

Civil society informing international drug policy

APSAD Canberra – 30 October 2024

Dr Penny Hill

APSAD Advocacy Workshop

Workshop Activities

- *11.45-11:50: Introductions*
- *11:50-12:00: **Background**/overview of resolution negotiation process, and where there are opportunities to engage*
- *12:00-12:15: **Activity**: Review of draft resolution paragraphs*
- *12:15-12:25: **Discussion** and presentation of final negotiated paragraphs*
- *12:25-12:30: Wrap up and lead in tomorrow's session*

What to expect

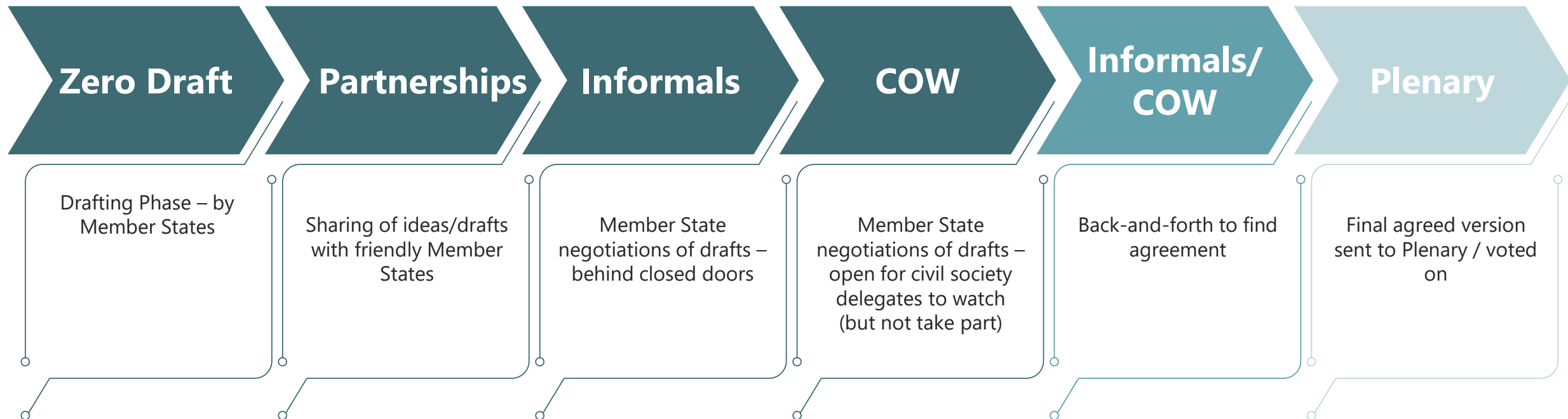
- Relevant to those interested in international drug policy
- But also relevant for those interested in learning the skills and concepts used by civil society to influence international drug policy to think about how **you** do your local advocacy
- We'll talk about:
 - The importance of networks and engagement
 - Understanding relevant language
 - Tactics to employ to influence change

Lunchtime Session: 12-1pm Thursday, Menzies

Please join the Australian Government Department of Health and Aged Care and the Civil Society Committee on United Nations Drug Policy as they discuss recent developments in international drug policy, including the historic adoption of 'harm reduction measures' at the United Nations Commission on Narcotic Drugs in March 2024.

This session will also explore the working relationship between Government and Civil Society as well as next steps in continuing to move the international conversation on drug-related matters forward.

Resolution Negotiations



Activity: Reviewing a draft UN resolution

United Nations E/CN.7/2024/L.5



Economic and Social Council

Distr.: Limited
15 February 2024

Original: English

Commission on Narcotic Drugs
 Sixty-seventh session
 Vienna, 14–22 March 2024
 Item 5 (e) of the provisional agenda*
Implementation of the international drug control treaties: other matters arising from the international drug control treaties

United States of America: draft resolution

Preventing and responding to drug overdose through scientific evidence-based prevention, treatment, harm reduction and recovery support services in accordance with domestic law and circumstances

The Commission on Narcotic Drugs,

Unedited revised E/CN.7/2024/L.5/Rev.2

Distr.: Limited
22 March 2024

Original: English

Commission on Narcotic Drugs
 Sixty-seventh session
 Vienna, 14–22 March 2024
 Agenda item 5 (e)
Implementation of the international drug control treaties: other matters arising from the international drug control treaties

