

## Chapter I

### **Matters calling for action by the Economic and Social Council or brought to its attention**

#### **A. Draft decisions for adoption by the Economic and Social Council**

1. The Commission recommends to the Economic and Social Council the adoption of the following draft decisions:

#### **Draft decision I**

#### **Report of the Commission on Narcotic Drugs on its sixty-fourth session and provisional agenda for its sixty-fifth session**

The Economic and Social Council:

- (a) Takes note of the report of the Commission on Narcotic Drugs on its sixty-fourth session;
- (b) Also takes note of Commission decision 55/1;
- (c) Approves the provisional agenda for the sixty-fifth session set out below.

#### **Provisional agenda for the sixty-fifth session of the Commission on Narcotic Drugs**

1. Election of officers.
2. Adoption of the agenda and other organizational matters.
3. General debate.

#### *Operational segment*

4. Strategic management, budgetary and administrative questions:
  - (a) Work of the standing open-ended intergovernmental working group on improving the governance and financial situation of the United Nations Office on Drugs and Crime;
  - (b) Directives on policy and budgetary issues for the drug programme of the United Nations Office on Drugs and Crime;
  - (c) Working methods of the Commission;
  - (d) Staff composition of the United Nations Office on Drugs and Crime and other related matters.

#### *Normative segment*

5. Implementation of the international drug control treaties:
  - (a) Changes in the scope of control of substances;
  - (b) Challenges and future work of the Commission on Narcotic Drugs, the World Health Organization and the International Narcotics Control Board in the review of substances for possible scheduling recommendations;
  - (c) International Narcotics Control Board;
  - (d) International cooperation to ensure the availability of narcotic drugs and psychotropic substances for medical and scientific purposes while preventing their diversion;
  - (e) Other matters arising from the international drug control treaties.

6. 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.
7. Inter-agency cooperation and coordination of efforts in addressing and countering the world drug problem.
8. Recommendations of the subsidiary bodies of the Commission.
9. Contributions by the Commission to the work of the Economic and Social Council, in line with General Assembly resolution [72/305](#), including follow-up to and review and implementation of the 2030 Agenda for Sustainable Development.

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10. Provisional agenda for the sixty-sixth session of the Commission.
11. Other business.
12. Adoption of the report of the Commission on its sixty-fifth session.

## **Draft decision II**

### **Report of the International Narcotics Control Board**

The Economic and Social Council takes note of the report of the International Narcotics Control Board for 2020.<sup>1</sup>

#### **B. Matters brought to the attention of the Economic and Social Council**

2. The following resolutions and decisions adopted by the Commission are brought to the attention of the Economic and Social Council:

#### **Resolution 64/1**

#### **Statement of the Commission on Narcotic Drugs on the impact of the coronavirus disease (COVID-19) pandemic on the implementation of Member States' joint commitments to address and counter all aspects of the world drug problem**

*The Commission on Narcotic Drugs,*

*Adopts* the following statement on the impact of the coronavirus disease (COVID-19) pandemic on addressing and countering all aspects of the world drug problem:

#### **Statement on the impact of the coronavirus disease (COVID-19) pandemic on the implementation of Member States' joint commitments to address and counter all aspects of the world drug problem**

1. The Commission on Narcotic Drugs expresses grave concern about the devastating impact of the coronavirus disease (COVID-19) pandemic across the world, and pays tribute to the victims, first responders and all other persons whose

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<sup>1</sup> E/INCB/2020/1.

efforts and commitment, often undertaken at great risk to their health and that of their families, have contributed to the fight against the pandemic.

2. The Commission reaffirms its commitment to international cooperation and the purposes and principles of the Charter of the United Nations, welcomes initiatives of the United Nations to address the global challenge of COVID-19, including through the implementation of the 2030 Agenda for Sustainable Development, and in this regard recalls the thirty-first special session of the General Assembly, convened in response to the COVID-19 pandemic.

3. The Commission recognizes the dramatic consequences of the COVID-19 pandemic on all aspects of the world drug problem.

4. The Commission recalls the commitments of Member States to strengthening actions at the national, regional and international levels to accelerate the implementation of the joint commitments to address and counter the world drug problem, and encourages Member States to continue their efforts, taking into consideration the drug-related consequences of the pandemic.

5. The Commission reiterates its commitment to respecting, protecting and promoting all human rights, fundamental freedoms and the inherent dignity of all individuals and the rule of law in the development and implementation of drug policies, including in its responses to the COVID-19 pandemic.

6. The Commission recognizes and supports the efforts of law enforcement authorities and members of security forces in the fight against drug trafficking and related crimes, noting that their sustained efforts during the COVID-19 pandemic, often undertaken at great risk to their health and that of their families, have resulted in increases in arrests, seizures of drugs and property and the freezing of assets.

7. The Commission submits the present statement as a substantive contribution to the 2021 high-level political forum on sustainable development, devoted to the main theme, “Sustainable and resilient recovery from the COVID-19 pandemic that promotes the economic, social and environmental dimensions of sustainable development: building an inclusive and effective path for the achievement of the 2030 Agenda in the context of the decade of action and delivery for sustainable development”, in addition to the contribution that it has already submitted in 2021.

#### **New trends, challenges and obstacles that the COVID-19 pandemic poses to all aspects of the world drug problem**

8. The Commission stresses that the pandemic and resulting lockdowns have led to the development of new patterns of illicit drug use, such as poly-substance use.

9. The Commission notes that emerging evidence in some countries suggests that people with drug use disorders, including those incarcerated, may be at increased risk of more severe illness and mortality from COVID-19 due to underlying health conditions, as well as other factors, which may be exacerbated during the pandemic.

10. The Commission acknowledges that, owing to the nature of the pandemic, the traditional demand reduction infrastructure, which often requires in-person engagement, faces increasing challenges in providing prevention, early intervention, treatment, care, recovery, rehabilitation and social reintegration measures, as well as measures aimed at minimizing the adverse public health and social consequences of drug abuse, at least at the same level as provided before the COVID-19 pandemic.

11. The Commission notes with concern that, owing to challenges that health systems face because of the COVID-19 pandemic, the capacity of drug treatment and health services may be affected, potentially causing an increase in deaths related to drug use.

12. The Commission notes with concern the difficulties encountered by Member States in ensuring the continued access to and availability of internationally controlled substances for medical and scientific purposes throughout the world, and appreciates

the work of the International Narcotics Control Board and the United Nations Office on Drugs and Crime, within their respective mandates, in supporting Member States to ensure the access to and availability of such drugs, as well as in raising awareness about the problem.

13. The Commission encourages Member States to continue to address barriers to access to and availability of controlled substances for medical and scientific purposes, while preventing their non-medical use or diversion into illicit channels, including those related to legislation, regulatory systems, health-care systems, affordability, the training of health-care professionals, education, awareness-raising, estimates, assessments and reporting, benchmarks for consumption of substances under control, and international cooperation and coordination, in particular with a view to ensuring improved responses to a possible future pandemic and other emerging threats.

14. The Commission notes that the COVID-19 pandemic may have initially affected the illicit cultivation, production and manufacture of and trafficking in drugs, and may have also resulted in new methods of manufacture, distribution and marketing of, and trafficking in, some types of drugs.

15. The Commission recognizes that changes in trafficking routes and methods, including increased maritime trafficking and online sales of drugs through both the darknet and the surface web, have resulted in new challenges for law enforcement authorities.

16. The Commission notes with concern that, in the pandemic and post-pandemic period, there may be funding shortages and diversion of resources away from drug-related initiatives, including those relating to drug prevention and treatment and related health and social services, alternative development and law enforcement.

17. The Commission recognizes that, in the long term, the COVID-19 pandemic may lead to an increase in illicit drug cultivation, production and trafficking and other drug-related criminal activities, as well as drug use disorders and related health and social consequences.

### **Good practices and opportunities**

18. The Commission acknowledges that the COVID-19 pandemic has led to the development of new and innovative approaches to drug prevention and treatment and related health and social services, which may result in enhanced cooperation between public health and law enforcement authorities and other relevant stakeholders of Member States at the national, regional and international levels.

19. The Commission notes that, in order to reduce the risk of COVID-19 transmission associated with in-person services, some health systems have introduced or expanded e-health platforms and procedures to prevent drug abuse and provide medications, counselling and consultations, including telemedicine, and that these innovations may lead to new treatment strategies in future.

20. The Commission underlines the role of drug treatment and social services, peer support and community outreach.

21. The Commission calls attention to the importance of undertaking systematic monitoring, evaluation and data collection in the implementation of new approaches to drug prevention, treatment and related health and social services, with a view to establishing scientific evidence that these interventions foster the desired effects of promoting quality assurance, where appropriate, and to exchanging information in the Commission on best practices for these interventions, once scientific evidence for their effectiveness has been established, and takes note of the contribution of the informal scientific network of the United Nations Office on Drugs and Crime and the World Health Organization in this regard.

22. The Commission emphasizes the importance of the use of existing online database platforms, such as those operated by the United Nations Office on Drugs and Crime and the International Narcotics Control Board, for effective and increased

cooperation among law enforcement and forensic officials in gathering and sharing data needed to identify and detect substances.

