

Resolution 55/7

Promoting measures to prevent drug overdose, in particular opioid overdose

The Commission on Narcotic Drugs,

Reiterating the commitments made in the Single Convention on Narcotic Drugs of 1961,¹ in the preamble to which the parties to the Convention expressed concern for the health and welfare of mankind; recognition 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 medical purposes; and recognition that addiction to narcotic drugs constitutes a serious evil for individuals and is fraught with social and economic danger to mankind,

Recalling the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem,² which stressed the need to strengthen efforts aimed at reducing the adverse consequences of drug abuse for individuals and society as a whole, taking into consideration all health consequences, such as overdose,

Taking note of the Action Plan for the Implementation of the Declaration on the Guiding Principles of Drug Demand Reduction, adopted by the General Assembly in its resolution 54/132 of 17 December 1999, which, inter alia, recognized that demand reduction programmes should cover all areas of drug abuse prevention, ranging from discouraging the initial use of illicit drugs to reducing the negative health and social consequences of drug abuse,

Recalling its resolution 43/3 of 15 March 2000, in which the Commission requested Member States to find strategies and increase access to and availability of services designed to reach drug users who are not integrated into or reached by existing services and are at high risk of severe health damage, drug-related infectious diseases and even fatal incidents, in order to reduce individual and public health risks,

Reaffirming that the prevention of all drug abuse is of primary importance to all Member States,

Noting that the *World Drug Report 2011*³ highlighted the high proportion of drug overdose deaths that are specifically associated with opioids,

Convinced of the need to improve the quality, coverage and variety of drug demand reduction and related measures, including those targeting the prevention of drug overdose, in particular opioid overdose, as part of a continuum of health and social care,

¹ United Nations, *Treaty Series*, vol. 520, No. 7515.

² See *Official Records of the Economic and Social Council, 2009, Supplement No. 8 (E/2009/28)*, chap. I, sect. C.

³ United Nations publication, Sales No. E.11.XI.10.

Understanding that opioid overdose treatment, including the provision of opioid receptor antagonists such as naloxone, is part of a comprehensive approach to services for drug users and can reverse the effects of opioids and prevent mortality,

Recognizing that a range of factors contribute to drug overdose, including mental health problems and polysubstance use, indicating the need for a comprehensive response that includes supply reduction, information-sharing, education, emergency responses and treatment,

Affirming that close cooperation at all levels among experts from the criminal justice, health, social and drug control sectors is critical in devising an effective and scientific evidence-based response to drug overdose prevention, in particular opioid overdose prevention, for drug users,

Recognizing that fatalities due to drug overdose, in particular opioid overdose, can be substantially reduced through effective drug abuse prevention strategies, the provision of information, counselling, education, drug treatment, and related support measures, monitoring and programming,

1. *Encourages* all Member States to include effective elements for the prevention and treatment of drug overdose, in particular opioid overdose, in national drug policies, where appropriate, and to share best practices and information on the prevention and treatment of drug overdose, in particular opioid overdose, including the use of opioid receptor antagonists such as naloxone;

2. *Requests* the United Nations Office on Drugs and Crime, in collaboration with the World Health Organization, subject to the availability of extrabudgetary resources and upon the request of and in collaboration with Member States, to collect and circulate available best practices on the prevention and treatment of and emergency response to drug overdose, in particular opioid overdose, including on the use and availability of opioid receptor antagonists such as naloxone and other measures based on scientific evidence;⁴

3. *Also requests* the United Nations Office on Drugs and Crime, in collaboration with other relevant international organizations, including the World Health Organization, as appropriate, subject to the availability of extrabudgetary resources, to provide Member States, upon request, with advice and guidance based on scientific evidence, and provide capacity-building, on preventing mortality from drug overdose, in particular opioid overdose;

4. *Further requests* the United Nations Office on Drugs and Crime, in collaboration with other relevant international organizations, including the World Health Organization, as appropriate, to include initiatives to prevent mortality from drug overdose, in particular opioid overdose, and related mental health issues as part of their drug demand reduction programming;

⁴ See, for example, the World Health Organization's *Guidelines for the Psychosocially Assisted Pharmacological Treatment of Opioid Dependence* (Geneva, 2009).

5. *Encourages* Member States, with support where requested from the United Nations Office of Drugs and Crime, to strive to ensure that all efforts are made to implement comprehensive supply and demand reduction programmes that promote the health and well-being of their citizens in accordance with national legislation;

6. *Invites* Member States and other donors to consider providing extrabudgetary resources in accordance with the rules and procedures of the United Nations.

*9th Plenary Meeting
16 March 2012*