Albania, Australia, Belgium, Canada, Chile, Colombia, Czechia, Denmark, France, Germany, Ghana, Guatemala, Honduras, Latvia, New Zealand, Norway, Peru, Poland, Portugal, United Kingdom of Great Britain and Northern Ireland and United States of America: revised draft resolution: revised draft resolution

Preventing and responding to drug overdose through prevention, treatment, care, and recovery measures as well as other public health interventions to address the harms associated with illicit drug use as part of a balanced, comprehensive, scientific evidence-based approach (agreed COW)

The Commission on Narcotic Drugs,

The importance of networks and engagement

1. *Calls upon* Member States to develop and implement, in accordance with domestic law and the international drug control conventions, and taking into consideration relevant circumstances, scientific evidence-based prevention, harm reduction, treatment, and recovery support measures, as well as initiatives and measures aimed at minimizing the adverse public health and social consequences of the non-medical use of synthetic drugs, including needle and syringe programs, the distribution of opioid antagonists such as naloxone including community distribution, initiatives led-by and involving affected communities, drug consumption rooms, medications for opioid use disorders, drug checking equipment and services, wound care, sexually transmitted infection testing, and other scientific evidence-based measures;

2. *Also calls upon* Member States to promote and strengthen, as appropriate and in accordance with domestic legislation, regional and international cooperation in developing and implementing treatment-related initiatives, to enhance technical assistance and capacity-building, promotion and strengthening of involvement of affected communities in policy and service development and provision, and to ensure non-discriminatory access to a broad range of interventions, including psychosocial, behavioural and medication treatment, including opioid agonist treatment and treatment for pregnant and post-partum people, and to promote the inclusion of prevention and treatment of drug overdose in national drug policies;

3. *Further calls upon* Member States to explore, as appropriate, innovative approaches to more effectively address any challenges posed by the non-medical and non-scientific use of synthetic drugs, including overdose, by involving all relevant sectors, supporting research, data collection, analysis of evidence and sharing of information, reinforcing health-care systems and harm reduction services, supporting affected community initiatives, and building the capacity of law enforcement and health-care professionals to respond to this challenge;

4. *Calls upon* Member States, as appropriate and in accordance with national legislation,

Author

They/WHO use the language 'community distribution' but would be good to be specific eg 'as first responders, people who use drugs must have access...'. Some countries delaying as squeamish about injectable forms - but this guidance is clear on any available formulation (ie not waiting for the more expensive nasal formulations)

Reply

Author

Suggested reference - • 2017 Joint United Nations statement on ending discrimination in health care settings,

Reply

Author

Possibility to include safe supply as a concept here.

Reply

Author

We support this - but placement here feels odd. Treatment as discussed in the para is about access to a broad range of drug treatments more

Draft paragraphs

Recalling its resolution 62/4 of 22 March 2019, in which it encouraged Member States, in accordance with national legislation and in the context of comprehensive and balanced drug demand reduction efforts, to implement, in accordance with the international drug control conventions, effective measures and initiatives aimed at minimizing the adverse public health and social consequences of the non-medical use of synthetic drugs, particularly synthetic opioids, by raising awareness and promoting increased access to and availability of evidence-based prevention, treatment and recovery services, including access to naloxone, used for the reversal of opioid overdose, and other opioid-blocking medicines and evidence-based measures,

Recalling also its resolution 55/7 of 16 March 2012, in which it encouraged all Member States to include effective elements for the prevention and treatment of drug overdose, in particular opioid overdose, in national drug policies, where appropriate, and to share best practices and information on the prevention and treatment of drug overdose, including the use of opioid receptor antagonists such as naloxone,

1. *Calls upon* Member States to develop and implement, in accordance with domestic law and the international drug control conventions, and taking into consideration relevant circumstances, scientific evidence-based prevention, harm reduction, treatment and recovery support measures, as well as initiatives and measures aimed at minimizing the adverse public health and social consequences of the non-medical use of synthetic drugs, including needle and syringe programmes, the distribution of opioid antagonists such as naloxone, the provision of medications for opioid use disorders and drug-checking equipment and services, wound care, sexually transmitted infection testing and other scientific evidence-based measures;