23. The Commission takes note of the United Nations Office on Drugs and Crime research brief on COVID-19 and the drug supply chain,<sup>2</sup> as well as the expert meetings and webinars organized by relevant international and regional organizations on drug related topics, which serve as valuable information exchange platforms.

24. The Commission acknowledges that increased social distancing and general isolation during the COVID-19 pandemic have made the use of private sector platforms to market, sell, transport and finance illicit trafficking – a feature of the drug trafficking environment for the past several years – a convenient way to purchase and deliver drugs, and have increased the need for law enforcement, regulatory and other relevant authorities to engage, as appropriate, with the private sector to assist in efforts to detect and interdict trafficking, and takes note of the relevant expert group meetings convened by, inter alia, the International Narcotics Control Board on these topics.

25. The Commission recognizes the important role of the scientific community, academia, civil society, in particular non-governmental organizations, and the private sector in contributing to the efforts of Member States to address and counter the world drug problem, including in the context of the COVID-19 pandemic.

#### **Actions to take**

26. The Commission stresses that addressing and countering the world drug problem require coordinated multidisciplinary efforts and that such efforts should become a top priority in the post-COVID-19 period.

27. The Commission encourages Member States to consider expanding the coverage of and strengthening drug prevention and treatment systems and related health and social services to increase their resilience in order to respond effectively to possible future pandemics and other emerging health threats.

28. The Commission encourages Member States and relevant stakeholders, within their national contexts, to continue to develop and implement innovative drug treatment and recovery delivery systems, such as e-health platforms and procedures, in the post-pandemic environment in order to promote efficient, accessible and durable opportunities for treatment and recovery, where applicable.

29. The Commission encourages national, regional and international efforts to promote viable economic alternatives, in particular for communities affected by or at risk of the illicit cultivation, manufacture, production of and trafficking in drugs, as well as other illicit drug-related activities in urban and rural areas, including through comprehensive alternative development programmes, in particular with reference to the United Nations Guiding Principles on Alternative Development,<sup>3</sup> which may help to mitigate any negative economic consequences of the COVID-19 pandemic.

30. The Commission invites Member States, subject to the availability of resources, to further strengthen measures, strategies, and inter-agency and international cooperation and partnerships, to ensure the access to and availability of controlled substances for medical and scientific purposes, which may improve responses to future emergencies, including emergency medical care situations.

31. The Commission encourages Member States to expand law enforcement activities targeting trafficking modalities that have emerged or increased in the context of COVID-19 and to increase coordination between Member States.

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<sup>2</sup> United Nations Office on Drugs and Crime, “COVID-19 and the drug supply chain: from production and trafficking to use”, Research Brief (Vienna, 2020).

<sup>3</sup> General Assembly resolution 68/196, annex.

32. The Commission encourages all Member States to continue to prevent and counter the diversion of and trafficking in precursors and pre-precursors for illicit use, during the COVID-19 pandemic and beyond.
33. The Commission urges Member States to strengthen bilateral, regional and international cooperation to counter the exploitation by drug traffickers of traditional and online trafficking methods and routes during the COVID-19 pandemic and beyond.
34. The Commission calls upon Member States to enhance, including during the COVID-19 pandemic, access to treatment for drug use disorders for those incarcerated and to promote effective oversight in that regard.
35. The Commission notes that the principle of common and shared responsibility should remain at the core of international cooperation on all aspects of the world drug problem.
36. The Commission commits itself to promoting the provision of technical assistance and capacity-building to Member States, upon request, in particular those most affected by the COVID-19 pandemic, in addressing and countering the world drug problem.
37. The Commission invites the United Nations Office on Drugs and Crime, as the leading entity in the United Nations system for addressing and countering the world drug problem, in coordination with relevant United Nations entities and other international organizations, within their respective mandates, to conduct research and collect data on the impact of the COVID-19 pandemic on the world drug problem, and to regularly inform the Commission about progress made in that regard.
38. The Commission invites Member States and the International Narcotics Control Board, within its treaty-mandated functions, to continue further developing their dialogue, including through regular consultations and the Board's country missions, to lend assistance to Member States in their efforts to effectively implement the three international drug control conventions.
39. The Commission invites Member States and other relevant stakeholders to share, through the Commission, national good practices and lessons learned to improve national drug policies, so that Member States are able to more quickly respond to a possible future global pandemic and other emerging threats.
40. The Commission urges Member States to ensure that no one affected by the world drug problem is left behind in the health response to the COVID-19 pandemic and in efforts to mitigate the drug-related consequences of the pandemic.
41. The Commission commits itself to giving due attention to the impact of the COVID-19 pandemic during its thematic discussions in 2021 on the implementation of all international drug policy commitments, as follow-up to the Ministerial Declaration on Strengthening Our Actions at the National, Regional and International Levels to Accelerate the Implementation of Our Joint Commitments to Address and Counter the World Drug Problem<sup>4</sup> of 2019.
42. The Commission welcomes the efforts made by Member States to comply with the provisions of the three international drug control conventions and other relevant international instruments and to ensure their effective implementation, despite the challenges posed by the COVID-19 pandemic.
43. The Commission encourages Member States to accelerate the implementation of all international drug policy commitments so that the progress made in addressing and countering all aspects of the world drug problem at the national, regional and global levels is maintained and continued in the context of the COVID-19 pandemic and its consequences.

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<sup>4</sup> See *Official Records of the Economic and Social Council, 2019, Supplement No. 8 (E/2019/28)*, chap. I, sect. B.

## Resolution 64/2

### **Promoting alternative development as a development-oriented drug control strategy, including in the context of the coronavirus disease (COVID-19) pandemic and its consequences**

*The Commission on Narcotic Drugs,*

*Recognizing* that the world drug problem continues to present challenges to the health, safety and well-being of all humanity, and resolving to tackle such challenges in order to help ensure that all people can live in health, dignity and peace, with security and prosperity,

*Reaffirming* that drug policies and programmes, including in the field of development, should be undertaken in accordance with the purposes and principles of the Charter of the United Nations, international law and the Universal Declaration of Human Rights<sup>5</sup> and, in particular, with full respect for the sovereignty and territorial integrity of States, the principle of non-intervention in the internal affairs of States, all human rights, fundamental freedoms, the inherent dignity of all individuals and the principles of equal rights and mutual respect among States, as well as the principle of common and shared responsibility, recalling the Sustainable Development Goals, and taking into account the specific situations of countries and regions,

*Underscoring* that the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol,<sup>6</sup> the Convention on Psychotropic Substances of 1971<sup>7</sup> and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988,<sup>8</sup> together with other relevant international instruments, constitute the cornerstone of the international drug control system,

*Recalling* the commitments related to alternative development contained in the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem<sup>9</sup> of 2009 and the Joint Ministerial Statement of the 2014 high-level review by the Commission on Narcotic Drugs of the implementation by Member States of the Political Declaration and Plan of Action,<sup>10</sup> as well as the outcome document of the thirtieth special session of the General Assembly, held in 2016, entitled “Our joint commitment to effectively addressing and countering the world drug problem”,<sup>11</sup> in which Member States reiterated their commitment to addressing drug-related socioeconomic issues related to the illicit cultivation of narcotic plants and the illicit manufacture and production of and trafficking in drugs through the implementation of long-term, comprehensive and sustainable development-oriented and balanced drug control policies and programmes, including alternative development and, as appropriate, preventive alternative development programmes, which are part of sustainable crop control strategies,

*Recalling also* the Ministerial Declaration on Strengthening Our Actions at the National, Regional and International Levels to Accelerate the Implementation of Our Joint Commitments to Address and Counter the World Drug Problem,<sup>12</sup> adopted at the ministerial segment of the sixty-second session of the Commission, in 2019, in which Member States reiterated their resolve, in the framework of existing policy

<sup>5</sup> General Assembly resolution 217 A (III).

<sup>6</sup> United Nations, *Treaty Series*, vol. 976, No. 14152.

<sup>7</sup> *Ibid.*, vol. 1019, No. 14956.

<sup>8</sup> *Ibid.*, vol. 1582, No. 27627.

<sup>9</sup> See *Official Records of the Economic and Social Council, 2009, Supplement No. 8 (E/2009/28)*, chap. I, sect. C.

<sup>10</sup> See *Official Records of the Economic and Social Council, 2014, Supplement No. 8 (E/2014/28)*, chap. I, sect. C.

<sup>11</sup> General Assembly resolution S-30/1, annex.

