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Report

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نظام المراقبة الدولية للمخدرات والدورة الاستثنائية للجمعية العامة بشأن مشكلة المخدرات العالمية - لمحة عامة

كامران نياز

: يُعدّ نظام المراقبة الدولية للمخدرات أحد أقدم النظم المتعددة الأطرافالخلاصة
القائمة على أساس توافق الآراء . ويوفّر هذا النظام الأساس للمجتمع الدولي والدول
الأعضاء لتطبيق آليات فعّالة من أجل التصدي لمشكلة إنتاج المخدرات والإتجار بها
وتعاطي مواد الإدمان غير المشروعة على مختلف المستويات . وفي الوقت الحالي، أوشكت كل
دول العالم تقريباً على الانضمام إلى اتفاقيات مكافحة المخدرات الدولية، حيث بلغ عدد
الدول الأطراف في اتفاقيات مكافحة المخدرات الدولية الثلاثة ما يزيد على 180 دولة .
ويعدّ هذا المستوى من توافق الآراء مثيراً للإعجاب نظراً لما يتسم به الموضوع من طابع
خلافي للغاية . ونظراً لأن حالة المخدرات العالمية لا تزال ديناميكية للغاية، فإن
النظام المتعدد الأطراف بإمكانه التكيف والتجاوب مع تغير الحال بمرور السنين . ويلخص
هذا التقرير لمديري الرعاية الصحية بعضاً من تلك التطورات وآثارها عقب الدورة
الاستثنائية للجمعية العامة فيما يتعلق بوضع السياسات وتحديد التحديات والأولويات
التي تسترشد بها عمليات الاستجابة الرامية إلى التصدي لحالة المخدرات وتحقيق الغايات
المحددة لعام 2019 وبلوغ خطة التنمية المستدامة لعام 2030.

ABSTRACT The international drug control system is one of the oldest consensus-based multilateral systems in existence. It provides the basis for the international community and the individual Member States to effectively put in place the mechanisms to address the problem of drug production trafficking and use of illicit substances at different levels. Currently, the international drug control conventions enjoy near universal adherence, with over 180 states party to the three international drug control conventions. This level of consensus is impressive given the highly contentious nature of the subject matter. Since the global drug situation remains very dynamic, the multilateral system has the ability to adjust and respond to the changing situation over the years. This report summarizes for healthcare managers those

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developments and their implications post UNGASS for the development of policies and in identifying the challenges and priorities for their responses to address the drug situation in order to achieve the targets set for 2019 and the 2030 agenda for sustainable development.

Système international de contrôle des drogues et session extraordinaire de l'Assemblée générale des Nations Unies sur le problème mondial de la drogue : présentation générale

RÉSUMÉ Le système international de contrôle des drogues est l'un des plus anciens systèmes reposant sur un consensus multilatéral. Il constitue la base qui permet à la communauté internationale et aux États Membres à titre individuel d'établir des mécanismes efficaces pour s'attaquer au problème de la production et du trafic de drogue, ainsi que de la consommation de substances illicites à différents niveaux. Actuellement, les conventions internationales sur le contrôle des drogues jouissent d'une adhésion quasi universelle, avec plus de 180 états

parties aux trois conventions internationales sur le contrôle des drogues. Le degré de consensus est considérable eu égard au caractère grandement controversé de la question. La situation mondiale de la question de la drogue subissant des changements perpétuels, le système multilatéral permet d'opérer des ajustements et de s'adapter à cette situation en rapide évolution au fil des années. Le présent article synthéthise, à l'intention des gestionnaires des soins de santé, ces évolutions et les implications qu'elles auront pour la période succédant la session extraordinaire de l'Assemblée générale des Nations Unies en termes d'élaboration de politiques futures ainsi

que pour identifier les défis et les priorités dans leurs interventions pour faire face à la situation de la drogue sur la voie de la réalisation des cibles établies pour 2019 et du programme des objectifs de développement durable pour 2030.

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Introduction

It has been over a century since the first international gathering to take stock of the global drug situation, emanating at that time from misuse of opium in China and its implications on other countries. Since then the world community have adopted different conventions that provide the legislative and normative framework for the control of the production, trafficking and misuse of the substances of concern while ensuring that these are available for medical and scientific purposes. Through intergovernmental processes under the aegis of the United Nations the international community has also developed consensus-based measures that are based on the principles of shared responsibility, in developing policies and responses to address the global drug problem, and in protecting the health of people. This report aims to provide for healthcare managers an objective overview of international developments in order to enable them to reflect and objectively review their own national policies and programmes in light of these international measures.

