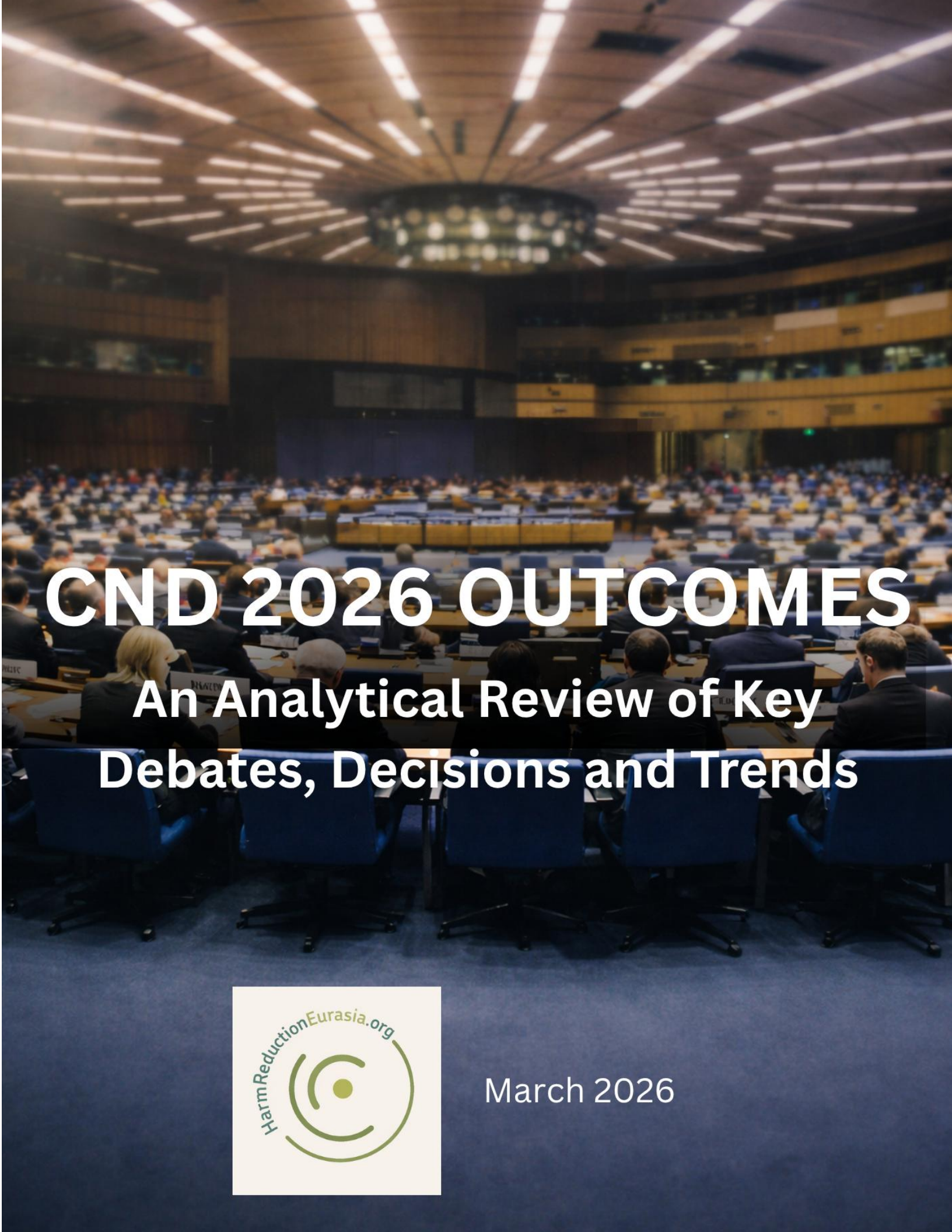

CND 2026 OUTCOMES

An Analytical Review of Key Debates, Decisions and Trends

HarmReductionEurasia.org

March 2026

Contents

Plenary session. Statements made by international agencies, CEECA countries and European Union

This section brings together statements from international agencies, regional bodies and CEECA states that set the tone for the 2026 CND general debate. They highlight how differently positioned actors narrate the "world drug problem": UN entities and European institutions consistently anchor their interventions in evidence, public health and human rights, while many CEECA governments emphasise sovereignty, security and strict treaty compliance, even when they also reference balanced or humane responses.

UNODC: … Last year's World Drug Report showed that over 316 million people used drugs in 2023, and 64 million suffered from substance use disorders—yet only 1 in 12 are in treatment. Women face particular barriers, with only 1 in 18 receiving treatment. People who inject drugs also face a high risk of HIV. **…**

WHO: … An estimated 64 million people worldwide live with drug use disorders, and hundreds of thousands die each year from preventable harms linked to drug use. These lives can be saved with evidence-based measures, including prevention, treatment, and harm reduction. Yet access to these interventions remains very limited. Access to controlled medicines also remains inadequate, including for palliative care, mental health conditions, and substance use disorders. The World Health Organization provides scientific advice to support decisions on international drug control, but international scheduling is only one part of our responsibility. Countries must also ensure that controlled medicines are available for medical and scientific use. I urge all countries to advance balanced, evidence-based policies that protect health, reduce harms associated with drug use, and ensure access to essential medicines. … The World Health Organization remains committed to working with all of you to advance people-centred drug policies grounded in public health and human rights.