<sup>12</sup> See *Official Records of the Economic and Social Council, 2019, Supplement No. 8 (E/2019/28)*, chap. I, sect. B.

documents, inter alia, to address drug-related socioeconomic issues related to illicit crop cultivation and the production and manufacture of and trafficking in drugs, including through the implementation of long-term comprehensive and sustainable development-oriented and balanced drug control policies and programmes,

*Emphasizing* that the implementation of alternative development programmes should also be considered in the framework of sustainable crop control strategies, which may include, inter alia, eradication and law enforcement, in accordance with the national context, in the light of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem and the outcome document of the thirtieth special session of the General Assembly, and taking into consideration the United Nations Guiding Principles on Alternative Development, adopted by the General Assembly in its resolution 68/196 of 18 December 2013,

*Welcoming* the holding of the virtual expert group meeting on alternative development, on the theme “Latest developments and insights on alternative development”, hosted by Germany, Peru, Thailand and the United Nations Office on Drugs and Crime, from 15 to 18 March 2021, involving the participation of Member States, international organizations, and representatives of civil society and academia,

*Reaffirming* that alternative development is an important, lawful, viable and sustainable alternative to the illicit cultivation of drug crops and an effective measure to counter the world drug problem and other drug-related crime challenges, as well as a choice in favour of promoting a society free of drug abuse, that it is one of the key components of policies and programmes for reducing illicit drug production and that it is an integral part of efforts made by Governments to achieve sustainable development within their societies,

*Reiterating* its commitment to respecting, protecting and promoting all human rights, fundamental freedoms and the inherent dignity of all individuals and the rule of law in the development and implementation of drug policies,

*Recalling* the 2030 Agenda for Sustainable Development,<sup>13</sup> and stressing that the implementation of the United Nations Guiding Principles on Alternative Development should be aligned with the efforts to achieve those relevant objectives within the Sustainable Development Goals that are related to the issue of alternative development, which falls within the mandate of the Commission on Narcotic Drugs, and that the efforts to achieve the Sustainable Development Goals and to effectively address the world drug problem are complementary and mutually reinforcing,

*Noting with concern* that in the pandemic and post-pandemic period there may be funding shortages and diversion of resources from drug-related initiatives, including those relating to alternative development,

*Recognizing* the important challenges posed by the coronavirus disease (COVID-19) pandemic at the international, regional and national levels, which may have increased unemployment, weakened social support systems, deepened inequality, and affected the livelihoods of people vulnerable to the illicit cultivation of drug crops, as well as other illicit drug-related activities that may lead to increases in such illicit cultivation and in drug-related crimes, and may impede the progress of alternative development efforts, and stressing the importance of international cooperation to comprehensively address and counter these challenges on the basis of common and shared responsibility,

*Recognizing also* that alternative development programmes can contribute to the efforts of Member States to address human vulnerabilities, including poverty, unemployment, a lack of opportunities, discrimination and social marginalization, as well as mutually reinforce endeavours to achieve the Sustainable Development Goals, in accordance with the 2030 Agenda for Sustainable Development,

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<sup>13</sup> General Assembly resolution 70/1.

1. *Encourages* Member States to increase efforts in promoting alternative development programmes to support populations affected by or vulnerable to the illicit cultivation of drug crops, which may contribute to efforts to build back better from the coronavirus disease (COVID-19) pandemic, utilizing best practices and lessons learned from the United Nations Guiding Principles on Alternative Development, and reiterates in that regard that efforts to achieve the Sustainable Development Goals and to effectively address the world drug problem are complementary and mutually reinforcing;

2. *Recognizes* the need for increasing national, regional and international efforts to promote viable economic alternatives, in particular for communities affected by or at risk of the illicit cultivation of narcotic plants and the illicit manufacture and production of and trafficking in drugs, as well as other illicit drug-related activities in urban and rural areas, including through comprehensive alternative development programmes, and to this end encourages Member States to consider development-oriented interventions, while ensuring that all people benefit equally from them;

3. *Acknowledges* the importance of data collection, research and the exchange of information and expertise on efforts, achievements, challenges and best practices for identifying causes and factors driving illicit drug crop cultivation and addressing drug-related socioeconomic issues related to the illicit cultivation of narcotic plants and the illicit manufacture and production of and trafficking in drugs, including the challenges posed by the COVID-19 pandemic, and invites relevant stakeholders to make contributions in this regard;

4. *Encourages* Member States to improve the assessment of the impact of alternative development programmes, including preventive alternative development programmes, as appropriate, with a view to increasing the effectiveness of such programmes, including through the use of relevant human development indicators, criteria related to environmental sustainability and other measurements in line with the Sustainable Development Goals;

5. *Invites* Member States, in implementing alternative development programmes, to consider the importance of community-based agreements that enable communities to sustain their development;

6. *Encourages* Member States to mainstream a gender perspective into, and ensure the involvement of women in, all stages of the development, implementation, monitoring and evaluation of alternative development programmes, and to develop and disseminate gender-sensitive and age-appropriate measures that take into account the specific needs of and circumstances faced by women and girls with regard to the illicit cultivation of drug crops and other illicit drug-related activities in urban and rural areas;

7. *Invites* relevant international financial institutions, United Nations entities, non-governmental organizations and the private sector, as appropriate, to consider increasing their support, including through long-term and flexible funding, for the implementation of comprehensive and balanced development-oriented drug control programmes and viable economic alternatives, in particular alternative development, including, as appropriate, preventive alternative development programmes, based on identified needs and national priorities, for areas and populations affected by or vulnerable to the illicit cultivation of drug crops, with a view to its prevention, reduction and elimination, and encourages States, to the extent possible, to stay strongly committed to financing such programmes;

8. *Takes note* of the conference room paper submitted jointly by Germany, Peru and Thailand and the United Nations Office on Drugs and Crime entitled “Opportunities and challenges for the role of development in drug control policies”, on recent challenges in the field of alternative development, bearing in mind its non-binding nature and that it does not necessarily reflect the position of all participants;

9. *Encourages* Member States to continue sharing lessons learned, best practices and expertise, including through the Commission, and enhancing dialogues on development-oriented drug control policies and programmes, including on the implementation of the United Nations Guiding Principles on Alternative Development;

10. *Also encourages* Member States to engage in and promote partnerships with each other, as well as with all relevant stakeholders, including regional and international organizations, the private sector, civil society and financial institutions, in the implementation of alternative development projects and programmes;

11. *Requests* the Executive Director of the United Nations Office on Drugs and Crime to report to the Commission at its sixty-fifth session on the implementation of the present resolution;

12. *Invites* Member States and other donors to provide extrabudgetary resources for the purposes described above, in accordance with the rules and procedures of the United Nations.

### **Resolution 64/3**

#### **Promoting scientific evidence-based, quality, affordable and comprehensive drug prevention, treatment, sustained recovery and related support services**

*The Commission on Narcotic Drugs,*

*Reaffirming* the obligations contained in the Single Convention on Narcotic Drugs of 1954 as amended by the 1972 Protocol,<sup>14</sup> the Convention on Psychotropic Substances of 1971<sup>15</sup> and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988,<sup>16</sup> in which States parties express concern for the health and welfare of humankind,

*Reaffirming also* the Universal Declaration of Human Rights,<sup>17</sup> which states in its article 25 that everyone has the right to a standard of living adequate for their health and well-being, including medical care and necessary social services,

*Recalling* the International Covenant on Economic, Social and Cultural Rights,<sup>18</sup> in particular its article 12, in which States parties to the Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health,

*Recalling also* the Ministerial Declaration on Strengthening Our Actions at the National, Regional and International Levels to Accelerate the Implementation of Our Joint Commitments to Address and Counter the World Drug Problem,<sup>19</sup> adopted at its sixty-second session in 2019, in which Member States committed themselves to safeguarding our future and ensuring that no one affected by the world drug problem is left behind by enhancing efforts to bridge the gaps in addressing the persistent and emerging trends and challenges through the implementation of balanced, integrated, comprehensive, multidisciplinary and scientific evidence-based responses to the world drug problem, placing the safety, health and well-being of all members of society, in particular youth and children, at the centre of their efforts,

*Recalling further* the outcome document of the thirtieth special session of the General Assembly, entitled “Our joint commitment to effectively addressing and

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<sup>14</sup> United Nations, *Treaty Series*, vol. 976, No. 14152.

<sup>15</sup> *Ibid.*, vol. 1019, No. 14956.

<sup>16</sup> *Ibid.*, vol. 1582, No. 27627.

<sup>17</sup> General Assembly resolution 217 A (III).

<sup>18</sup> General Assembly resolution 2200 A (XXI), annex.

