

October 19 National Statement of United States of America

Challenge 1 and 2: Drug treatment and health services continue to fall short of meeting needs and deaths related to drug use have increased and the rate of transmission of HIV, the hepatitis C virus and other blood-borne diseases associated with drug use, including injecting drug use in some countries, remains high

U.S. National Statement

- The United States is committed to ensuring drug treatment and health services remain an integral part of addressing and countering the world drug problem.
- We recognize that such an effort requires international cooperation between all Member States. We must ensure our approach to treatment and health services prioritizes recovery and reaffirms and builds on the 2019 Ministerial Declaration to promote a balanced and comprehensive approach to drug control.
- To promote long-term recovery, the United States encourages a three-pronged strategy to treatment and health services.
- The first prong encourages Member States to implement prevention and treatment initiatives in line with the international standards jointly developed by UNODC and the WHO in order to achieve recovery for person with substance use disorders. Evidence-based interventions are critical to ensuring positive outcomes. Further, we encourage Member States to adopt robust quality assurance mechanisms to ensure treatment systems and services achieve the standards and to establish a routine practice of quality review and improvement.
- The second emphasizes training and continuing education for practitioners. By building a treatment workforce equipped with evidence-based and effective clinical skills, we ensure that people with substance use disorders have access to the high quality and effective evidence-based treatment services they need to achieve recovery and return to a healthy life.
- Lastly, it is critical that drug treatment services are robustly integrated with health and criminal justice sectors to provide multiple pathways into treatment services and sustain recovery.
- For criminal justice systems, developing alternatives to incarceration helps to provide nonviolent persons with substance use disorders access to treatment, while also ensuring that the criminal justice system is not overtaxed in cases where the health

sector is best placed to respond.

- We are proud to support several international organizations, such as UNODC's Prevention, Treatment and Rehabilitation Section, the African Union, the Colombo Plan, and the Organization of American States, on a range of drug prevention, treatment, and recovery programming. Programming we support includes training for practitioners and policymakers on best practices; support to develop and enhance national-level quality assurance systems; credentialing of treatment providers to ensure quality outcomes; and continued evaluation to ensure interventions are as effective as possible. We urge other donors to consider supporting these efforts.
- Further, health services focusing on HIV and hepatitis C prevention should ensure they also contribute to meeting the treatment needs of people who use drugs, by integrating screening, brief interventions, and referral to treatment for people engaging with infectious disease services who may have substance use disorders. This ensures a holistic approach to health, aimed at long-term recovery, rather than one limited to meeting a short-term need.
- Health systems and communities can balance low threshold outreach services such as syringe services programs to reduce risk for transmission of HIV and viral hepatitis, with other efforts that connect individuals to needed longer-term services, including substance use disorder treatment and recovery support services. It is important that all such services strive for treatment and long-term recovery.
- We cannot forget that we are battling epidemics on two fronts. As our national expert noted, the opioid crisis and the COVID-19 pandemic continue. As health systems adapted to COVID-19, the United States ensured that we did not lose sight of our commitment to deliver critical health services to persons with substance use disorders, particularly with the opioid crisis and emerging methamphetamine crisis.
- Despite lockdowns and stay-at-home orders, access to health resources, including treatment, remain paramount and we took full advantage of the tools available to us, including invoking emergency authorities, to mitigate disruptions in access to care.
- Specifically, the U.S. Department of Health and Human Services' Centers for Medicare and Medicaid Services increased public payments for telehealth services and provided flexibility on accepted communication technologies for clinical care, including a waiver to allow use of audio-only communications; the Substance Abuse and Mental Health Services Administration relaxed policies so that supplies of take-home methadone and buprenorphine for opioid use disorder treatment could be provided for a longer number of days by opioid treatment programs; and the Drug Enforcement Administration provided an exemption to federal regulations to enable the remote initiation of buprenorphine for opioid use disorder treatment via telehealth without an in-person examination. We hope these efforts we have made in the United States may be useful

examples for consideration by other Member States, in accord with their own national circumstances.

- Lastly, as the international community works to prevent and treat substance use and addiction, we must remain committed to reducing stigma associated with it. Stigma creates barriers to those seeking and accessing treatment, recovery, and health services. By working to reduce stigma, we reduce those barriers, and we make certain that all can access the help they need.