Office of the High Commissioner for Human Rights: Excellencies, the objective of responding effectively to drugs and the illicit drug trade is clear and shared; nonetheless, drug use continues to rise, deaths related to drug use continue to mount, drug gangs continue to profit and proliferate, and too many lives are being ruined not just by drug use itself but also by the consequences of counterproductive policies that prioritize punishment over people. As the High Commissioner for Human Rights has said, "The evidence is clear. The so-called 'War on Drugs' has failed, completely and utterly." This year marks the tenth anniversary of UNGASS 2016, which led to a collective commitment from all States to uphold their human rights obligations in drug control efforts, so it is an opportune moment to ask: how are we doing? In some ways the answer is yes; we have seen several States initiate drug policy reform based on evidence, human rights, and public health, with 112 countries having explicit references

to harm reduction in national policy documents and over 30 countries around the world having adopted legal reforms to remove the criminalisation of certain activities related to drug use – these are some progresses. But on the whole, progress has been slow and incomplete; the war on drugs continues to stigmatize communities and subject them to mass incarceration and violence, with impacts felt disproportionately by certain groups such as people of African descent. The use of the death penalty for drug-related offences continues – a practice that contravenes international human rights law – and as recent events remind us, the drug war has come to involve the frequent deployment of lethal force. Over 150 people have reportedly been killed by US strikes on alleged "narcoterrorists" in the Caribbean and the Pacific, under circumstances that our Office found to have no justification in international law; at least 121 people were killed, including four police officers, in a single police operation in Rio de Janeiro last October, leading OHCHR to call for full-fledged police reform and an end to systemic racism; just a few weeks ago, 25 Mexican military officers died in the line of duty in an operation against a cartel leader infamous for his corruption and brutality; and recently the International Criminal Court initiated proceedings against former President Duterte for alleged crimes against humanity in the context of his war on drugs in the Philippines. Excellencies, we believe there is a better way; we believe drug policy can be both more humane and more effective. It starts with prevention: reducing drug use-related harm by adopting a strong public health approach, ensuring that prevention measures are evidence-based and focus realistically on reducing harmful use, and addressing root causes such as poverty, homelessness, employment insecurity, and systemic discrimination. Second, harm reduction measures: harm reduction can prevent deaths, save lives, and contribute to the right to health. Third, decriminalization and responsible regulation in certain areas, informed by a growing body of evidence. Finally, drug policy must be embedded in the rule of law and accountability; for drug control measures to be seen as legitimate and enjoy public cooperation, they cannot be seen as a war on people—often poor, marginalized people. Serious human rights violations committed in drug control efforts should be investigated promptly, independently, and impartially, and victims should receive effective remedies. Excellencies, the International Guidelines on Human Rights and Drug Policy provide essential guidance for redoubling our efforts to live up to the commitments of UNGASS 2016. Thank you.

Council of Europe: The Pompidou Group reaffirms commitment to holistic approach to drug policies. Particular importance is attached to collaboration with UNODC. 6 interconnected priorities: first, combating organized crime and drug trafficking through enhanced international collaboration. Second, countering emerging drugs in online and digital environments, including digital addictions. We support activities to protect children and young people. Third, we promote harm reduction. We call on CND to ensure policies are rooted in health and human rights. "…" The prevention and early education and intervention. Fifth, promoting inclusion of civil society and people with

lived and living experience to strengthen evidence-based activities. Remains committed to a balanced approach that protects public security and promotes human rights. Work towards human and future oriented policies and advance the global response to drugs and addictions challenges.

European Union: … EU and member states address the world drug situation through evidence based and human rights centered approach, based on international law and in compliance with conventions. This approach is reflected in EU drug strategy. Preparedness for response to health, social, and security challenges. Strengthening information exchange and capacities. People and public health are at the center. Prioritises evidence based and early intervention including risk and harm reduction with aim of reducing health and environmental drug related harm. Gender responsive responses and improved access for vulnerable groups. …. Policies must uphold human rights including the right to life, health, human dignity and the principle of proportionality. Oppose the use of the death penalty in all cases and all circumstances, including for drug offences and we call for its abolition.

Kazakhstan: We share concerns and restate our commitment to the international drug control conventions. Crucial to eliminate trafficking to uphold safety, law, and order. We are at the intersection of transit routes and there are vast territories in our country where cannabis grows naturally. We have pulled together the efforts of all law enforcement agencies and developing international cooperation and rolling out digital tools. In line with following the money we have established a system for seizing money derived from trafficking – we have seized money, crypto, and frozen accounts, and placed restrictions on foreign accounts and requested assistance from partners. We have thwarted efforts of criminal groups and shut down trafficking routes, removed 147 tonnes of drugs including synthetics and heroin, as well as cocaine. Especially important to have high level cooperation and mutual understanding. Fully support strengthening cooperation and enhancing control systems. We endorse all initiatives to combat scourge.

Armenia: Committed to multilateral cooperation and addressing the world drug problem. Continues to pose a threat to safety, security and sustainable development. Proliferation of synthetics and novel psychoactive substances coupled with exploitation of digital platforms and financial technologies continue to outpace enforcement. This is not within the power of and individual law enforcement or state. We are at the crossroads of Asia and Europe, we recognise our responsibility to contribute to combat trafficking and enhance international cooperation and control efforts. We contribute to efforts and frameworks to address synthetic drug threats like the Global Coalition to Address Synthetic Drug Threats. **This is a deeply human problem affecting youth, families, and societies. Responses need to be balanced and humane. Real people that need support and treatment. Within our pledge of the 2019 Ministerial Declaration, we adopted efforts along with our action plan. This prioritised**

prevention, social reintegration, and provides gender and age responsive perspectives. Placed special emphasis on cooperation to facilitate exchange of best practice and strengthen technical and operational capabilities. Important role of member states as well as INCB and WHO to sustain commitment to principles of drug control framework and three conventions along with other relevant instruments.