<sup>19</sup> See *Official Records of the Economic and Social Council, 2019, Supplement No. 8 (E/2019/28)*, chap. I, sect. B.

countering the world drug problem”,<sup>20</sup> in which Member States reiterated their commitment to promoting the health, welfare and well-being of all individuals, families, communities and society as a whole, and facilitating healthy lifestyles through effective, comprehensive, scientific evidence-based demand reduction initiatives at all levels, covering, in accordance with national legislation and the three international drug control conventions, prevention, early intervention, treatment, care, recovery, rehabilitation and social reintegration measures, as well as initiatives and measures aimed at minimizing the adverse public health and social consequences of drug abuse,

*Recalling* the Joint Ministerial Statement of the 2014 high-level review by the Commission of the implementation by Member States of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem,<sup>21</sup> in which Member States reaffirmed the need to further strengthen public health systems, particularly in the areas of prevention, treatment and rehabilitation, as part of a comprehensive and balanced approach to demand reduction based on scientific evidence,

*Recalling also* the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem<sup>22</sup> of 2009, in which Member States were called upon to ensure that access to drug treatment that is affordable, culturally appropriate and based on scientific evidence is available and that drug dependence care services are included in health-care systems, whether public or private, with the involvement of primary and, where appropriate, specialized health-care services, in accordance with national legislation,

*Recalling further* the 2030 Agenda for Sustainable Development,<sup>23</sup> in particular the commitment to ensure healthy lives and promote well-being for all at all ages, and noting that efforts to strengthen drug prevention, treatment and recovery address this goal and constitute a step forward in its implementation,

*Recalling* the political declaration of the high-level meeting on universal health coverage, held in New York on 23 September 2019, entitled “Universal health coverage: moving together to build a healthier world”,<sup>24</sup> in which Member States recognized that universal health coverage implies that all people have access, without discrimination, to nationally determined sets of the needed promotive, preventive, curative, rehabilitative and palliative essential health services, and essential, safe, affordable, effective and quality medicines and vaccines, while ensuring that the use of these services does not expose the users to financial hardship, with a special emphasis on the poor, vulnerable and marginalized segments of the population,

*Commending* the collaboration between the United Nations Office on Drugs and Crime and the World Health Organization, leading, inter alia, to the publication of the *International Standards on Drug Use Prevention* and the *International Standards for the Treatment of Drug Use Disorders*, which compile scientific evidence-based recommendations that reflect best prevention and treatment practices for possible use by Member States, as well as the improvement of drug prevention, early intervention, treatment, care, sustained recovery and related support services, rehabilitation and social reintegration worldwide,

*Recalling* the operational recommendation contained in the outcome document of the thirtieth special session of the General Assembly to invite relevant national authorities to consider, in accordance with their national legislation and the three international drug control conventions, including in national prevention, treatment,

<sup>20</sup> General Assembly resolution S-30/1, annex.

<sup>21</sup> See *Official Records of the Economic and Social Council, 2014, Supplement No. 8 (E/2014/28)*, chap. I, sect. C.

<sup>22</sup> See *Official Records of the Economic and Social Council, 2009, Supplement No. 8 (E/2009/28)*, chap. I, sect. C.

<sup>23</sup> General Assembly resolution 70/1.

<sup>24</sup> General Assembly resolution 74/2.

care, recovery, rehabilitation and social reintegration measures and programmes, in the context of comprehensive and balanced drug demand reduction efforts, effective measures aimed at minimizing the adverse public health and social consequences of drug abuse, including appropriate medication-assisted therapy programmes, injecting equipment programmes, as well as antiretroviral therapy and other relevant interventions that prevent the transmission of HIV, viral hepatitis and other blood-borne diseases associated with drug use, and to consider ensuring access to such interventions, including in treatment and outreach services, prisons and other custodial settings, and promoting in that regard the use, as appropriate, of the technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users, issued by the World Health Organization, the United Nations Office on Drugs and Crime and the Joint United Nations Programme on HIV/AIDS,

*Recognizing* that drug dependence is a complex, multifactorial health disorder characterized by a chronic and relapsing nature with social causes and consequences that can be prevented and treated through, inter alia, scientific evidence-based, quality, effective and comprehensive drug prevention, treatment, sustained recovery and related support services and care and rehabilitation programmes, including community-based programmes, initiatives to address the adverse consequences of drug use and the social reintegration of individuals with substance use disorders and those in long-term recovery, including people experiencing homelessness who use drugs, through, inter alia, assistance for effective reintegration into the labour market and other support services, as appropriate,

*Welcoming* the revised edition of the *International Standards for the Treatment of Drug Use Disorders*, which underlines that, inter alia, scientific evidence-based treatment services should be affordable to people of different socioeconomic groups and levels of income, with minimized risk of financial hardship for those requiring the services,

*Acknowledging* that addressing and countering all aspects of the world drug problem remains a common and shared responsibility that should be addressed in a multilateral setting through effective and increased international cooperation and demands an integrated, multidisciplinary, mutually reinforcing, balanced, scientific evidence-based and comprehensive approach which takes into account the age- and gender-related and other needs of individuals,

*Underlining* the importance of increasing the availability, coverage, quality and affordability of scientific evidence-based prevention, treatment, including for comorbidities, sustained recovery and related support services that target relevant age, gender and risk groups, including women and vulnerable members of society, including children, adolescents, youth and elderly people, in multiple settings, such as schools, families, communities, workplaces, drug treatment and rehabilitation facilities, social services and criminal justice systems,

*Convinced* that prevention that is based on scientific evidence and on a rigorous process of adaptation to local, cultural and socioeconomic circumstances is a cost-effective approach that protects people, in particular children and youth, from drug use initiation and other risky behaviours and is therefore an investment in the health and well-being of individuals, in particular people experiencing homelessness and other vulnerable members of society, as well as families and communities and society as a whole,

*Mindful* of the importance of encouraging the voluntary engagement and participation of individuals with drug use disorders in treatment programmes, with informed consent, where consistent with national legislation, and developing and implementing scientific evidence-based outreach programmes and campaigns, involving affected populations, including those in long-term recovery, where appropriate, to prevent social marginalization and promote non-stigmatizing attitudes, as well as of implementing effective outreach to engage and maintain the engagement of people in treatment, care, sustained recovery and related support services and

taking measures to facilitate access to such services, including treatment for comorbidities, and to expand capacity,

*Reaffirming* the importance of promoting appropriate mechanisms for ensuring compliance, quality assurance or accreditation of drug treatment services, such as effective oversight of drug treatment and rehabilitation facilities by competent domestic authorities and the supervision by appropriately trained and qualified professionals, in order to ensure the adequate quality of drug treatment, sustained recovery and related support and rehabilitation services, promote continuous improvement and prevent any possible acts of cruel, inhuman or degrading treatment or punishment, in accordance with domestic legislation and applicable international law,

*Aware* of the need to adopt an integrated approach in designing, implementing, monitoring and evaluating drug prevention, treatment, sustained recovery and related support services, including by strengthening partnerships and cooperation among national authorities, in particular in the health, education, social, justice and law enforcement sectors, and between governmental agencies and other relevant stakeholders, as appropriate, including by involving academia, the scientific community, the private sector, civil society, affected populations and relevant regional, international and non-governmental organizations, taking into account country-specific conditions,

*Stressing* the importance of ensuring non-discriminatory access to health, care and social services on prevention, primary care, treatment, including for comorbidities, sustained recovery and related support services, including those offered to persons in prison or pretrial detention, which are to be on a level equal to those available in the community and give special attention to the specific needs of, inter alia, women, youth and vulnerable members of society in prison settings, while fully respecting all human rights and fundamental freedoms,

*Deeply concerned* about the negative impacts of the coronavirus disease (COVID-19) pandemic on traditional demand reduction infrastructure in terms of providing prevention, early intervention, treatment, care, recovery, rehabilitation and social reintegration measures, as well as measures aimed at minimizing the adverse public health and social consequences of drug abuse, at least at the same level as provided before the COVID-19 pandemic,

1. *Encourages* Member States to continue developing and implementing scientific evidence-based, quality, affordable and comprehensive drug prevention, treatment, including for comorbidities, care, sustained recovery and related support services, to consider measures aimed at minimizing the adverse public health and social consequences of drug abuse, in line with the revised editions of the *International Standards on Drug Use Prevention* and the *International Standards for the Treatment of Drug Use Disorders*, and to continue monitoring and evaluating these policies and services, in accordance with national legislation, in order, where appropriate, to protect the health, safety, welfare and well-being of individuals, families, vulnerable members of society, with the aim of preventing social marginalization, as well as communities and society as a whole, giving special attention to women, children and youth, and accounting for specific age and gender needs, with full respect for all human rights and fundamental freedoms and the inherent dignity of all individuals;

2. *Invites* Member States to establish and strengthen cooperation and the exchange of information among national authorities, particularly in the health, education, social, justice and law enforcement sectors, and to coordinate with and take into account, as appropriate, the inputs of academia, the scientific community, the private sector, civil society, affected populations and relevant international, regional and non-governmental organizations, with a view to developing and implementing scientific evidence-based, quality, affordable and comprehensive drug prevention, treatment, care, sustained recovery and related support services;

3. *Encourages* Member States to develop quality assurance mechanisms for drug prevention, treatment, including for comorbidities, sustained recovery and related support services with a view to ensuring continuous improvement, through, inter alia, effective supervision of drug treatment and rehabilitation facilities by competent domestic authorities, including to prevent any possible acts of cruel, inhuman or degrading treatment or punishment, in accordance with national legislation and applicable international law;

4. *Also encourages* Member States to promote and implement effective criminal justice responses to drug-related crimes to bring perpetrators to justice that ensure legal guarantees and due process safeguards pertaining to criminal justice proceedings, including practical measures to uphold the prohibition of arbitrary arrest and detention and of torture and other cruel, inhuman, degrading treatment or punishment and to eliminate impunity, in accordance with relevant and applicable international law and taking into account United Nations standards and norms on crime prevention and criminal justice, and to ensure timely access to legal aid and the right to a fair trial;

