

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”,³⁵ 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,³⁶ 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,

³⁵ General Assembly resolution [S-30/1](#), annex.

³⁶ 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*³⁷ 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 Problem³⁸ 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 Problem³⁹ 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,

³⁷ E/INCB/2017/1.

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

³⁹ 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.