Russian Federation: The drug situation jeopardizes international stability and public health. The rise of synthetic drugs made from imported precursors threatens our efforts to build a drug-free society. In March, we proposed 4 mephedrone precursors and 1 methadone to be scheduled under international control, and we call on all members to support this. The international drug control system has proven effective and is now turning 65 years. **Any steps to allow non-medical use or circulation of drugs are harmful to public safety and health and undermine international dialogue. Attempts by some countries to impose their own interpretation of the conventions are counterproductive, and we call for refraining and imposing enforcing so-called "harm reduction" that are not recognized or legislated in over half of the countries worldwide.** We support returning to in-person meetings as soon as possible. We welcome the panel of experts and we nominated specialist Oksana Guseva to the panel. We continue to contribute through technical assistance. **Our voluntary contributions around $3 million have supported training for anti-narcotics offices in Central Asia, Iraq, Pakistan, Egypt, and Africa. We also run programs for prevention, rehabilitation, and promoting healthy lifestyles among youth.** We are grateful for cooperation that builds capacity in the Global South, ensures access to narcotic drugs for medical purposes, and promotes public safety and health.The streamlined actions, integrity and good faith of countries and implementing their obligations will determine whether lives are saved and public safety and health are upheld.

Czechia: Czechia aligns itself with the statement of the European Union. Drug policy responses must align with evidence. **In recent years, evidence has emerged to support the shifts away from punitive responses.** We have adopted a unique regulatory framework for substances, allowing us to better protect public health while responding to emerging threats. **Last year, we passed amendments to the Criminal Code, introducing proportionate sanctions for minor possession while strengthening penalties for people engaged in criminal networks. The introduction of psilocybin treatment illustrates how these interventions can accompany existing mental health interventions.** Czechia condemns the Russian invasion of Ukraine, creating great demands on health and social care. Several UN bodies and member states have called for meaningful reforms of the international drug control system. We therefore welcome the panel established by the resolution. **Punitive drug control models continue to generate significant human rights risks and**

barriers to health services. We underscore the need for efforts that support the dignity of people and save lives. Online market places have transformed drug trafficking. Organised crime and the destabilising effects of drug markets. All law enforcement measures need to be grounded in human rights standards. We urge the international community to consider the evidence, and embrace innovative approaches and policies that support human rights and dignity.

Turkmenistan: We believe the work of the commission will lead to the elimination of drugs, and serve as a useful platform for exchanging approaches. Turkmenistan carries out an active policy against drug trafficking. I note the joint efforts of our law enforcement agencies, other government agencies and organisations, and at our border areas which has brought about reduced flow of drugs. We also have measures to complement law enforcement with preventive actions. Drug production in our country does not exist. The legal cultivation of plants for producing drugs is monitored, and during the annual operation to check on illegal cultivation of opium and cannabis, none were detected. The trafficking of ATS and NPS is not an acute problem. We observe that NPS are trafficked, and work to prevent their shipment. The ministry of internal affairs is monitoring the supply of illegal precursors to detect illicit diversion and smuggling channels. By the end of 2025, no such activity was detected. We promote international cooperation against drugs, including UN, EU and other programmes. Turkmenistan is a regional hub for meetings on drug control. In 2025 we hosted a number of other events. Drug control is a long term strategic objective. We will do all we can so that all the measures considered in this session can be rolled out. I wish you all the best in your endeavours.

Kyrgyzstan: I have the honour to speak on behalf of the commission of drugs and drug dependence. **Kyrgyztan implements a balanced and comprehensive approach in strict compliance with the international drug control conventions, the 2009 Plan of Action and the UNGASS 2016 Outcome Document. Kyrgyztan has faced a rapid growth in NPS, precursors, and pre-precursors and their substitutes.** They pose serious risks to public health and are trafficked through various corridors. Kyrgyztan submitted a resolution on early warning mechanisms and assessment systems to enable effective responses to NPS and their precursors. They are aligned with previous relevant resolutions. To date, there has not been a resolution that systematically integrates different components necessary for early warning systems. It brings together data from law enforcement and laboratories, while emphasising the need for other data from intelligence. It is an approach that brings together support from business communities. Kyrgyztan took a step forward in 2025 for an early warning mechanism. This is the first such system in Central Asia. It has been entrusted to the Ministry for Internal Affairs and the Commission for Drugs and Drug Dependence and includes civil society. The promise to roll out an early warning mechanism has been fulfilled. It offers

a flexible phased approach, intensifies coordination with UNODC and INCB and relevant programmes. It is relevant to countries with limited resources. The draft resolution also strengthens the rule of law in accordance with the 2030 Agenda. We ask all member states to actively engage. We stand ready to collaborate with international partners, and to implement the mechanism at national and regional levels, for the benefit of the international community.

Azerbaijan: The global drug problem continues to evolve in size and methods, harnessing digital platforms. An effective response requires robust national actions. Azerbaijan stands resolute in upholding the international drug control framework. We ensure our national laws and practices reflect our international commitments**. At the national level, programmes endorsed at the highest level combined demand and supply reduction measures, expands access to treatment and strengthens cooperation between law enforcement agencies.** Transnational organised crime networks exploit our borders. Strong border control and cooperation is necessary. For more than 3 decades, almost 20% of Azerbaijan's territory remained outside government control. With the resolution of territorial integrity, Azerbaijan established full control, preventing illicit activities**. We are addressing emerging threats including online drug distribution. In 2025, A recorded nearly 8000 drug related crimes,** seized 8.3 tonnes of narcotic and psychotropic substances. International cooperation is central to these efforts, Azerbaijan works closely with UNODC and Interpol. We play a vital role in regional information and intelligence sharing. Azerbaijan remains fully committed to achieving a resilient society free from the harms of illicit drugs.