5. *Further encourages* Member States to promote, improve and facilitate, in accordance with domestic legislation and applicable international law, access to scientific evidence-based, quality, affordable and comprehensive drug prevention, treatment, including for comorbidities, care, sustained recovery and related support services, on a voluntary basis, and to promote non-stigmatizing attitudes, with a view to reducing any possible discrimination, exclusion or prejudice;

6. *Urges* Member States to ensure the availability of and access to controlled substances for medical and scientific purposes, while preventing their diversion;

7. *Encourages* Member States to provide adequate, comprehensive and continued evidence-based training, strengthen professional knowledge and skills and provide capacity-building to health professionals, social workers and other relevant specialists working in the areas of drug prevention, treatment, including for comorbidities, sustained recovery and related support services, at different levels of education, including through university curricula and in programmes of continuing education, in order to ensure the quality and effectiveness of drug prevention and treatment services and promote non-stigmatizing attitudes, to ensure the availability of, access to and delivery of health, care and social services to drug users and to ensure that those specialists continue to carry out their tasks in an ethical manner and with a respectful and non-judgmental approach;

8. *Notes* the role of law enforcement officials in supporting drug prevention services, in accordance with the *International Standards on Drug Use Prevention*, jointly developed by the United Nations Office on Drugs and Crime and the World Health Organization, and encourages Member States to provide those officials with appropriate evidence-based training, strengthen professional knowledge and skills, and provide capacity-building in that regard;

9. *Invites* Member States to consider, in accordance with national legislation, involving law enforcement officials in encouraging drug users to seek treatment, care, rehabilitation and sustained recovery and related support services on a voluntary basis, by providing them with the appropriate aid and assistance, and encourages Member States to provide those officials with appropriate evidence-based training, strengthen their professional knowledge and skills and provide capacity-building in that regard;

10. *Also invites* Member States to exchange, including through the Commission, information, good practices and experiences in designing, implementing, monitoring and evaluating drug prevention, treatment, sustained recovery and related support services, in order to promote international cooperation in this regard and to further advance the development of quality, affordable, scientific evidence-based and comprehensive drug prevention, treatment, sustained recovery and related support services, and calls upon the United Nations Office on Drugs and

Crime to facilitate such exchanges, and to continue and enhance, as appropriate, its collaboration with the World Health Organization, other relevant United Nations entities, international and regional organizations, within their respective mandates, including through joint programmes and partnerships;

11. *Encourages* Member States to mainstream an age and gender perspective into all stages of development, implementation, monitoring and evaluation of drug prevention, treatment, sustained recovery and related support services, in order to ensure their quality, inclusivity, safety and efficacy, and ensure that those services, as appropriate, are tailored to the different needs and circumstances of all people who could benefit from such services and measures, in particular women and girls;

12. *Also encourages* Member States to promote, improve and facilitate non-discriminatory access to health, care, and social services on prevention, primary care, treatment, including for comorbidities, sustained recovery and related support services, as part of their essential health-care systems, including those offered to persons in prison or pretrial detention, which are to be on a level equal to those available in the community, giving special attention to the specific needs of, inter alia, women, youth and vulnerable members of society, and to consider providing in appropriate cases of a minor nature, as alternatives or in addition to conviction or punishment, measures such as treatment, education, aftercare, rehabilitation or social reintegration of the offender, in accordance with the three international drug conventions and with due regard for national, constitutional, legal and administrative systems;

13. *Further encourages* Member States to promote, improve and facilitate the availability of and access to scientific evidence-based, quality, affordable and comprehensive drug prevention, treatment and sustained recovery and related support services and initiatives to address the adverse consequences of drug use, in accordance with national legislation, including during the coronavirus disease (COVID-19) pandemic, at least at the same level as provided before the COVID-19 pandemic, and to strengthen the capacity of their health, care and social services on prevention, primary care, treatment, including for comorbidities, sustained recovery and related support services, as part of their essential health-care systems, including by considering establishing and strengthening partnerships with civil society, the private sector and other relevant stakeholders;

14. *Welcomes* the efforts made by Member States to promote access to scientific evidence-based, quality, affordable and comprehensive prevention, treatment, sustained recovery and related support services during the COVID-19 pandemic through innovative approaches such as e-health platforms and procedures to prevent drug abuse and provide medications, counselling and consultations, including telemedicine, and encourages Member States to collect and share information on the effectiveness of and best practices for implementing such interventions;

15. *Requests* the United Nations Office on Drugs and Crime, in collaboration with Member States, relevant United Nations entities, international and regional organizations, within their respective mandates, civil society, affected populations and other relevant stakeholders, and subject to the availability of extrabudgetary resources, to prepare a comprehensive report on the quality of drug prevention, treatment, sustained recovery and related support services, as well as other health-related measures, in line with the *International Standards on Drug Use Prevention* and the *International Standards on the Treatment of Drug Use Disorders* developed by the United Nations Office on Drugs and Crime and the World Health Organization, in order to ensure the continuous improvement of such services and with the aim of understanding the possible linkages between drug use and crime, health and socioeconomic factors;

16. *Also requests* the United Nations Office on Drugs and Crime, subject to the availability of extrabudgetary resources and in collaboration with other relevant United Nations entities and relevant international and regional organizations, within

their respective mandates, and in cooperation with civil society and other relevant stakeholders, to assist Member States, upon request, in developing and implementing scientific evidence-based public information campaigns on evidence-based drug prevention, treatment, sustained recovery and related support services, in line with the *International Standards on Drug Use Prevention* and the *International Standards on the Treatment of Drug Use Disorders*, in order to ensure that such services are recognized and easily accessible to the population;

17. *Further requests* the United Nations Office on Drugs and Crime to continue providing, subject to the availability of extrabudgetary resources, technical assistance to Member States, in particular developing countries, upon request, for the development, implementation, monitoring and evaluation of scientific evidence-based, quality, affordable and comprehensive drug prevention, treatment, sustained recovery and related support services;

18. *Encourages* the United Nations Office on Drugs and Crime to continue and enhance its collaboration, as appropriate, with the World Health Organization, other relevant United Nations entities and relevant international and regional entities and organizations, including through joint programmes and partnerships, within their respective mandates;

19. *Encourages* Member States to consider providing technical assistance, upon request, for these purposes through bilateral and multilateral channels;

20. *Requests* the Executive Director of the United Nations Office on Drugs and Crime to report to the Commission at its sixty-sixth session on the implementation of the present resolution;

21. *Invites* Member States and other donors to provide extrabudgetary resources for these purposes, in accordance with the rules and procedures of the United Nations.

## **Resolution 64/4**

### **Improving data collection on, and responses to, the harmful effects of the non-medical use of pharmaceuticals containing narcotic drugs, psychotropic substances or new psychoactive substances**

*The Commission on Narcotic Drugs,*

*Reaffirming* its commitment to the goals and objectives of the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol,<sup>25</sup> the Convention on Psychotropic Substances of 1971<sup>26</sup> and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988,<sup>27</sup> in which States parties express concern for the health and welfare of humankind,

*Recalling* the Ministerial Declaration on Strengthening Our Actions at the National, Regional and International Levels to Accelerate the Implementation of Our Joint Commitments to Address and Counter the World Drug Problem<sup>28</sup> of 2019, in which Member States noted with concern persistent and emerging challenges related to the world drug problem, including that the adverse health consequences of and risks associated with new psychoactive substances have reached alarming levels, that synthetic opioids and the non-medical use of prescription drugs pose increasing risks to public health and safety, as well as scientific, legal and regulatory challenges, including with regard to the scheduling of substances, and that the geographical

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<sup>25</sup> United Nations, *Treaty Series*, vol. 976, No. 14152.

<sup>26</sup> *Ibid.*, vol. 1019, No. 14956.

<sup>27</sup> *Ibid.*, vol. 1582, No. 27627.