Historical Development

The Shanghai Opium Commission, 1909

The first international conference to discuss the world's narcotics problem was convened in February 1909 in Shanghai, China. The Shanghai conference was convened as a result of the concerns shown by the opium epidemic in China and the import of opium from British India. The conference was attended by 13 states which for the first time discussed international drug control measures. This forum became known as the Opium Commission and it laid down the ground work for the elaboration of the first international drug treaty, the International Opium Convention of The Hague, which was held in 1912 (1).

The Hague Convention

The recommendations that were made in Shanghai were enshrined in the first legally binding, multilateral treaty in January 1912 – the International Opium Convention that was signed in The Hague. Parties to the Hague Convention agreed to control the production and distribution of opium and to impose limits on the manufacture and distribution of morphine, heroin, cocaine and the derivatives of these substances. The Convention also imposed a mandatory system of record keeping of the production and distribution of controlled substances on the Parties that had signed the Convention. The principle of allowing the use of drugs for medical and scientific purposes was enshrined in the international law for the first time. Since it required that all signatory states should ratify the convention, it eventually came into force after seven years as "the 1919 Treaty of Versailles" (1).

Conventions between 1920–1960

In 1920 the international drug control came under the auspices of the League of Nations, and in the pursuing years further international drug control treaties were enacted under its auspices.

These include:

The International Opium Convention that was signed in Geneva in 1925 and included measures such as the furnishing of statistics on the production and stocks of opium and coca leaf; and the system of import certificates and export authorizations for licit international trade in controlled drugs and controls over “Indian hemp”; as cannabis was referred to at that time (1).

The Convention for Limiting the Manufacture and Regulating the Distribution of Narcotic Drugs was signed in Geneva in 1931. This convention limited the world manufacture of narcotics drugs to the amounts needed for medical and scientific purposes by introducing a mandatory system of estimates.

The Convention of 1936 for the Suppression of the Illicit Traffic in Dangerous Drugs signed in Geneva became the first international instrument to make certain drug offences international crimes.

The Protocol for “Limiting and Regulating the Cultivation of the Poppy Plant, the Production of, International and Wholesale Trade in, and Use of Opium” was signed in New York in 1953 under the auspices of the United Nations and introduced strict provisions on the consumption of opium for non-medical purposes, the production, export and stockpiling of raw opium.

Single Convention on Narcotic Drugs, 1961, as amended by the 1972 Protocol

The 1961 Convention merged all existing multilateral treaties in the drugs field, in order to streamline the mechanisms of drug control and to extend the existing control system to the cultivation of plants grown as the raw material for narcotic drugs. Under the Single Convention control was exercised over 119 narcotic drugs, mainly natural products, such as opium and its derivatives, morphine, codeine and heroin, but also synthetic drugs such as methadone and pethidine, as well as cannabis and coca leaf. Its aim, as with the previous treaties, was to ensure the provision of adequate supplies of narcotic drugs for medical and scientific purposes, to prohibit all non-medical consumption of such drugs, and to prevent the diversion of such drugs into the illicit market. The 1972 Protocol that amended the Single Convention on Narcotic Drugs of 1961 included provisions for increased efforts to prevent the illicit production of, traffic in and use of narcotic drugs and to provide treatment and rehabilitation services for drug users. In accordance with the provisions of the Convention, the production and distribution of controlled substances had to be licensed and supervised, and governments are required to provide estimates and statistical returns to the International Narcotics Control Board (INCB) on

the quantities of drugs required, manufactured and utilized and the quantities seized by police and customs officers (1,2).

Convention on Psychotropic Substances, 1971

The 1971 Convention established an international control system for psychotropic substances such as central nervous stimulants, sedative-hypnotics and hallucinogens, the misuse of which had resulted in public health and social problems in countries. The 1971 convention came into effect in response to the diversification and expansion in the spectrum of drugs used for abuse due to the number of synthetic substances.

