



UNITED NATIONS  
*Office on Drugs and Crime*

# Reducing the adverse health and social consequences of drug abuse: A comprehensive approach



Discussion paper

## **Preface**

“Harm reduction” is often made an unnecessarily controversial issue as if there was a contradiction between prevention and treatment on one hand and reducing the adverse health and social consequences of drug use on the other. This is a false dichotomy. They are complementary.

Inspired by the international drug control treaties and supported by a growing body of scientific and medical evidence, this paper, prepared by the United Nations Office on Drugs and Crime in consultation with the International Narcotics Control Board, outlines a comprehensive set of measures designed to prevent drug abuse, facilitate entry into drug treatment, and reduce the adverse health and social consequences of drug abuse. Such an approach is used for other diseases, so why not for curing drug addiction?

The measures outlined in this paper are inclusive enough to bring back into society all those affected by drug addiction, even the most marginalized. It proposes not only health protection measures, but also access to high quality clinical facilities to stop or reduce addiction.

Such an approach can decrease the danger of drugs to the health of individuals and society.

A handwritten signature in black ink, appearing to read 'Antonio Maria Costa', with a stylized flourish at the end.

Antonio Maria Costa  
Executive Director  
United Nations Office on Drugs and Crime

# **Reducing adverse health and social consequences of drug abuse: A comprehensive approach**

## **1. Conceptual and legal framework**

Illicit use of psychoactive drugs is dangerous for the health of individuals and society. It induces changes in behaviour and emotional status and could cause severe psychological disorders. It also undermines the social fabric of the community. Because of their action on the brain such drugs are able to induce dependence, leading to loss of interest in many areas of life. Drugs are placed under national and international control to prevent the negative health and social consequences of substance abuse.

The Single Convention of 1961 specifies that the “Parties shall give special attention to and take all practicable measures for the prevention of abuse of drugs and for the early identification, treatment, education, after-care, rehabilitation and social reintegration of the persons involved”.

As stated in article 38 of the 1961 Convention, medical care of drug abusers may include all the tools required to treat the adverse health consequences of substance abuse. The 1988 UN Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (article 14 paragraph 4) indicates that “parties to the Convention shall adopt appropriate measures aimed at eliminating or reducing illicit demand for narcotic drugs and psychotropic substances, with a view to reducing human suffering...which includes interventions to counteract the social and health consequences of drug abuse”.

The International Narcotics Control Board (INCB) acknowledged, already in 1993<sup>i</sup>, that harm reduction has a role to play in a tertiary prevention strategy for demand reduction purposes. However, the Board pointed out that while harm reduction programmes can play a part in a comprehensive drug demand reduction strategy, they should not be carried out at the expense of – or considered substitutes for – other important activities designed to reduce the demand for illicit drugs, for example drug abuse prevention activities.

Education programmes must be carefully designed in order to avoid being counterproductive. Support may be given to mass media campaigns to raise public awareness concerning the

danger of drug abuse. The principal target group for education programmes is young people both in and out of school. Programmes for the promotion of a healthy lifestyle that incorporate a drug prevention element should be encouraged. It must be kept in mind that in many developing countries with inadequate healthcare and social care services, education programmes are practically the only medium available for demand reduction activities.

In 1998, the UN General Assembly adopted the Declaration on the Guiding Principles of Drug Demand Reduction which emphasizes that demand reduction programmes should cover all areas of prevention, from discouraging initial use to reducing the negative health and social consequences of drug abuse for the individual and society as a whole.

It is also appropriate to highlight that the INCB, in its 2003 report,<sup>i</sup> noted that “Governments needed to adopt measures that may decrease the sharing of hypodermic needles among injecting drug abusers in order to limit the spread of HIV/AIDS”. At the same time, the INCB stressed that such measures should not promote and/or facilitate drug abuse. The same report also observes that “many Governments have opted in favour of drug substitution and maintenance treatment” and that “the implementation of this treatment does not constitute any breach of treaty provisions, whatever substance may be used for such treatment in line with established national sound medical practice.”

## **2. Adverse health and social consequences of drug abuse**

Dependence on drugs has enormous costs for society in terms of direct and indirect health and social consequences: human and financial resources lost due to abuse in the workplace; road and domestic accidents related to drug abuse; health care costs related to diseases that develop in relation to drug dependence (HIV, Hepatitis and other diseases including mental disorders); and social problems including drug-related crimes and deaths due to overdose. The majority of these costs are difficult to quantify, but the few available studies indicate that a direct correlation exists.

In the last 25 years, one of the most visible negative consequences of drug dependence has been the spread of HIV/AIDS and it is estimated that more than 10% of all HIV infections worldwide are due to the use of contaminated drug injecting equipment. If Sub-Saharan Africa and the Caribbean are excluded, this rate of injecting drug users rises as high as 30- 40% among those with HIV infection. Among injecting drug users, the rate of hepatitis infection in some places is even higher than HIV.