Albania: The global drug landscape is evolving at speed. **Synthetic drugs and increasingly sophisticated network are challenging us. For Albania, this reality reinforces the need for policies that are balanced, evidence-based and rooted in international cooperation.** We remain committed to implementing the international drug control conventions. We have strengthened our national capacities to identify and respond to drug threats, including within state police. This is needed for timely actions to protect public health and safety. In its first year of operation, the unit issued alerts and identified two new substances in our territory including one that was subsequently announced by the European drug mechanism. Our efforts to strengthen institutional capacity and evidence based policies. **Albania's parliament adopted amendments to national legislation on drugs, aligning our framework with the EU and international standards, promoting a balanced approach across prevention, treatment amongst others.** In an interconnected world, cooperation is indispensable. Albania will continue to work with international organisation, regional actors and **civil society** to respond to the world drug problem. We are committed to advancing policies that uphold our shared responsibility in addressing the world drug problem.

Slovenia: … We are not immune to the challenges of drug abuse. We observe the emergence of new psychoactive substances, and our response is comprehensive and balanced. Only coordinated and sustained action can lead to lasting results. **Our Ministry of Health promotes evidence-based measures and focuses on prevention, early intervention, harm reduction, and social integration. Special attention is given to vulnerable groups such as young people. We consider addiction as an illness, as people need medical care, social assistance, and rehab, not stigma. We finance programs that support their reintegration into society.** Reducing supply remains one of the guiding principles of a comprehensive drug policy. Organized crime groups are adaptive and we observe that synthetic drugs are easily accessible in shops and online, including vapes and edibles, and they lead to health risks. We support global action in regulation because individual efforts are not enough for such a problem. Slovenia gives importance to regional cooperation, and we intend to strengthen cooperation with countries of Western Balkans, UNODC and Pompidou Group of the CoE.

Poland: Poland fully supports the EU statement and focuses on protecting human life and dignity. We reject the death penalty in all situations, including extrajudicial killings. We oppose war and condemn Russian military aggression against the independent state of Ukraine. We emphasize the growing problem of synthetic opioids which pose a challenge to public health and law enforcement. One of last year's resolutions tabled by Poland on behalf of the EU addresses this. The EU is increasingly threatened by these substances. **We recognize the link between mental health and drug use and stress the importance of self-care and psychological well-being of children, adolescents, and women.** 10 years after UNGASS, the outcome document remains relevant and while progress was made there are still significant challenges and need for cooperation and shared responsibility. **In public health we highlight preventive and treatment measures that place drug and drug dependence in a wider framework of addiction including alcohol related problems and behavioral addictions. We stress the importance of evidence-based prevention and member states have shown commitment to evidence-based policy by implementing quality standards.** Building coalition is crucial as cities and communities play a significant role in universal, selective, indicated, and environmental prevention measures. The effort would be incomplete without the **vital contribution of civil society** which plays a key role in addressing drug-related challenges and supporting people affected by addiction and **must have reliable access to public and international funds.**

Bulgaria: We align with the statement from the EU and recognize that the world drug situation remains a complex and multifaceted challenge requiring a balanced approach and evidence-based human rights-centered approach, as well as shared responsibility and full respect for international law. Our national strategy reflects those principles and

aims to reduce negative consequences of the spread and use of narcotic drugs and analogues, focused on improving health security and quality of life for society. **Drugs remain a serious challenge with long-term consequences for the future of young people and for the social environment, economic stability and rule of law. We will address this with engagement with the local prevention network.** We are observing a positive trend in improving results related to the detection and investigation of crimes. This concerns offences of national nature and international criminal activities. Bulgaria addition to Schengen has further strengthened our commitment to border management with cooperation within the EU and partner countries and international law enforcement authorities. In 2025 around 7000 drug operations were carried out, **we have 13% increase in registered drug related crimes, 24% decrease in solved crimes.** Police dismantled more than 40 small to medium-size synthetic drug laboratories and many illegal cannabis farms. The cooperation between UNODC and the National Institute Forensic Science of Bulgaria will lead to more informed and effective responses to drug-related threats and new psychoactive substances which are highly varied and evolve rapidly, requiring constant monitoring and coordination. Only true, consistent, and coordinated efforts can limit the spread of narcotic substances and ensure a safer and healthy future for younger generations and the whole community.

Belarus: UN drug control conventions are the foundation of the drug control system. We call on states to ensure their full and effective implementation. **Our country has noted a sustained trend to reduce the number of trafficking crimes. Decrease in number of poisonings, including fatalities. Decrease in adolescents detained for drug dealing.** However, the threat persists as evidenced by seizures. Our law enforcement agencies together seized more than 3 tonnes of illicit substances, the bulk of which were cathinone group synthetics. Conflict in our region has increased the number of transit efforts from EU countries towards the Russian Federation. In criminal cases we established as fact that in territories of Eastern and Central Europe there is one criminal group organising using telegram and electronic payments outside banking systems. **We oppose weakening of the drug control system, including through legalisation of cannabis. This increases the likelihood of use of hard drugs. Oppose use of medical substances for non-medical purposes.** Open to exchange of information on all categories of criminals including traffickers and open to joint investigations. We call on countries exerting pressure through sanctions to operate through the law and in compliance with their obligations. We stand ready to share the experience we gained and call on other countries to do likewise. We make good on obligations to provide foreign colleagues information, and we expect mutually beneficial exchanges.