2. *Also calls upon* Member States to promote and strengthen, as appropriate and in accordance with domestic legislation, regional and international cooperation in developing and implementing treatment-related initiatives, to enhance technical assistance and capacity-building, to ensure non-discriminatory access to a broad range of interventions, including psychosocial, behavioural and medication treatment, including opioid agonist treatment and treatment for pregnant and post-partum people, and to promote the inclusion of drug overdose prevention and treatment in national drug policies;

3. *Further calls upon* Member States to explore, as appropriate, innovative approaches to more effectively address any threat posed by the non-medical and non-scientific use of synthetic drugs, including overdose, by involving all relevant sectors, supporting research, data collection, the analysis of evidence and the sharing of information, reinforcing health-care systems and harm reduction services and building the capacity of law enforcement and health-care professionals to respond to this challenge;

Australian Civil Society Committee on UN Drug Policy

Dr Penny Hill, Harm Reduction Australia, Vienna NGO Committee



Gloria Lai, International Drug Policy Consortium



Dr Nico Clark, World Health Organization



Carrie Fowlie, Hepatitis Australia



Nick Kent, Students for Sensible Drug Policy Australia



Dr Erin Lalor, Alcohol and Drug Foundation



Stephanie Tzanetis, Pill Testing Australia



Ele Morrison, AIVL



Ruth Birgin, Womens Harm Reduction International Network



Dr Annie Madden, International Network of People who Use Drugs, Harm Reduction Australia



A/Prof Caitlin Hughes, Flinders University & the International Society for the Study of Drug Policy



Prof Scott Wilson, Aboriginal Drug and Alcohol Council (SA)



Dr Odette Spruijt, Australasian Palliative Link International



Judy Chang, International Network of People who Use Drugs



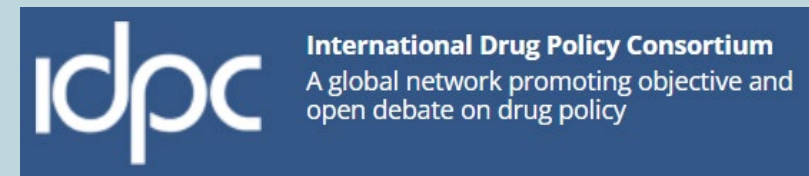
Benjamin Phillips, New York NGO Committee



Naomi Burke-Shyne, Harm Reduction International

International NGOs we work with

- **The Vienna NGO Committee (VNGOC)** provides the vital link between NGOs and the Vienna-based agencies involved in setting drug policy:
 - the UN Commission on Narcotic Drugs (CND),
 - the International Narcotics Control Board (INCB),
 - and the United Nations Office on Drugs and Crime (UNODC).



Understanding relevant language

Recalling its resolution 62/4, in which it encouraged Member States, in accordance with national legislation and in the context of comprehensive and balanced drug demand reduction efforts, to implement, in accordance with the international drug control conventions, effective measures and initiatives aimed at minimizing the adverse public health and social consequences of the non-medical use of synthetic drugs, particularly synthetic opioids, by raising awareness and promoting increased access to and availability of evidence-based, quality, affordable and comprehensive prevention, treatment, harm reduction and recovery support services, including access to naloxone, used for the reversal of opioid overdose, and other opioid agonist therapies blocking medicines and evidence-based measures,

Recalling also its resolution 55/7, in which it encouraged all Member States to include effective elements for the prevention and treatment of drug overdose, in particular opioid overdose, in national drug policies, where appropriate, and to share best practices and information on the prevention and treatment of drug overdose, including the use of opioid receptor antagonists such as naloxone,

Recalling further its resolution 61/11 which encouraged Member States to promote non-stigmatizing attitudes in the development and implementation of scientific evidence-based policies related to the availability of, access to and delivery of health, care and social services for people who use drugs, and to reduce any possible discrimination, exclusion or prejudice those people may encounter.