Despite the size of the problem and the enormous costs related to drug abuse, in many countries specialized services are not available or, if present, are not accessible. There are a number of obstacles for drug abusers to access effective services, partly due to stigma and discrimination towards those who are drug abusers and HIV positive.

Although treatment and rehabilitation interventions are being expanded (as reported by Member States to UNODC through the Biennial Reports Questionnaire), they are still well below the amount and quality that is needed. Detoxification remains the most common intervention, with substitution treatment being the least covered in most regions. Interventions for reducing the adverse health and social consequences of drug abuse have registered a strong increase at the global level and have overtaken treatment and rehabilitation interventions in terms of activities reported. In some regions, this trend appears to be associated with efforts to prevent the spread of HIV and other infections among injecting drug users. However, very few States reported that they were providing a comprehensive set of measures for HIV/AIDS prevention and care and even less reported high levels of coverage.

### **3. Policy recommendations**

UNODC's work in relation to reducing the adverse health and social consequences of drug abuse (e.g. HIV prevention) is guided mainly by seven policy documents<sup>ii</sup> which clearly set out that success in reducing the adverse consequences of drug abuse and halting the epidemic of blood-borne diseases requires a three part strategy:

- 3.1 Preventing drug abuse;
- 3.2 Facilitating entry into drug dependence treatment;
- 3.3 Establishing effective measures to reduce adverse health and social consequences of drug abuse.

#### **3.1 Preventing drug abuse;**

The most important aspect of this strategy is to prevent drug abuse with evidence-based measures. The basic message is that not taking drugs is the best way of avoiding the negative health and social consequences associated with drug use. This is the most effective strategy for protecting vulnerable groups from developing dependence on harmful psychotropic drugs. Also unprotected sex has been found to be significantly associated to drug abuse because of the lack of behavioural control induced by

psychoactive drugs, whether injected or non-injected. Similarly, for example car accidents, involvement in violent and unlawful behaviour, accidents in work places, suicide and overdoses can be significantly reduced, with decreased harm for individuals and society, if drug abuse is reduced.

### **3.2 Facilitating entry into drug dependence treatment;**

For those who are using drugs, providing accessible, evidence-based, good practice treatment for drug abusers and drug dependent individuals has been found to reduce individual and social harm. The option of drug-free oriented treatment, or at least the possibility to reduce illicit drug use, as well as retention in treatment with continuous contacts with health care providers, have proved effective in reducing overdoses, infections, car accidents, legal problems, criminal behaviour, psychiatric hospitalizations and suicide rates. This has been demonstrated for both pharmacologically assisted treatment (long acting opioid-agonists and use of antagonists) and drug-free oriented treatments. Differentiated and targeted treatment should be available for specific sub-groups of drug dependent individuals according to the drug of choice, age, socio-cultural situation and possible concomitant psychiatric and physical disorders.

### **3.3 Establishing effective measures to reduce adverse health and social consequences of drug abuse;**

Steps should be taken to reach out and engage drug users in prevention, treatment and care strategies that protect them, their partners and families from infectious disease, health problems in general, and encourage entry into substance dependence treatment and medical care and rehabilitation.

Taking into account the individual right to a healthy life and the interest of the entire society, specific interventions have to be promoted to reduce the adverse health and social consequences of drug abuse. These strategies need to target the sub-groups of the population that are not sensitive to prevention programmes, drug dependent individuals who are not motivated to attend treatment facilities, non-responders to treatment who continue to abuse illicit drugs, and those patients who easily relapse into substance abuse.

***Recommended interventions:***

Services should provide non-discriminatory facilities that can reduce the harmful consequences of substance abuse to drug abusers.

- a. reliable information and counseling on the physical and psycho-social risks of drug abuse have to be provided, including information about the risk of overdose, infectious diseases, driving problems, cardiovascular, metabolic and psychiatric disorders;
- b. low-threshold pharmacological interventions (example opioid-agonists and antagonist drugs), not directly related to drug-free oriented programmes, but to immediate health protection, have to be easily accessible;
- c. adequate social assistance should be provided for marginalized drug dependants;
- d. vaccination programmes against Hepatitis should be available to all drug abusers and in all appropriate facilities;
- e. medication and emergency kits for management of overdoses in appropriate places should be available;
- f. needle/syringe exchange programmes for injecting drug abusers may be implemented where appropriate, under sound medical practice;
- g. voluntary HIV counseling and testing, and antiretroviral treatment for HIV-infected drug users should be made available and accessible;
- h. prevention and services for the management of sexually transmitted infections have to be accessible to drug abusers and particularly to those involved in sex work;
- i. availability of measures to prevent acute consequences of stimulants abuse in the outlets of frequent abuse of these substances could contribute to the prevention of the related emergencies;
- j. interventions in emergency rooms have to be guaranteed;
- k. well-equipped street-workers and peer outreach workers units have to be adequately trained to contact drug abusers and dependent individuals in need of assistance.

Any of the “harm reduction measures” should be in line with the provisions of the international drug control treaties.