Lithuania: fully aligns itself with the statements made by the European Union on behalf of the member states. As we meet today, the European context continues to be marked

by the consequences of Russia's war of aggression against Ukraine, military conflicts, and humanitarian crisis hamper the international community's efforts to be effective. Recent analysis prepared by the European Union Drug Agency shows continuing health and security problems and increasingly, the interplay between them creates a challenging policy context for the shaping and implementation of effective response. **We should aim to enhance international alliances drug threats and boost preparedness to meet synthetic drugs challenges, we acknowledge the multi disciplinary approach, which emphasizes preparedness, public health, harm reduction and international cooperation, and remains fully committed to collaborating with European Commission member states and all relevant stakeholders to implement the strategy.** We understand that drug use continues to pose serious health challenges worldwide, with young people and children affected in the context of addressing risks and harm. **Lithuania recognizes the critical importance of harm reduction measures in protecting individuals and communities from the adverse effect of drugs. From January 1st 2027, Lithuania is taking over the Presidency of the Council of the European Union. During presidency, Lithuania will ensure continuity of EU drug policy implementation.** We have many reasons to believe in strong international cooperation with different regions of the world to address and counter the world drug problem. We believe that the conventions and UNGASS outcome document enhance the health and wellbeing of humanity. **We advocate for pragmatic policies characterized by human centered approaches.** Lithuania will continue to uphold nationally and internationally recognized values and rights in the field of drug control policy, remain open to international cooperation and engage in constructive dialogue.

Romania: … Romania is facing an increase in demand for new psychoactive substances. In this context we support a unified framework while reducing differences between member states on the legal definition of the word drug. **We should remind ourselves that civil society plays an important role in the implementation of prevention campaigns. Taking this into consideration, I would like to use UNODC Pledge4Action to strengthen commitment to services provided by NGOs and community in prevention, including harm reduction services are often discontinued due to funding. Therefore, I pledge to provide financial contributions to qualify NGOs capable of delivering quality services to ensure their continuity.** In a strong partnership, Romania commits to partnership and supporting innovative initiatives that will be financed and launched by the end of this year.

Hungary: Hungary aligns itself with the statement delivered by the European Union and would like to add a few words in a national capacity; we are a committed party to the international drug control conventions, and the role of the Commission on Narcotic

Drugs (CND) is essential for coordinating, implementing, and interpreting these treaties, and we express our appreciation for the work of the UNODC, the INCB, and the ECDD. The effective functioning of these bodies is often compromised by a lack of resources, and we rely on these institutions to act as arbiters between member states, providing a vital forum for the convergence of diverse drug policies and responses, and the CND represents a key opportunity to identify workable solutions, with the “Vienna Spirit” being fundamental to maintaining the CND as a constructive body. We commend the European Commission for the adoption of the new EU drug strategy framework, which sustains the core principle of science- and evidence-based measures in respect of human rights while addressing the pressing challenges related to drug trafficking – goals that we fully support.


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UNAIDS
Prof. Michel Kazatchkine
Global Commission on Drug
Policy


Keynote Speaker:
Country interventions:
Eamonn Murphy
UNAIDS
Prof. Michel Kazatchkine
Global Commission on Drug Policy
Khaled Sallam
UNODC


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H.E. Ambassador
Marcela Tovar
Colombia
Anton Basenko
INPUD


Keynote Speaker:
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Global Commission on Drug Policy
Khaled Sallam
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Selected Plenary statements: human rights, harm reduction and treaty compliance

These plenary interventions, although delivered under different agenda items, offer a concentrated snapshot of how key institutional and state actors currently frame the relationship between drug control, human rights, and health. Taken together, they are highly relevant for advocacy.

The excerpts below therefore should not be read as a verbatim "debate" on issue, but as a set of position-markers that delegations themselves chose to place on the record in front of all CND members. They illustrate, on the one hand, a growing insistence by UN entities (OHCHR, WHO, UNODC, INCB) and the EU on integrating human rights, proportionality, access to controlled medicines, harm reduction, and people-centred responses into the core of the drug control system; and, on the other hand, Russia's use of the same forum to defend a strictly prohibitionist reading of the conventions, prioritise abstinence and punitive measures, and explicitly reject harm reduction and legalisation as incompatible with treaty obligations and human rights.

WHO: The Conventions provide the foundations for scheduling based on therapeutic value and risk of harm. Under 1961 and 1971 Conventions there are two distinct schedules with specific regulatory obligations for member states. The WHO ECDD plays a central role offering recommendations to UN SG and CND regarding the level of international control needed to prevent harm to health. WHO's overarching objectives through proposals of drug scheduling is to uphold public health. National authorities retain the flexibility to classify drugs differently in their domestic frameworks and introduce controls for substances not listed. A balanced approach is essential in policies. They must take into account the vital role of harm reduction strategies. They should also consider the harms of excessive controls, including excessive measures that fall on vulnerable populations. "..." When emerging data highlight therapeutic benefits or that risk has been overestimated. The scheduling of controlled medicines should be context specific. Decisions must be informed by inclusive consultations with health authorities, professional organizations, patients and all relevant stakeholders. Should never hinder ethically approved clinical research. In 2025, WHO published a revised version of its guideline on balanced national controlled medicine policies to ensure medical access and safety. WHO advises that further research be carried out on the impacts of scheduling at national level with regards to access and safety measures. It is imperative scheduling measures uphold the core objective of the Conventions, to protect health and welfare. This requires a careful balance.