Author



Language from the title of CND resolution 64/3
'Promoting scientific evidence-based, quality,
affordable and comprehensive drug prevention,
treatment sustained recovery and related support

Reply



Author



Suggested edits to make this consistent with the
title

Reply



Author



Tactics to employ to influence change

Recalling its resolution 62/4, in which it encouraged Member States, in accordance with national legislation and in the context of comprehensive and balanced drug demand reduction efforts, to implement, in accordance with the international drug control conventions, effective measures and initiatives aimed at minimizing the adverse public health and social consequences of the non-medical use of synthetic drugs, particularly synthetic opioids, by raising awareness and promoting increased access to and availability of evidence-based prevention, treatment and recovery services, including access to naloxone, used for the reversal of opioid overdose, and **other opioid-blocking medicines** and evidence-based measures,

Recalling also its resolution 55/7, in which it encouraged all Member States to include effective elements for the prevention and treatment of drug overdose, in particular opioid overdose, in national drug policies, where appropriate, and to share best practices and information on the prevention and treatment of drug overdose, including the use of opioid receptor antagonists such as naloxone,

Welcoming the publication of the United Nations Office on Drugs and Crime World Drug Report 2023, in particular its chapter entitled “The synthetic drug phenomenon,” while noting with concern its findings that consumers of synthetic drugs face growing challenges related to the unknown pharmacology and harms of such drugs, lack of available treatments, therapies or **antagonists** for some new drugs, inadequate access to scientific evidence-based treatments, and increasingly dangerous mixtures of harmful substances in the drug supply,

Stressing with grave concern the increase in the number of overdose deaths associated with the use of synthetic drugs, and the urgent need to raise awareness of and improve access to the prevention and treatment of drug overdose,

Recognizing that a range of factors, including social and economic determinants of health, polydrug use, gender, age, **ethnicity**, comorbidities, pregnancy and maternity status, tolerance