#### 4. The need for a comprehensive approach

Prevention and treatment of substance use disorders can be considered as the initial stages of reducing harm, stopping or reducing drug abuse, but also countering the harmful health and social consequences of drug abuse. Evidence-based and comprehensive prevention and treatment are not incompatible with reducing the harm caused by drugs.

Member States should provide both prevention/treatment opportunities and the tertiary prevention measures to reduce adverse health and social consequences, as part of a comprehensive plan. Unfortunately, due to resource limitations, some communities are not able to provide comprehensive programmes which take into account the real needs of drug abusers.

Many substance abusers, who would be motivated to treatment but do not find accessible well-equipped treatment facilities in their neighborhood are *de facto* condemned to remain in a condition of dependence and to perpetuate their dependence in social exclusion. Some countries provide only selective services and do not provide harm reduction opportunities for dependent individuals who are not involved in treatment. Untreated drug dependent people, without any contact to the health care system and welfare facilities, are exposed to the highest level of risk and may cause consistent harm to themselves and society as a whole.

Measures to reduce adverse health and social consequences should be offered in a non-discriminatory and comprehensive programme. If they are included in a comprehensive strategy, including easy access to high quality clinical facilities, drug abusers may be more motivated to seek treatment.

“Harm reduction” measures combined with good-practice treatment facilities may prevent immediate adverse health and social consequences and be effective in the long-term reduction of drug-related harm for individuals and society.

If a comprehensive strategy is not adopted, the risk of social discrimination remains high. This may translate into further discrimination by which marginalized drug abusers may, in the end, receive only some basic services (such as clean needles, condoms and occasional free food) while being deprived of the opportunity to have access to comprehensive treatment (such as out-patient and in-patient clinical facilities providing intensive care and drug-free rehabilitation programs). Apart from charitable organizations, such services are often provided by private institutions but, because of their cost, are available only to the more affluent groups.

Offering non-discriminatory services to drug abusers, with the aim of protecting them from the adverse social and health consequences of drug abuse, is not in conflict with providing comprehensive treatment.

Provisions of appropriate evidence-based clinical services for rehabilitation of patients dependent on drugs who are motivated to stop drug abuse should be considered as the highest priority. The United Nations Drug Conventions do not accept drug abuse as an inevitable fact of life. UNODC specific mandate is to counteract the dramatic phenomenon of drug abuse and dependence that devastates the health of young people, undermines development and empowerment, and compromises progress and democracy. The prospective of a normal life with cannabis, cocaine, heroin, amphetamines and hallucinogens, legalized or not, is only an illusion.

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i Report of the International Narcotics Control Board for 1993 (United Nations publication, Sales No. E.94.XI.2), para.29  
Report of the International Narcotics Control Board for 2003 (E/INCB/2003/1), paragraphs 217 to 226

ii (1) Declaration on the Guiding Principles of Demand Reduction: states that activities should cover all areas of demand reduction, from discouraging initial use to reducing the negative health and social consequences of drug abuse for the individual and the society as a whole. HIV/AIDS constitutes one of the serious potential harms of drug abuse. (2) ACC-approved UN System Position Paper: recommends a comprehensive package of prevention and care for IDUs, which could include outreach services, HIV/AIDS education, condoms, drug dependency treatment (including substitution treatment and, where appropriate, rehabilitation), voluntary HIV testing/counseling, and psychosocial support). (3) June 2001 UNGASS Declaration of Commitment on HIV/AIDS: sets out general targets for Member States on HIV prevention and specific targets for groups with high or increasing rates of infection, including IDUs. (4) Commission on Narcotic Drugs Resolution E/CN.7/2002/L.3/Rev.1: calls "...upon UNODC to continue to cooperate with the Joint United Nations Programme (UNAIDS) and other relevant United Nations entities in introducing and strengthening programmes to address HIV/AIDS". (5) Intensifying HIV Prevention – UNAIDS Policy Position Paper: further to the ACC-approved UN System Position Paper, this Policy Position Paper recommends a set of measures to prevent the transmission of HIV through injecting drug use through the development of a comprehensive, integrated and effective system of measures that consists of the full range of treatment options, (notably drug substitution treatment) and the implementation of harm reduction measures (through, among others, peer outreach to injecting drug users, and sterile needle and syringe programmes), voluntary confidential HIV counseling and testing, prevention of sexual transmission of HIV among drug users (including condoms and prevention and treatment for sexually transmitted infections), access to primary healthcare, and access to antiretroviral therapy. Such an approach must be based on promoting, protecting and respecting the human rights of drug users. (6) The Joint UNAIDS statement on HIV Prevention and Care Strategies for Drug Users which acknowledges the strong and consistent evidence that package of harm reduction interventions significantly reduces injecting drug use and associated risk behaviours and hence prevents, halts and reverses HIV epidemics associated with injecting drug use. (7) Resolution/Political Declaration 60/262 on HIV/AIDS adopted by the General Assembly in June 2006 reiterated the urgent need to scale up significantly towards the goal of Universal Access to comprehensive HIV prevention programmes, treatment, care and support by 2010.