidity difficult, which may delay treatment initiation, and dividing the approach to the situation into different care services, generating greater barriers to adherence to treatment. In addition, accessing the specialized services they need, without being overmedicalized, can be a major challenge for those affected. Lastly, the lack of prevention and reintegration services and their poor coordination are also serious hurdles to overcome.

On the occasion of the 67th session of the Commission on Narcotic Drugs, Dianova would like to highlight a number of factors likely to be of interest to policymakers, service providers, the academia, civil society organizations and the society as a whole.

A special focus on the youth

Young people with mental health problems face high levels of educational difficulties, discrimination and social exclusion, all risk factors for drug dependence and non-substance addictive behaviours.

In recent years, we have seen a deterioration in the mental health of young people, with high rates of depression, anxiety disorders, and uses of over-the-counter psychoactive drugs. According to WHO, one in seven 10-19-year-olds experiences a mental health disorder globally, while suicide is the fourth leading cause of death among 15-29-year-olds.

Moreover, among younger generations, more and more people are turning to new drugs and new addictive behaviours, including new, synthetic, psychoactive substances, online gambling and video games. These developments pose major challenges from a public health perspective and imply that prevention and treatment programmes should be adapted accordingly. At the same time, access to professional care and support services appears inadequate due to financial constraints, addiction-related stigma, and the lack of services tailored to their needs, among other issues.

Finally, it is also crucial to design and implement interventions that take into account the rights of children, with particular attention paid to the situation of children whose mental health, and healthy development in general, might be affected by parental problematic substance use and related problems (e.g. domestic violence).

Prevention, the cornerstone of action

Taking a broader look at mental health in relation to drug use and drug dependence, it is important to highlight that prevention (of mental health and drug dependence) is often neglected. Many national healthcare systems tend to prioritize what is deemed more urgent (i.e. treatment and harm reduction services) while overlooking the key component of prevention. In this field, all aspects are necessary and evidence-based prevention services are in dire need of support.

In this regard, Dianova fully supports the “Declaration on Oviedo”, a global initiative on drug prevention and calls for all countries to allocate at least 25% of their demand reduction efforts and budgets to prevention strategies by 2030.

Difficult diagnosis

An adequate diagnosis is necessary to develop an individual treatment plan, adjusted to the needs of each person. With regard to therapeutic intervention, the approach must be comprehensive, adapted to each person's characteristics (individual profile, needs, and expectations, interaction with their community, etc.) and grounded on a crosscutting, gender-sensitive and human rights-based perspective. However, as it often happens, people with comorbidity may be misdiagnosed and provided with inappropriate medical prescriptions. The need for reliable systems must be emphasized, as the consequences of undiagnosed, untreated or inadequately treated concurrent disorders can increase the risks of social exclusion, imprisonment, and even suicide.

Investing in biopsychosocial approaches and avoiding overmedicalization

Given the biopsychosocial nature of the problem, the approaches to address the condition should be multifaceted and include not only medical and psychiatric interventions but also social, family, and community-based interventions. In general terms, we must move from a model that considers comorbidity only from a biomedical point of view to a community biosocial approach that considers all the aspects and components that influence mental health.

Many drug dependence treatment programmes however tend to provide responses that are predominantly based on pharmacology and a biomedical perspective. Person-tailored drug regimens are without a doubt a necessary part of many treatment strategies, however non-drug therapies should also be considered, particularly those based on the 'psychosocial' component of the problem. Using such techniques, provided they are grounded on scientific evidence, is likely to result in better outcomes, with a decrease in medication used and an increase in individual skills and coping mechanisms.

The biomedical approach may appear less expensive (from the viewpoint of public authorities) but it only offers a short-term response, whereas biopsychosocial interventions have a more positive impact in the medium and long term. Dianova believes that the public authorities should guarantee the long-term future of these services, particularly in the residential sector, rather than underfunding them as is increasingly the case.

The overmedicalization of people with comorbidity is a serious concern. Some of the persons who enter a drug treatment programme have been previously hospitalized in psychiatric wards where they have received large doses of medication. As a result, they are physically and mentally slowed down and present many side effects, which can be an obstacle to the smooth running of the treatment programme, as it can reduce adherence to the treatments themselves, reducing the perception of self-efficacy and confidence in the services.

Lastly, we deem essential to improve healthcare access and provide people with additional outpatient and community-based options, as the latter have been widely overlooked, at least until now.

Few programmes are targeted at comorbidities, and health professionals require training

People with comorbidity face the problem of the “revolving doors”, where they enter and exit hospitals and addiction services, without finding a programme that is truly adapted to their needs. There are very few specialised programmes in this field, not to mention the fact that very few programmes are based on a gender perspective to facilitate access to and adherence to services for the women and LGBTIQ+ people

concerned. Furthermore, an intersectional approach should be developed, considering the complex issues experienced by people with comorbidities.

The lack of training of health professionals is another problem as it may lead to misdiagnosis, mistreatment, stigma, neglect, etc. of people with comorbidities.

Need of reintegration services

Another major challenge is to create opportunities for social and vocational reintegration, through day centres and psychosocial follow-up services, in order to give people the tools they need when they leave the treatment programme.

Recovery and social reintegration services are also key to ensure the continuum of care and the efficiency of drug treatment programmes for people with comorbidities. There is a huge gap in the provision of these services.