By implementing the provisions of the Convention, parties to the 1971 Convention comply with the dual aim of 1) limiting the use of psychotropic substances to medical and scientific purposes, and 2) ensuring their availability for those purposes. The number of substances placed under control continues to increase; as of January 2017, 130 psychotropic substances are controlled under the 1971 Convention (3). Substances included in the Schedule I of the convention are to be made available only for scientific and limited medical purposes by duly authorized persons, while schedule 2 substances have little to moderate therapeutic usefulness and whose liability to abuse constitutes a substantial risk to public health. Substances placed in Schedule III are those whose liability to abuse constitute a substantial risk to public health and have moderate to great therapeutic usefulness. Finally, substances under Schedule IV are those whose liability to abuse constitutes a smaller but still significant risk to public health and which have a therapeutic usefulness from little to great (4). Under the 1971 conventions governments must provide statistical returns on manufacture, imports and exports of these psychotropic substances within the four schedules to INCB. Essentially, under the 1961 Convention narcotic drugs were considered hazardous until it was proved otherwise; psychotropic drugs remained uncontrolled unless WHO through the work of its Expert Committee on Drug Dependence (ECDD) advised there was “substantial evidence” that they were liable to abuse or constituted a public health and social problem that would warrant their placement under international control. However, under article 2 of the 1971 Convention, the final decision to place them under international control is taken within the Commission on Narcotics Drugs (CND) (4).

United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988

The 1961 and the 1971 Conventions had not addressed the issues of the growing threat and involvement of transnational organized crime, drug trafficking and money laundering. The aims of the 1988 Convention therefore were to harmonize the definition and scope of drug offences at the global level; to improve and strengthen international cooperation and coordination among the relevant authorities; and to provide them with the legal means to interdict international drug trafficking more effectively. Compared with the other two conventions, the 1988 Convention is a

more practical, “hands-on” legal instrument, with specific recommendations on the use of law enforcement techniques (5).

Key provisions of the current international drug control conventions and implications for national policies and laws

This section addresses some of the key provisions of the three international drug conventions. In particular, it indicates how these provisions need to be reflected in the national policy and responses in ensuring the availability of narcotic drugs and psychotropic substances for scientific and medical purposes, while ensuring their misuse and diversion (6).

Drug control system protecting the health of people

To reiterate, the Conventions had envisioned protecting public health by providing a legislative and normative framework that addresses the use of controlled narcotics drugs and psychotropic substances within qualified clinical interventions; i.e., the controlled substances should be used under the responsibility of medical doctors or licensed health professionals to avoid substantial health and security challenges to individuals and communities.

Ensure availability of controlled drugs for medical purposes

The preamble to the Conventions stipulates the availability of and access to essential drugs for the people in need as the primary aim of the international drug control system (5). Thus the Conventions call for and guarantee the availability of essential drugs for medical interventions as “indispensable” tools for the treatment of a variety of medical conditions, particularly pain management and many psychiatric and neurological conditions. While the countries aiming at protecting the health and welfare of the people, prevent the misuse of substances that is not for medical or scientific purposes, they should not create barriers to their appropriate clinical utilization (7).

As also stated by WHO, the rational use of controlled medicines – i.e. medicines controlled under the international drug treaties – is crucial to health. Their appropriate medical prescription and administration are essential aspects of good medical practice for pain treatment and other clinical interventions (6,8).

Drug users are not criminals who require punishment

Drug use disorder is considered by science to be a multi-factorial chronic disease affecting the brain. The repeated exposure to drugs, genetic predispositions and adverse live experiences

contribute to the changes in brain function and constitute the neurobiological basis for the development of addictive behaviours (9).

The Conventions aim to protect the human rights of people including that of children and adolescents and other vulnerable populations from the dangerous effects of controlled substances, and from the health and social consequences of drug use disorders. The Conventions therefore repeatedly call for social cohesion and the reintegration of drug users, and do not treat people who use drugs and those suffering from drug use disorders as criminals to be marginalized. The treaties recognize the right to health as essential and that those affected by use of drugs, in particular people with drug use disorders, do not need punishment but social protection, health care and social reintegration.

The 1961 Convention (Article 36 para. 1.b) clearly states that, "…when abusers of drugs have committed such offences, the Parties may provide, either as an alternative to conviction or punishment or in addition to conviction or punishment, that such abusers shall undergo measures of treatment, education, aftercare, rehabilitation and social reintegration." A similar provision is included in the 1971 Convention (Article 22 para. 1b). Therefore, the Conventions do not absolutely require the punishment of possession, purchase or cultivation for personal use. Similarly, treatment as an alternative to prison and punishment is mentioned in many provisions of the Conventions, clearly indicating that such people suffering from drug use disorders need not be punished criminally and be provided science-based interventions.

Requires implementation of qualified interventions for prevention of drug use and treatment of drug dependence

The Conventions emphasize that prevention of illicit drug use and treatment of drug use disorders cannot rely on spontaneous and unqualified initiatives and recognize the necessity to train qualified professionals in these fields. The interventions must be based upon appropriate scientific methods, evidence-based, cost-effective, and to be delivered by well-trained health and social professionals (10).