European Union: … Underline the importance of INCB emphasis on human rights in line with the EU Drug Strategy. Welcome board engagement with Member States on implementation, including on protecting the right to health and in line with the drug

control conventions, and prioritising access to care, human rights, proportionality, and the needs of women, children and vulnerable populations. Strong support for clear INCB opposition to the death penalty for drug offences. Sustained focus on improving accessibility to medicine for medical and scientific purposes, especially in humanitarian settings. …

Russian Federation: Consistently support the INCB within its mandate under the three conventions. These efforts are relevant as an increasing number of countries are openly violating conventions. We expect the board to sustain principled position and such violations are unacceptable, particularly legalisation. …

Office of the High Commissioner for Human Rights (OHCHR): This agenda item is truly important to SPT work. INCB recommendations are very important for human rights, which are not a secondary element of international drug conventions but a prerequisite. The board does not limit to reminders but defines what it means to integrate human rights in drug policies. In UNGASS we anchored that principle. In the 20 years after we have observed the negative impact of drug policies on effectiveness of torture prevention and leading to compulsory drug treatment centers. We recommend that member states address these negative impacts of drug policies. We should ensure effective treatment of people who use drugs in harm reduction and call member states to consider alternatives to incarceration and punishment, this should be minimised and replaced by harm reduction based strategies and community care. We express concern about situations observed in so-called drug rehabilitation centers, often private without frameworks and practices that are a risk of ill treatment. We advise national preventive mechanisms to include drug policies in their monitoring mandate. Only by fully integrating human rights into drug policies can we build more effective, more just responses that are truly oriented towards the dignity of every person.

UNODC: We should prevent the diversion and non-medical use of controlled substances due to harm, but ensure adequate access for medical and scientific use. Some substances are essential for pain management in emergency and humanitarian settings and use in surgery. We affirm the need to make these available for medical and scientific purposes. 2016 UNGASS affirmed this and called on us to remove barriers while preventing diversion and misuse. Disparities remain profound. 7% of the world population consumes 90% of morphine equivalent, while many suffer pain due to limited access. Limited funding is an issue. ... We call on all member states to assess systems, safeguards, and capacity to protect people from harm and ensure efforts don't create barriers for medical or scientific access.

WHO: Everyone has the right to timely, affordable, and non-discriminatory access to medicines. States must prevent diversion and the non-medical use in line with conventions. Policies must strike a balance to prevent the diversion and safeguard communities. We released guidelines to support Member States and promoted

controlled medicines policies that are scientifically sound and rights based. We call on governments to strengthen monitoring and ensure availability and affordability, use technologies to enhance tracking and reduce stock outs. … Frameworks must protect patient safety without creating barriers. Scheduling decisions should be grounded in scientific evidence and prioritise optimised outcomes. Regarding prescribing, distributing, and administering we promote non discriminatory guidelines to enable health professionals to work within full scope of their expertise. We call on opioids to be available everywhere they are needed, including in criminal justice settings. … Can protect public health and uphold human rights while ensuring access to medicine for all.

INCB: In 10 years since UNGASS the international community has gained awareness of the importance of ensuring availability of opioid analgesics and substances for pain management, treatment of mental health, and **opioid agonist therapy**. Political commitments and practical policies prove access can be scaled up even in low-cost settings. We support Member States through learning programs and supplementary reports on availability, trends analysis and engagement with WHO, UNODC, and civil society. Global progress is yet to be reflected in data reported to the INCB. Morphine is one of the most affordable opioids but in 2024 82% of the world population consumed only 14% of the total amount of morphine used worldwide. 86% of global consumption is concentrated in Europe and North America. Barriers include regulation, cultural issues, lack of training, and affordability. Tracking consumption remains a challenge as only around half of countries provide consumption data. Analysis shows that while some progress has been achieved, regional disparities persist including for substances in the WHO list of essential medicine. … Ensuring availability is critically important during humanitarian emergencies where access to controlled medicines must be ensured. International travellers carrying controlled medicine for legitimate medical use must navigate complex regulations and controls. Entry of travellers legitimately holding controlled medicines must be allowed.

European Union: Albania, Andorra, Georgia, Iceland, Liechtenstein, Montenegro, North Macedonia, Norway, Republic Of Moldova, San Marino, Serbia, The United Kingdom, and Ukraine, align themselves with these statements. The full version will be published on the website. We reaffirm strong commitment to ensuring access and availability of internationally controlled drugs for medical and scientific purposes while preventing diversion and non-medical use. Underline that achieving balance requires a comprehensive evidence-based approach. The existing barriers include legislative and regulatory obstacles, lack of resources, weak health and supply systems, not enough training of healthcare professionals, limited data and monitoring capacity, lack of research for treatment, issues related to affordability, stigma and lack of awareness. Collaboration among governments, international organisations, health authorities, academia, civil society, community led organisation and private sector is essential. ... We stress the importance of ensuring access and availability of adequate effective treatment, care and support services for people in pain, mental health conditions and drug use disorders, including risk and harm reduction services, and of promoting integrated people centered and non-stigmatizing health responses. EU supports research and innovation and underline importance of inclusive research with gender

perspective and age-appropriate approach.Concerned about global inequities in access to controlled medicines, particularly in low- and middle-income countries and in emergency contexts. We stress the need to strengthen preparedness and resilience of health systems and supply chains.

Russian Federation: Ensuring availability while preventing diversion is the main goal of our work and inaction leads to suffering of people who can't be cured but can be helped. We had a tenfold increase in availability of pain-relieving meds and the recipe for this was: to remove legal barriers to the reasonable minimum to prevent diversion, using a unified method to calculate needed opioid quantities, developing convenient formulations and doses that make pharmaceutical decisions of no interest. Management structures need constant feedback, and we have a government hotline for patients to complain about prescription of opioids and operates 24/7. Problems are solved in 1 working day. Training healthcare professionals is a key task. Since 2025, our centre of palliative care has gained status from WHO and we started training doctors from other counties in pain relief. We need cooperation and there are still many barriers.