<sup>28</sup> See *Official Records of the Economic and Social Council, 2019, Supplement No. 8 (E/2019/28)*, chap. I, sect. B.

coverage and availability of reliable data on the various aspects of the world drug problem requires improvement,

*Recalling also* all commitments related to the availability of and access to controlled substances for medical and scientific purposes and to addressing the challenges posed by the non-medical use or misuse of pharmaceuticals containing narcotic drugs, psychotropic substances or new psychoactive substances, as contained in the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem<sup>29</sup> of 2009, the Joint Ministerial Statement of the 2014 high-level review by the Commission on Narcotic Drugs of the implementation by Member States of the Political Declaration and Plan of Action<sup>30</sup> and the outcome document of the thirtieth special session of the General Assembly, entitled “Our joint commitment to effectively addressing and countering the world drug problem”,<sup>31</sup>

*Recalling further* the commitment of Member States contained in the Ministerial Declaration on Strengthening Our Actions at the National, Regional and International Levels to Accelerate the Implementation of Our Joint Commitments of 2019 to promote and improve the collection, analysis and sharing of quality and comparable data, in particular through targeted, effective and sustainable capacity-building, in close cooperation with the International Narcotics Control Board and the World Health Organization, as well as with the United Nations Office on Drugs and Crime and other relevant partners, including through the cooperation between the Commission on Narcotic Drugs and the Statistical Commission, with a view to strengthening national data-collection capacity in order to improve the response rate and expand the geographical and thematic reporting of related data in accordance with all commitments,

*Taking note* of the United Nations Office on Drugs and Crime *World Drug Report 2020*,<sup>32</sup> in which it is noted that non-medical use of pharmaceuticals and other synthetic opioids are a major concern in some regions because of the severe health consequences associated with their use, while also noting that the increased burden on public health caused by the non-medical use of pharmaceuticals, which has emerged in some regions, calls for national policies that strike the right balance so as to provide access to medications, for instance, to manage pain or for palliative care, while avoiding the development of a market for the non-medical use of such medications,

*Noting that*, in the *Report of the International Narcotics Control Board for 2019*,<sup>33</sup> it is observed that while non-medical use of synthetic opioids has been reported on an unprecedented scale globally, this challenge manifests itself in different forms from region to region and involves both substances under international control such as fentanyl and fentanyl analogues and substances not under international control such as tramadol,

*Noting also that* in the *Report of the International Narcotics Control Board for 2020*,<sup>34</sup> it is indicated that the illicit manufacture and use of and trafficking in non-medical synthetic opioids and new psychoactive substances remain significant challenges for international drug control efforts,

*Noting further* the concern expressed by the International Narcotics Control Board in its annual report for 2020 about reported shortages of medicines containing controlled substances such as fentanyl and midazolam in some countries, largely driven by significant increases in the need to provide pain relief and sedation for

<sup>29</sup> See *Official Records of the Economic and Social Council, 2009, Supplement No. 8 (E/2009/28)*, chap. I, sect. C.

<sup>30</sup> See *Official Records of the Economic and Social Council, 2014, Supplement No. 8 (E/2014/28)*, chap. I, sect. C.

<sup>31</sup> General Assembly resolution [S-30/1](#), annex.

<sup>32</sup> United Nations publication, 2020.

<sup>33</sup> E/INCB/2019/1.

<sup>34</sup> E/INCB/2020/1.

patients with the coronavirus disease (COVID-19) admitted into intensive care units, and that the Board encouraged Governments to continue working closely with one another and with the Board to ensure the global availability of medicines containing controlled substances, especially for those who are most in need during emergency situations,

*Mindful* of the possible impact of the COVID-19 pandemic on undertaking and improving the collection of data on new drug-related challenges and trends, including on the harmful effects of the non-medical use of pharmaceuticals containing narcotic drugs, psychotropic substances or new psychoactive substances,

*Recalling* its resolution 62/4 of 22 March 2019, in which the Commission reaffirmed that the international drug control conventions seek to achieve a balance between ensuring access to and the availability of narcotic drugs and psychotropic substances under international control for medical and scientific purposes and preventing their diversion and misuse, and recognizing that the medical use of narcotic drugs is indispensable for the relief of pain and suffering,

*Determined* to strengthen national, regional and international action to address the challenges posed by the non-medical use of pharmaceuticals containing narcotic drugs, psychotropic substances or new psychoactive substances, and underlining the importance of data collection and scientific evidence-based analysis, enhancing information-sharing and early-warning networks and developing appropriate national legislative, regulatory, prevention and treatment models,

*Expressing its grave concern* about the international challenge, in particular to the health, safety and well-being of all humanity, posed by the non-medical use of pharmaceuticals containing narcotic drugs, psychotropic substances or new psychoactive substances, in particular synthetic opioids, and their illicit manufacture, diversion and trafficking, and reaffirming its determination to prevent and treat the non-medical use of such drugs, minimize the adverse health and social consequences associated with their use and prevent and counter their illicit production, manufacture, diversion and trafficking,

*Recalling* its resolution 61/8 of 16 March 2018, on enhancing and strengthening international and regional cooperation and domestic efforts to address the international threats posed by the non-medical use of synthetic opioids, in which it called upon Member States to explore innovative approaches to more effectively address any threat posed by the non-medical use of synthetic opioids by involving all relevant sectors, such as broadening domestic, regional and international control over synthetic opioids and their precursors, reinforcing health-care systems and building the capacity of law enforcement and health-care professionals to respond to that challenge,

*Recalling also* its resolution 58/9 of 17 March 2014 on promoting the role of drug analysis laboratories worldwide and reaffirming the importance of the quality of the analysis and results of such laboratories,

*Mindful* that improved data regarding drug dependence and the risk to public health associated with the non-medical use of pharmaceuticals containing narcotic drugs, psychotropic substances or new psychoactive substances would facilitate the formulation of scientific evidence-based policies at the national, regional and international levels to address those challenges, including through the application of national control measures on substances that may not be under international control, as appropriate,

*Emphasizing* the importance of presenting in the annual *World Drug Report* the persistent and emerging trends and challenges of the world drug problem and their possible policy implications,

*Recognizing* the important role played by the United Nations Office on Drugs and Crime, as well as the treaty-mandated roles of the International Narcotics Control Board and of the World Health Organization, in facilitating informed scheduling

decisions on the most persistent, prevalent and harmful substances, including synthetic drugs and new psychoactive substances, precursors, chemicals and solvents, while ensuring their availability for medical and scientific purposes,

*Welcoming* the focus of the thematic discussion of the sixty-third session of the Commission on Narcotic Drugs on the implementation of all international drug policy commitments, held from 19 to 21 October 2020, as follow-up to the implementation of the Ministerial Declaration on Strengthening Our Actions at the National, Regional and International Levels to Accelerate the Implementation of Our Joint Commitments to Address and Counter the World Drug Problem of 2019,

1. *Calls upon* Member States to intensify their efforts to collect data on the harmful effects of the non-medical use of pharmaceuticals containing narcotic drugs, psychotropic substances or new psychoactive substances;

2. *Recalls* the holding of the meeting of the intergovernmental expert group on the international challenge posed by the non-medical use of synthetic opioids, held in Vienna on 3 and 4 December 2018, convened by the United Nations Office on Drugs and Crime, together with the International Narcotics Control Board and the World Health Organization, pursuant to Commission resolution 61/8 of 16 March 2018, at which it was stressed that advancing national action that incorporates comprehensive, balanced and evidence-based demand reduction and supply reduction initiatives was a key component of addressing that challenge;

3. *Encourages* Member States, in accordance with national legislation, and the United Nations Office on Drugs and Crime, the International Narcotics Control Board and the World Health Organization, within their mandates, to collect national data, analyse evidence and share information with respect to trends in consumption for the non-medical use, illicit production and diversion of and trafficking in synthetic drugs, in particular synthetic opioids, including falsified pharmaceuticals containing narcotic drugs, psychotropic substances or new psychoactive substances;

4. *Requests* the United Nations Office on Drugs and Crime to continue assisting Member States, upon request, in strengthening and, where appropriate, developing their capacity to collect high-quality data on the harmful effects of the non-medical use of pharmaceuticals containing narcotic drugs, psychotropic substances or new psychoactive substances and to enhance their reporting capabilities for the analysis and dissemination of such data, including by providing, upon request, technical assistance in conducting national drug use population surveys and in improving data on drug-related deaths and the delivery of treatment services with regard to pharmaceuticals containing narcotic drugs, psychotropic substances or new psychoactive substances, as well as on the causes that drive people to the non-medical use of these pharmaceuticals, in order to improve responses in that regard;

5. *Invites* Member States to provide, on a voluntary basis, information on the non-medical use of pharmaceuticals containing narcotic drugs, psychotropic substances or new psychoactive substances, such as data on their non-medical use and health hazards, if known, as well as diversion channels and trafficking patterns, as appropriate, to the United Nations Office on Drugs and Crime so that it may provide assistance to Member States, upon request, in order to closely cooperate in tackling those issues;

6. *Encourages* the United Nations Office on Drugs and Crime, together with the International Narcotics Control Board and the World Health Organization, within existing resources and mandates, to organize further expert-level discussions on developing best practices for the collection of high-quality data on this international challenge, including the harmful effects of the non-medical use of pharmaceuticals containing narcotic drugs, psychotropic substances or new psychoactive substances, as well as responses to the problem of the non-medical use of these pharmaceuticals while ensuring their access and availability for medical and scientific purposes;

7. *Encourages* the United Nations Office on Drugs and Crime to continue to include in its annual *World Drug Report*, as appropriate, and within existing resources,

information on the extent of the non-medical use of pharmaceuticals containing narcotic drugs, psychotropic substances or new psychoactive substances, and invites Member States to provide relevant information for that purpose through the annual report questionnaire;

8. *Encourages* the International Narcotics Control Board to continue to develop, in close cooperation with the United Nations Office on Drugs and Crime and the World Health Organization, within existing mandates and resources, guidance to assist Member States in establishing effective, timely and consistent data collection practices that allow for the proper ability to estimate and assess needs for internationally controlled substances for medical and scientific purposes;