The lack of measurable results or the impossibility to compare results because of unqualified and spontaneous initiatives have reduced the confidence of politicians and policy-makers in drug demand reduction activities, in turn negatively affecting the resources made available by and for the countries in this area.

Declaration on the Guiding Principles of Drug Demand Reduction

Having adopted the legislative and normative framework of the drug control systems, the need was felt to adopt some principles that would guide the development of national strategies with regard to drug demand reduction and other measures to address the global drug problem. At the 20th special session of the UN General Assembly in June 1988 the Member States for the first time discussed the issue and as a result adopted the Political Declaration on countering the world drug problem.

In contrast to the Conventions, the Declaration provided States with the principles on which to design their national strategies with regard to demand reduction (11). Most importantly the declaration stipulated that while observing cultural and gender sensitivities a balanced approach between demand reduction and supply reduction strategies was needed.

Paragraph 5 of the Declaration stipulated that “drug demand reduction” programmes should be part of a comprehensive strategy and integrated to promote cooperation among all concerned (stakeholders), should include a wide variety of appropriate interventions, promote health and social well-being among individuals, families and communities and reduce the adverse consequences of drug abuse of the individual and for the society as a whole.”

In Paragraph 7 of the Declaration, the Member States “Pledge a sustained political, social health and educational commitment to investing in demand reduction programmes that will contribute towards reducing public health problems, improving individual health and well-being, promoting social and economic integration, reinforcing family systems and making communities safer.”

Political declaration and plan of action 2009

At the high-level segment of the 52nd session of the CND, held in March 2009, Member States evaluated the progress made since 1998 towards meeting the goals and targets established at the 20th special session of the General Assembly. They also identified future priorities and areas requiring further action and established goals and targets for drug control beyond 2009. This was expressed in the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem (12).

In the 2009 Political Declaration the Member States reaffirmed “the Political Declaration adopted by the General Assembly at its twentieth special session” and further reiterated the commitment of Member States, in full conformity with the purposes and principles of the United Nations Charter “to promote, develop, review or strengthen effective, comprehensive, integrated drug

demand reduction programmes, based on scientific evidence and covering a range of measures, including primary prevention, early intervention, treatment, care, rehabilitation, social reintegration and related support services, aimed at promoting health and social well-being among individuals, families and communities and reducing the adverse consequences of drug abuse for individuals and society as a whole."

The Plan of Action identified the following 8 areas for the Member States to focus their attention while planning for drug demand reduction policy and programmes:

1. Address human rights, dignity and fundamental freedoms in the context of drug demand reduction
2. Develop demand reduction measures based on scientific evidence and a multidisciplinary approach
3. Ensure availability and accessibility of demand reduction services
4. Mainstream community involvement and participation in demand reduction programmes
5. Target vulnerable groups and conditions (e.g. children, adolescents, vulnerable youth, women including pregnant women, people with medical and psychiatric comorbidities, ethnic minorities, and socially marginalised individuals)
6. Address issues of drug use disorders in the criminal justice system through either alternatives to prosecution or imprisonment and provision of drug dependence treatment and care services within the criminal justice systems.
7. Address issues of quality standards and adequate training of staff for delivery of services.
8. Ensure data collection to understand the changing nature and the extent of drug use and monitoring and evaluation of the implemented programmes.

Furthermore the Plan of Action encouraged Member States to develop treatment systems offering a wide range of integrated and evidence informed pharmacological interventions such as opioid agonist and antagonist treatment and psychosocial interventions such as counselling, cognitive behavioural therapy and social support (12).

Considering the HIV epidemic among people who inject drugs, the Plan of Action also called for addressing the adverse consequences of drug abuse for individuals and society as a whole, taking into consideration not only the prevention of related infectious diseases, such as HIV, hepatitis B and C and tuberculosis, but also all other health consequences, such as overdose, workplace and traffic accidents, somatic and psychiatric disorders, and social consequences such as family problems, the effects of drug markets in communities and the resulting crimes (12).

The Plan of Action also emphasized the need to develop a broad range of science-based interventions that would serve to address the needs and challenges faced by vulnerable groups. Considering the new challenges posed by new psychoactive substances, the Plan also emphasized the need to deepen knowledge on identification, the trends and possible health consequences and other impacts of the new psychoactive substances.