Hungary: We are aligned with EU statement. Variety of new psychoactive substances is rapidly increasing therefore we need to prevent diversion. Laboratories that analyse NPS face obstacles due to licensing and legal regulations that are different between states. We suggest a pilot to establish a network with licensed customs and toxicological laboratories. Members could be exempted from certain administrative obligations related to acquisition of small quantities of reference materials and remain subject to the rest of control and monitoring. This could contribute to improved response of early warning systems. This idea is still initial but we will go back to this in the future.

Item 6. Follow-up to the implementation at the national, regional and international levels of all commitments, as reflected in the Ministerial Declaration of 2019, to address and counter the world drug problem

UNODC: Since the adoption of the 2019 Ministerial Declaration, the illicit drug market has expanded in speed and complexity. We have made progress, but many more challenges persist. … Our approach is family health-centred and people-focused. For people who use drugs and those with drug use disorders, we support treatment, harm reduction, rehabilitation, and long-term recovery support. Integrated services for HIV, hepatitis, overdose prevention, and care in communities and prisons, among others, are needed. For people in contact with the criminal justice system, alternatives to conviction and punishment can be supportive. Alternative development can be vital in building community resilience. Challenges are evolving, and our responses must also evolve with speed and determination, turning science into action. We must scale up health responses to reduce harm and deepen multilateral cooperation to deliver on our shared commitments.

Hungary: … Finally, we would like to highlight one of the findings of the report on the world situation on drug abuse. The report states that synthetic cannabinoids derived from cannabidiol have begun to spread since 2020. This is particularly worrying, as cannabis remains the most widely used drug worldwide, and CBD is freely available in most countries. We consider that the biggest risk between the different national regulations. Although the Conventions regulate that the flowering and fruiting tops of all cannabis plants are scheduled as a narcotic drug, many countries have relaxed this approach, indirectly allowing the treatment of cannabis with synthetic agents, which poses a huge health risk to society via online trading. These aspects highlight the importance of maintaining the control requirements set out in the drug control conventions for the entire cannabis plant.

WHO: … Harm reduction remains a critical and evidence-based pillar of the public-health response to drug use. These interventions save lives, reduce transmission of HIV and viral hepatitis, and connect people who use drugs to health and social services. WHO continues to prioritize three key interventions: needle-and-syringe programmes; opioid agonist maintenance therapy for the treatment of opioid dependence; and community distribution of naloxone to prevent overdose mortality. In 2026, WHO launched a practical tool to support countries in developing and scaling up needle-and-syringe programmes. WHO recognizes that the impact of public-health action on drug use can be limited by structural barriers, including stigma, discrimination, legal and policy constraints, and gaps in service and medication accessibility. Addressing these barriers is essential to ensure equitable access to effective health services for people who use drugs and are in need of essential medicines. The Organization will continue to work to advance a public-health approach in drug policies to promote health, keep the world safe and serve the most vulnerable.

Russian Federation: … In addition to suppression of liberty and suspending sentences, we also apply other punitive measures such as mandatory treatment. This was applied to 3000 people. We want to form a society with a negative attitude to drug use. Wide use of digital resources in promotion and distribution of drugs is a threat to national security. Shift to virtual sphere required law enforcement to counter online use of drug online monitoring to identify and block this info that includes young people "…" We believe conventions allow for enough flexibility regarding measures such as those against abuse of drugs. There's a need to respect every country's sovereignty to implement drug control policies suited to their national situation without imposing specific models or approaches. There is no one size fits all approach to address the world drug problem and the flexibility should not collide with state parties obligations to limit use of drugs exclusively for medical and scientific purposes. In the case of cannabis legalisation for non medical and non scientific purposes, this contravenes 1961 convention and is a challenge to joint community. We urge member states to

comply with the legally binding provisions of conventions. We are concerned with the detrimental effects of legalisation of cannabis on public health safety and initiation of drug abuse in children and youth. This legalisation can be exploited by transnational drug related criminal networks and puts a burden on law enforcement. We underline that this is a threat to promotion and protection of human rights. The most effective way to promote human rights is to prevent illicit diversion of drugs. We believe abstinence should be the ultimate goal. Reducing harm does not provide a sustainable solution to the world drug problem and minimizing harms does not confront root causes, does not enable international communities to make progress. This limited approach perpetuates and increases challenges and implies tolerance to drug abuse and leads to legalisation which worsens the problem. The international community should not surrender to this scrooge. We underscore the need for evidence-based approach, comprehensive and balanced to address and counter world drug problems to ensure everyone can live in health, dignity and peace and emphasize that strengthening cross border law enforcement cooperation is essential and acknowledge the contribution of CND's bodies in addressing drug problems. Particularly the role of international cooperation in preventing and combating drug related crime and responding to challenges and barriers in particular measures that are not consistent with the charter of the UN. We urge member states to refrain from those measures. We need further ambitious actions to promote implementation of all international drug policy commitments. We call the independent expert panel to comply with this mandate and prepare non binding recommendations to enhance implementation of all international drug conventions. "…" Many take alternative approaches such as decriminalisation of consumption of some substances but this undermines the international drug control regime and gives power to the criminal organisations. We want to ensure a world free of drugs. …

Crimea's OAT shutdown: conflicting accounts by Russia and Ukraine

Ukraine: I congratulate the adoption of this resolution and thank you to sponsors and cosponsors. We just want to recall the situation that happened after the attempted annexation of the Ukrainian Crimea peninsula, when in 2014 Russian occupation stopped providing harm reduction and people started immediately dying. That's the price. Harm reduction has been part of our policy for a long time and we will continue to do this.