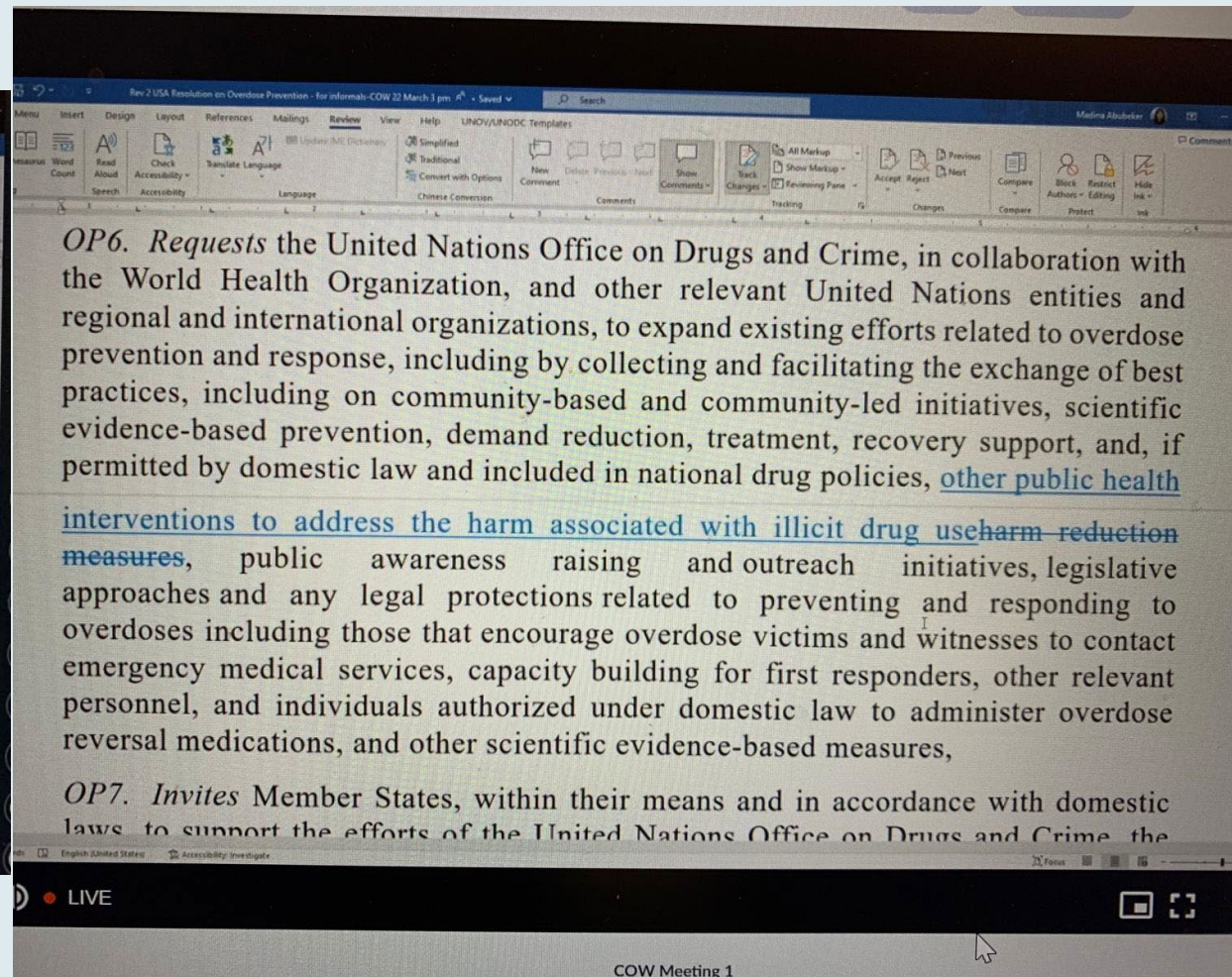
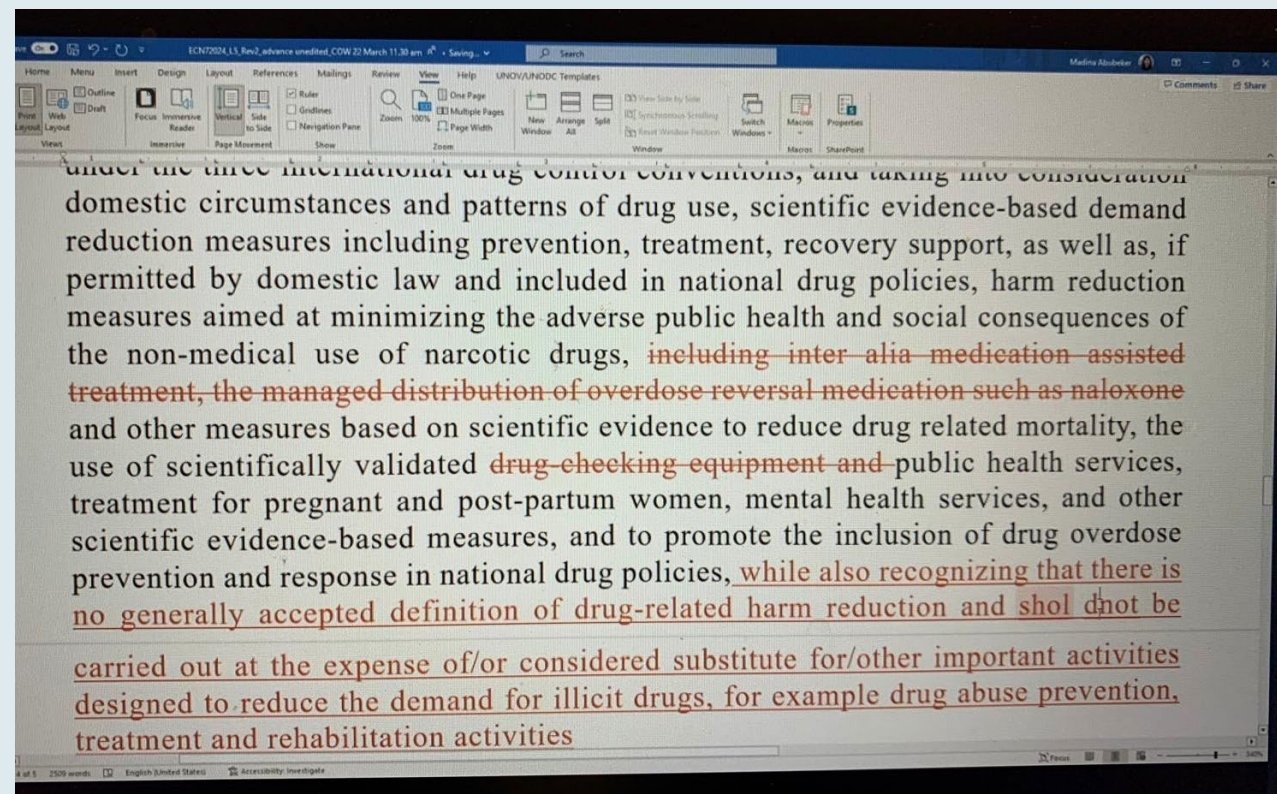
Author