9. *Encourages* the United Nations Office on Drugs and Crime, together with the International Narcotics Control Board and the World Health Organization, within their existing mandates, to continue to develop the United Nations Toolkit on Synthetic Drugs in order to include information and resources on the collection of data on the harmful effects of the non-medical use of pharmaceuticals containing narcotic drugs, psychotropic substances or new psychoactive substances, and to operationalize and disseminate the information about the interventions included in the Toolkit by incorporating it, as appropriate, in the technical assistance and capacity-building programmes of the Office;

10. *Encourages* Member States to strengthen effective, comprehensive, scientific evidence-based demand reduction initiatives covering prevention, early intervention, treatment, care, recovery, rehabilitation and social reintegration measures on a non-discriminatory basis, as well as, in accordance with national legislation, initiatives and measures aimed at minimizing the adverse public health and social consequences of drug abuse, including non-medical use of pharmaceuticals containing narcotic drugs, psychotropic substances or new psychoactive substances, and pharmaceuticals containing tramadol;

11. *Also encourages* Member States to continue, as appropriate, to explore innovative approaches to more effectively address any challenges posed by the non-medical use of pharmaceuticals containing narcotic drugs, psychotropic substances or new psychoactive substances by involving all relevant sectors, such as broadening national and regional control over the regulation of pharmaceuticals, reinforcing health-care systems and building the capacity of law enforcement and health-care professionals to respond to this challenge while ensuring access to and the availability of these pharmaceuticals for medical and scientific purposes;

12. *Further encourages* Member States to promote the use of International Narcotics Control Board initiatives in order to assist in preventing the illicit manufacture, diversion and trafficking of non-scheduled substances and internationally controlled substances and precursors;

13. *Encourages* the United Nations Office on Drugs and Crime and the World Health Organization, within their mandates and in consultation with Member States, to develop and share best practices to prevent non-medical use of pharmaceuticals containing narcotic drugs, psychotropic substances and new psychoactive substances, in order to promote, inter alia, the rational use of these substances for medical and scientific purposes;

14. *Invites* the United Nations Office on Drugs and Crime, the International Narcotics Control Board, the World Health Organization and other relevant United Nations entities, as well as regional and intergovernmental organizations, within their respective mandates, to streamline the national, regional and international collection of data, and encourages the sharing of best practices in data collection among those organizations with a view to enhancing global data collection, analysis and reporting on trends and responses to the harmful effects of the non-medical use of pharmaceuticals containing narcotic drugs, psychotropic substances or new psychoactive substances, thereby strengthening inter-agency cooperation and avoiding duplication of work;

15. *Invites* Member States and other donors to provide extrabudgetary resources for these purposes, in accordance with the rules and procedures of the United Nations.

## **Resolution 64/5**

### **Facilitating access to comprehensive, scientific evidence-based drug demand reduction services and related measures, including for people impacted by social marginalization**

*The Commission on Narcotic Drugs,*

*Acknowledging* that drug demand reduction services, offered in accordance with national legislation, may include prevention, early intervention, treatment, care, recovery, rehabilitation and social reintegration measures, as well as measures aimed at minimizing the adverse public health and social consequences of drug abuse,

*Reaffirming* the goals, objectives and obligations of the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol, the Convention on Psychotropic Substances of 1971 and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988,

*Recalling* the outcome document of the thirtieth special session of the General Assembly, entitled “Our joint commitment to effectively addressing and countering the world drug problem”,<sup>35</sup> in which Member States reaffirmed their commitment to the goals and objectives of the three international drug control conventions, including concern about the health and welfare of humankind, as well as the individual and public health-related social and safety problems resulting from the abuse of narcotic drugs and psychotropic substances, and drug related-crime,

*Recalling also* that, in accordance with the 1961 Convention as amended and the 1971 Convention, States parties shall take all practicable measures for the prevention of abuse of drugs and psychotropic substances and for the early identification, treatment, education, aftercare, rehabilitation and social reintegration of the persons involved and shall coordinate their efforts to those ends,

*Recalling further* that, in accordance with the 1961 Convention as amended and the 1971 Convention, the parties shall take all practicable measures to assist persons whose work so requires to gain an understanding of the problems of abuse of drugs and psychotropic substances and of its prevention, and shall also promote such understanding among the general public if there is a risk that abuse of drugs and psychotropic substances will become widespread,

*Bearing in mind* the 2030 Agenda for Sustainable Development,<sup>36</sup> as well as the commitment to ensuring that no one affected by the world drug problem is left behind, while noting that efforts to achieve the Sustainable Development Goals and to effectively address the world drug problem are complementary and mutually reinforcing, and reaffirming the need to address the key causes and consequences of the world drug problem, including those in the health, social, human rights, economic, justice, public security and law enforcement fields,

*Acknowledging* that, owing to the nature of the coronavirus disease (COVID-19) pandemic, the traditional demand reduction infrastructure, which often requires in-person engagement, faces increasing challenges in providing prevention, early intervention, treatment, care, recovery, rehabilitation and social reintegration measures, as well as initiatives to address the adverse consequences of drug use, at least at the same level as provided before the COVID-19 pandemic, and noting that,

<sup>35</sup> General Assembly resolution S-30/1, annex.

<sup>36</sup> General Assembly resolution 70/1.

in these circumstances, people, including those impacted by social marginalization, may face obstacles when accessing those services,

*Reiterating* its commitment to respecting, protecting and promoting all human rights, fundamental freedoms and the inherent dignity of all individuals and the rule of law in the development and implementation of drug policies,

*Reaffirming* our determination to address and counter the world drug problem and to actively promote a society free of drug abuse in order to help ensure that all people can live in health, dignity and peace, with security and prosperity, and also reaffirming our determination to address public health, safety and social problems resulting from drug abuse,

*Recalling* its resolution 58/2 of 15 Mar 2015, in which it stressed the importance of taking into account human rights obligations in the implementation of substance use disorder treatment programmes and policies, particularly those focusing on young people, families and communities,

*Noting* that the *Report of the International Narcotics Control Board for 2017*<sup>37</sup> identifies treatment, rehabilitation and social reintegration as essential components of demand reduction, and that a significant proportion of people affected by drug use disorders do not have access to treatment services,

*Recalling* the Ministerial Declaration on Strengthening Our Actions at the National, Regional and International Levels to Accelerate the Implementation of Our Joint Commitments to Address and Counter the World Drug Problem<sup>38</sup> of 2019, in which Member States reiterated their resolve to strengthen effective, comprehensive, scientific evidence-based demand reduction initiatives covering prevention, early intervention, treatment, care, recovery, rehabilitation and social reintegration measures on a non-discriminatory basis, as well as, in accordance with national legislation, initiatives and measures aimed at minimizing the adverse public health and social consequences of drug abuse,

*Recalling also* the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem<sup>39</sup> of 2009, in which Member States reiterated their commitment to promote, develop, review or strengthen effective, comprehensive, integrated drug demand reduction programmes, based on scientific evidence and covering a range of measures,

*Recalling further* the Joint Ministerial Statement of the 2014 high-level review by the Commission on Narcotic Drugs of the implementation by Member States of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, in which Member States reaffirmed the need to further strengthen public health systems, particularly in the areas of prevention, treatment and rehabilitation, as part of a comprehensive and balanced approach to demand reduction based on scientific evidence,

*Recalling* the outcome document of the thirtieth special session of the General Assembly, in particular its operational recommendation to encourage the voluntary participation of individuals with drug use disorders in treatment programmes, with informed consent, where consistent with national legislation, and develop and implement outreach programmes and campaigns, involving drug users in long-term recovery, where appropriate, to prevent social marginalization and promote non-stigmatizing attitudes, as well as to encourage drug users to seek treatment and care, and take measures to facilitate access to treatment and expand capacity,

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<sup>37</sup> E/INCB/2017/1.

<sup>38</sup> See *Official Records of the Economic and Social Council, 2019, Supplement No. 8 (E/2019/28)*, chap. I, sect. B.