Midterm Review of the Plan of Action and preparations for UNGASS 2016

In March 2014, the Commission on Narcotics Drugs in its 57th Session conducted a high-level review of the implementation of the Political Declaration and Plan of Action 2009 and adopted a Joint Ministerial Statement on the mid-term review of the implementation by Member States of the Political Declaration and Plan of Action. The Statement determines the progress achieved and challenges faced in its

implementation (6).

In the Statement the Member States recognized that drug use disorder is a health problem and while many Member States had adopted such measures, it encouraged other countries to adopt national drug strategies with drug demand reduction components that include the main elements of demand reduction identified earlier. Most importantly, realizing the disparity in availability and access of controlled substances for medical purposes in most parts of the world, the Statement also called for the countries to address that situation of low to nonexistent availability of internationally controlled drugs for medical and scientific purposes, particularly for the relief of pain and for palliative care.

In its 58th session in March 2015, the CND conducted a special segment on the preparations for the special session of the General Assembly on the world drug problem to be held in 2016. The deliberations outlined the five thematic areas for interactive discussions during the United Nations General Assembly Special Session (UNGASS) 2016 on drugs that would be devoted to demand and supply reduction, cross-cutting issues and new challenges as well as new developments. CND also produced a substantive, concise and action-oriented document comprising a set of operational recommendations termed as the “Outcome Document” for adoption of the UNGASS plenary in 2016.

Sustainable Development Goals

In September 2015, the world leaders also adopted the 17 Sustainable Development Goals (SDGs) of the 2030 Agenda for Sustainable Development. The SDGs recognize that ending poverty must go hand-in-hand with strategies that build economic growth and address a range of social needs including education, health, social protection, and job opportunities, while tackling climate change and environmental protection (13). Within these, Goal 3 aims to ensure healthy lives and promote well-being for all at all ages. Target 3.5 of the Goal aims to "Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol". Thus, for the first time addressing the prevention of substance use and treatment of substance use disorders has been recognized as an integral component of health for all within the aims of promoting sustainable development.

United Nations General Assembly Special Session 2016

In April 2016, the Member States convened another special session of the General Assembly to review the progress made in implementing the Political Declaration and the Plan of Action and adopted the outcome document entitled, "Our joint commitment to effectively addressing and countering the world drug problem". The global leaders reaffirmed their commitment to the goals and objectives of the three international drug convention including the health and welfare of humankind as well as the determination to prevent and treat the abuse of substances. The global leaders also resolved to reinforce national and international efforts and further increase international cooperation to face the challenges faced in addressing the world drug problem (9).

The outcome document through operational recommendations outlines the essential elements of the interventions to address different aspects of the world drug problem. For prevention of drug use, among others, the outcome document calls for the need for scientific evidence-based prevention measures and tools that target the relevant age and risk groups in multiple settings as also outlined in the International Prevention Standards (10). With regard to treatment of drug use disorders and health consequences, the Member States expressed the need to promote the International Standards for Treatment (9). They also reiterated the need to develop and implement treatment systems, giving special attention to the specific needs of women, children and youth, and ensure the access to a range of interventions including psychosocial, behavioural and medication-assisted treatment, as well as to rehabilitation, social reintegration and recovery-support programmes, including access to such services in prisons and after imprisonment. The operational recommendations also reiterate minimizing the adverse public health and social consequences of drug use, 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.

With regard to ensuring the availability of and access to controlled substances for medical and scientific purposes, the Member States called for addressing the existing barriers including

those related to legislation, regulatory systems, health-care systems, affordability, the training of health-care professionals, education, awareness-raising, estimates, assessment and reporting, benchmarks for consumption of substances under control, while preventing their diversion, abuse and trafficking. Finally it encourages member states to promote and improve the systematic collection and sharing of information on reliable and comparable data on drug use and epidemiology including on social, economic and other risk factors (14).

Conclusions

The International Drug Control Conventions and the multilateral processes under the auspices of United Nations and its affiliates have served the basis of providing the framework for rights and health based approach to countering the world drug problem. An approach that ensures science and evidence informed interventions are available and accessible to population in need of those interventions as well as ensuring the availability and accessibility of controlled medicines for pain management and palliative care. The UNGASS 2016 has further provided the opportunity to take stock of the situation and determine the priority actions to address the world drug situation to be reviewed again in 2019. In order for these intergovernmental processes to have the intended impact, it is imperative that policy makers and health managers at national levels ensure that the key elements of a balanced and a health based approach that have been outlined in these processes are adopted and implemented.

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