The inclusion of this statement about 'other opioid-blocking medicines' is very concerning in the context of the US as it is almost certainly referring to the use of Vivitrol (which is an extended release form of Naltrexone) that is used extensively in the US. But real world evidence shows that more than half of those who get a Vivitrol injection, do not return for a second. Moreover, a large 2019 US research study of over 41,000 ppl, however, has shown that Vivitrol at 3 & 12 months had no more impact on overdose than not being in treatment at all, and achieved fewer reductions in serious opioid-related care than methadone or buprenorphine (see: Wakeman et al 2020 and Wolfe & Saucier 2021). Despite this, almost all of the 52 states in their prison systems have opted to expand use of Vivitrol rather than evidence-based treatment such as extended release/long acting injectable buprenorphine. If they are going to recommend evidence-based treatment and measures, then they need to listen to their own research evidence that does not support the further use of Vivitrol as part of overdose prevention. This is a serious issue re: overdose and if possible, we really need to push back on this.

Reply

Mid paragraphs



Final paragraphs

E/CN.7/2024/L.5/Rev.2 Unedited revised

PP5 Recalling its resolution 62/4, which encouraged Member States, in accordance with national legislation and in the context of comprehensive and balanced drug demand reduction efforts, to implement, in accordance with the international drug control conventions, effective measures and initiatives aimed at minimizing the adverse public health and social consequences of the non-medical use of synthetic drugs, [agreed in COW]

PP6 Recalling also its resolution 55/7, in which it encouraged all Member States to include effective elements for the prevention and treatment of drug overdose, in particular opioid overdose, in national drug policies, where appropriate, and to share best practices and information on the prevention and treatment of drug overdose, including the use of opioid receptor antagonists such as naloxone, (agreed COW)

PP7 Recalling further its resolution 61/11 which encouraged Member States, as appropriate, within their national and regional contexts, to promote, among their relevant agencies and social service sectors, non-stigmatizing attitudes in the development and implementation of scientific evidence-based policies related to the availability of, access to and delivery of health, care and social services for drug users, and to reduce any possible discrimination, exclusion or prejudice those people may encounter, [agreed in COW]

OP1. Encourages Member States to voluntarily develop and implement, within their means, in accordance with their domestic law and their obligations under the three international drug control conventions, scientific evidence-based demand reduction measures including prevention, treatment, recovery support, as well as other public health interventions to address the harms associated with illicit drug use, including inter alia medication assisted treatment, the managed distribution of overdose reversal medication such as naloxone and other measures based on scientific evidence to reduce drug related mortality, the use of scientifically validated public health services, treatment for pregnant and post-partum women, mental health services, and other scientific evidence-based measures, and to promote the inclusion of drug overdose prevention and response in national drug policies, (pending one delegation)

OP2. Calls upon Member States to promote and strengthen, as appropriate and in accordance with domestic legislation, regional and international cooperation in developing and implementing drug demand reduction measures, including drug use prevention, enhance technical assistance and capacity building to reduce drug overdoses to other Member States upon request, ensure nondiscriminatory and voluntary access to a broad range of services to reduce drug overdoses, including psychosocial, behavioral and medication assisted treatment as well as the managed distribution of overdose reversal medication such as naloxone, the use of scientifically validated public health services, and other scientific evidence-based measures, and promote the inclusion of drug overdose prevention and response measures in national drug policies,

OP3. Encourages Member States to explore innovative approaches, as appropriate and in accordance with domestic legislation, to more effectively address public and individual health threats posed by the non-medical and non-scientific use of drugs, particularly overdose, by involving all relevant sectors, supporting research, data collection, the analysis of evidence, and the sharing of information, reinforcing health-care systems and, as appropriate, in accordance with domestic law and pursuant to the aims of the international drug control conventions, if permitted by domestic law and included in national drug policies, harm reduction measures aimed at preventing and minimizing the adverse public health and social consequences of the non-medical use of drugs, including with the aim of preventing and responding to drug overdoses, and building the capacity of law enforcement and health-care professionals to respond to this challenge,



Thank you!

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