<sup>39</sup> See *Official Records of the Economic and Social Council, 2009, Supplement No. 8 (E/2009/28)*, chap. I, sect. C

*Recalling also* its resolution 61/11 of 16 March 2018, entitled “Promoting non-stigmatizing attitudes to ensure the availability of, access to and delivery of health, care and social services for drug users”, in which it recognized that marginalization, stigmatizing attitudes, discrimination and fear of social, employment-related or legal repercussions may dissuade many who need help from accessing it and lead those who are in stable long-term recovery from a substance use disorder to avoid disclosure of their status as a person in recovery from addiction,

*Recalling further* its resolution 53/9 of 12 March 2010, entitled “Achieving universal access to prevention, treatment, care and support for drug users and people living with or affected by HIV”, in which Member States were called upon to intensify efforts to ensure that a wide range of evidence-based HIV prevention programmes, taking account of concentrated epidemics and local circumstances, are available in all countries, providing access to correct information and adequate health-care and social services and targeting vulnerable population groups,

*Recalling* its resolution 57/4 of 21 March 2014, in which it acknowledged that supporting sustained recovery helps prevent relapse, facilitates early re-entry into treatment when needed and promotes long-term recovery outcomes and the health, well-being and safety of individual, families, communities and States,

*Recalling also* its resolution 61/7 of 16 March 2018, entitled “Addressing the specific needs of vulnerable members of society in response to the world drug problem”, in which it called upon Member States to strengthen efforts to ensure non-discriminatory access to health care and social services for vulnerable members of society in the framework of comprehensive demand reduction strategies,

*Recalling further* its resolution 59/5 of 22 March 2016, entitled “Mainstreaming a gender perspective in drug-related policies and programmes”, in which it encouraged Member States to provide scientific evidence-based substance use disorder treatment and care services that take into account a public health and safety perspective and that are sensitive to the needs of women and girls, and also encouraged Member States to increase the coverage of existing programmes and to ensure access to those programmes while providing training and supervision for all relevant health and social care professionals working with women, including in prison settings, in accordance with national legislation,

*Noting* the efforts of the United Nations Office on Drugs and Crime to coordinate and ensure effective United Nations inter-agency collaboration to support the implementation of international drug control policies and to promote the scientific evidence-based implementation of international commitments, particularly with regard to facilitating access to comprehensive, scientific evidence-based demand reduction and related initiatives, including for people impacted by social marginalization,

*Recalling* the recommendation of the outcome document of the thirtieth special session of the General Assembly to intensify, as appropriate, the meaningful participation of and support and training for civil society organizations and entities involved in drug-related health and social treatment services, in accordance with national legislation and in the framework of integrated and coordinated national drug policies, and encourage efforts by civil society and the private sector to develop support networks for prevention and treatment, care, recovery, rehabilitation and social reintegration in a balanced and inclusive manner,

*Welcoming* the revised edition of the United Nations Office on Drugs and Crime and World Health Organization *International Standards for the Treatment of Drug Use Disorders*,

*Taking note* of the second updated edition of the *International Standards on Drug Use Prevention* of the United Nations Office on Drugs and Crime and the World Health Organization,

*Gravely concerned* about the social barriers, including poverty, that continue to hinder access to comprehensive, scientific evidence-based drug demand reduction services and related measures and the challenges that some Member States face in mobilizing sufficient resources for removing those barriers, while recognizing also the different levels of national development and capacities and being fully aware that people, including those impacted by social marginalization, may be affected by the consequences of drug use disorders,

*Emphasizing* that the people impacted by social marginalization differ according to national context,

1. *Calls upon* Member States, consistent with their national legislation and contexts, to facilitate non-discriminatory and voluntary access to drug-related prevention, treatment, education, care, sustained recovery, rehabilitation, social reintegration and related support services for people who may face obstacles when accessing those services, including those impacted by social marginalization, while mainstreaming a gender perspective in the development and implementation of those services;

2. *Encourages* Member States, within their national legislation, to consider the impact of social marginalization on access to comprehensive, scientific evidence-based drug demand reduction and related measures;

3. *Calls upon* Member States to facilitate access to comprehensive, scientific evidence-based demand reduction services and related measures, and to expand capacity, while promoting, as appropriate, healthy lifestyles, including for people impacted by social marginalization;

4. *Also calls upon* Member States to share, through the Commission on Narcotic Drugs and the United Nations Office on Drugs and Crime, successful approaches to facilitating access to prevention, early intervention, treatment, care, recovery and related support services, and rehabilitation and social reintegration measures, as well as initiatives that address the adverse consequences of drug use, including for people impacted by social marginalization, including in the context of the coronavirus disease (COVID-19) pandemic, so that lessons learned can be applied in the event of future public health emergencies where access to those services may be affected;

5. *Further calls upon* Member States to consider the key principles and standards, including consideration of polysubstance use disorders, as recommended in the revised edition of the *International Standards for the Treatment of Drug Use Disorders*, prepared by the United Nations Office on Drugs and Crime and the World Health Organization, when developing approaches to facilitating access to prevention, early intervention, treatment, care, recovery, rehabilitation and social reintegration measures, as well as related health and social services, including for people impacted by social marginalization;

6. *Encourages* Member States, when establishing, strengthening or revising scientific evidence-based prevention, early intervention, treatment, care, recovery, rehabilitation and social reintegration measures, as well as initiatives to address the adverse consequences of drug use, including for people impacted by social marginalization, to strengthen partnerships and cooperation among national authorities, particularly in the health, education, social, justice and law enforcement sectors, and to consult all other relevant stakeholders, including those from academia, the scientific community, the private sector and civil society;

7. *Invites* Member States to provide technical assistance and capacity-building, upon request, on facilitating access to comprehensive, scientific evidence-based drug demand reduction services and related measures, including for people impacted by social marginalization, and to provide adequate, comprehensive and continued scientific evidence-based training to, and strengthen the professional knowledge and skills of, health professionals, social workers and other relevant specialists;

8. *Encourages* Member States, in accordance with their national legislation, to include in their capacity-building and training programmes information on the impact of stigmatizing attitudes on the availability of, access to and delivery of comprehensive, scientific evidence-based drug demand reduction services and related measures, including for people impacted by social marginalization;

9. *Also encourages* Member States, in developing comprehensive, scientific evidence-based drug demand reduction services and related measures, and in facilitating access to such measures, including for people impacted by social marginalization, to take an integrated and balanced approach, and to protect and promote all human rights, and notes that such efforts constitute a step forward in achieving all relevant Sustainable Development Goals;

10. *Requests* the United Nations Office on Drugs and Crime, as the leading entity in the United Nations system for addressing and countering the world drug problem, to assist Member States, upon request, in facilitating access to comprehensive, scientific evidence-based drug demand reduction services and related measures, including for people impacted by social marginalization, and to pursue and coordinate efforts relating to joint initiatives at the policy and programmatic levels with other relevant United Nations entities, within their existing mandates, as well as with relevant international and regional organizations, and to provide updates to the Commission on Narcotic Drugs in this regard;

11. *Also requests* the United Nations Office on Drugs and Crime to report to the Commission on Narcotic Drugs at its sixty-sixth session on how the Office has implemented the aspects of the present resolution that are relevant to its work;

12. *Invites* Member States and other donors to provide extrabudgetary resources for these purposes, in accordance with the rules and procedures of the United Nations.

### **Decision 64/1**

#### **Inclusion of isotonitazene in Schedule I of the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol**

At its 6th meeting, on 14 April 2021, the Commission decided by 44 votes to none, with one abstention, to include isotonitazene in Schedule I of the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol.

### **Decision 64/2**

#### **Inclusion of CUMYL-PEGACLONE in Schedule II of the Convention on Psychotropic Substances of 1971**

At its 6th meeting, on 14 April 2021, the Commission decided by 47 votes to none, with no abstentions, to include CUMYL-PEGACLONE in Schedule II of the Convention on Psychotropic Substances of 1971.

### **Decision 64/3**

#### **Inclusion of MDMB-4en-PINACA in Schedule II of the Convention on Psychotropic Substances of 1971**

At its 6th meeting, on 14 April 2021, the Commission on Narcotic Drugs decided by 47 votes to none, with no abstentions, to include MDMB-4en-PINACA in Schedule II of the Convention on Psychotropic Substances of 1971.

#### **Decision 64/4**

##### **Inclusion of 3-methoxyphencyclidine in Schedule II of the Convention on Psychotropic Substances of 1971**

At its 6th meeting, on 14 April 2021, the Commission on Narcotic Drugs decided by 46 votes to none, with one abstention, to include 3-methoxyphencyclidine in Schedule II of the Convention on Psychotropic Substances of 1971.

#### **Decision 64/5**

##### **Inclusion of diphenidine in Schedule II of the Convention on Psychotropic Substances of 1971**

At its 6th meeting, on 14 April 2021, the Commission on Narcotic Drugs decided by 46 votes to none, with one abstention, to include diphenidine in Schedule II of the Convention on Psychotropic Substances of 1971.

#### **Decision 64/6**

##### **Inclusion of clonazepam in Schedule IV of the Convention on Psychotropic Substances of 1971**

At its 6th meeting, on 14 April 2021, the Commission on Narcotic Drugs decided by 46 votes to none, with one abstention, to include clonazepam in Schedule IV of the Convention on Psychotropic Substances of 1971.

#### **Decision 64/7**

##### **Inclusion of diclazepam in Schedule IV of the Convention on Psychotropic Substances of 1971**

At its 6th meeting, on 14 April 2021, the Commission on Narcotic Drugs decided by 46 votes to none, with one abstention, to include diclazepam in Schedule IV of the Convention on Psychotropic Substances of 1971.

#### **Decision 64/8**

##### **Inclusion of flubromazolam in Schedule IV of the Convention on Psychotropic Substances of 1971**

At its 6th meeting, on 14 April 2021, the Commission on Narcotic Drugs decided by 46 votes to none, with one abstention, to include flubromazolam in Schedule IV of the Convention on Psychotropic Substances of 1971.