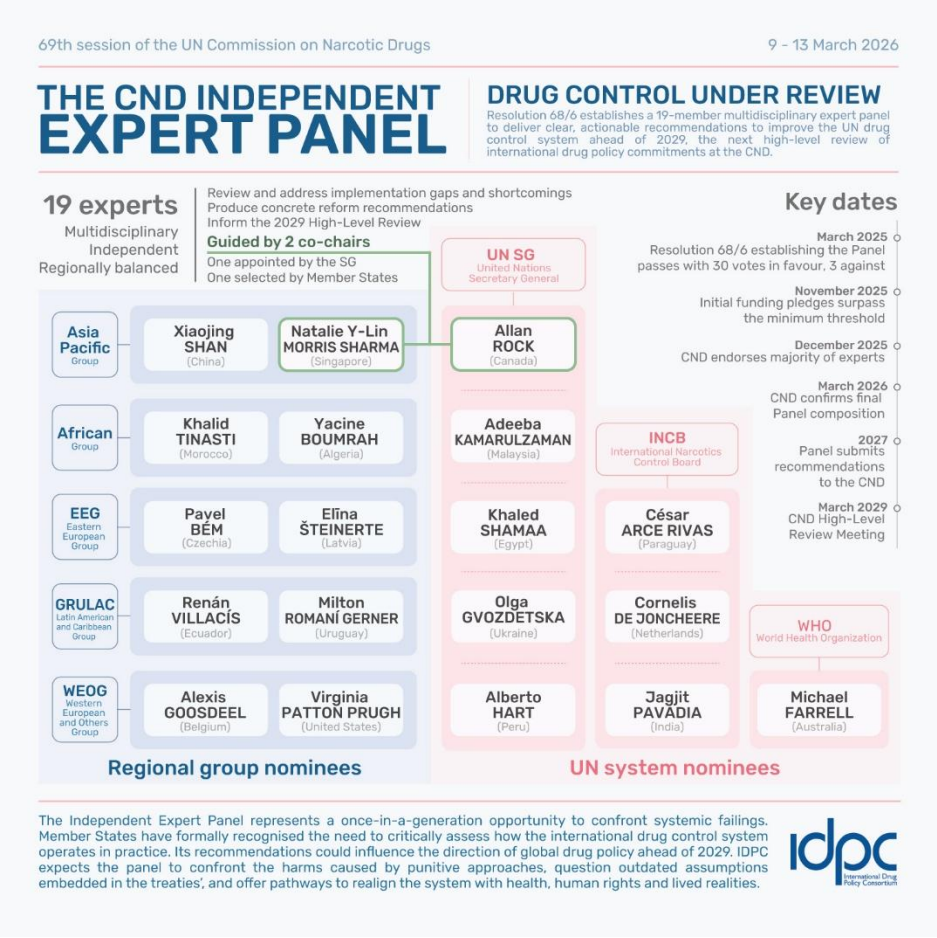
Russian Federation: In 2014 people of Ukraine chose their historic path to return to the rf and that led to the immediate death following the end of the harm reduction program. And I am solely speaking abo the provision of OAT and here using substitution would be the right term because actually something very different was happening with the doses of methadone the patients we are talking about there were over 800. Only ten of them died and they didn't die because they didn't receive methadone. Before taking the floor the delegation of Ukraine should check how we dealt with the closure of the program, we were slowly increasing the doses by milligrams to softly transition people from this type of therapy. and the international colleagues share this approach, our american colleagues for example. And we had assistance from gynecologist to help two women to get off this treatment and give birth. At least one gave birth drug free and now have healthy baby. To all who care take a look at the publication in amereican journal and see how it is done in the cases like this and before taking the floor on such a professional topic check twice, research, publications and think twice of what you say in the microphone

Ukraine: It was 805 people. We count every soul, it is important for us. I want to reiterate that all that was happening after February 2014 was made under the occupation, temporary occupation. All what was done to these people was done against their will by the occupation authorities. And more than 40 died.

CND Independent Expert Panel

The 19-member CND Independent Expert Panel was appointed in March 2026 through a mixed selection process to ensure both independence and regional balance. Ten experts were nominated by regional groups and confirmed by the Commission, while the UN Secretary-General appointed five, the International Narcotics Control Board three, and the World Health Organization one; the panel is co-chaired by Allan Rock (Canada), nominated by the Secretary-General, and Natalie Yu-Lin Morris-Sharma (Singapore), selected by member states.

Over the next three years, the panel will review how the international drug control system has been implemented since the 2019 Ministerial Declaration, identify gaps and shortcomings, and develop clear, specific and actionable recommendations to enhance implementation of the three drug control conventions and related commitments for consideration at the 2029 global drug policy review. Supported by the UNODC Secretariat, it is expected to hold at least two in-person meetings, consult widely with states and stakeholders, and submit its proposals in time to shape the next high-level review at the CND.



Resolutions

All resolutions were adopted by a vote.

Bolivia and Mexico sponsored Resolution L2 titled Measures to implement article 13 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 to prevent the diversion of equipment and related materials used for illicit production and manufacture of drugs. This resolution is about strengthening how states implement article 13 of the 1988 drug convention, which requires them to prevent the diversion of equipment and materials used for illicit drug manufacture. It urges countries to criminalise the intentional manufacture, transport or distribution of such equipment and materials when done for illicit drug production, to tighten controls on trade in these items, and to enhance international cooperation and information-sharing so authorities can better detect, prevent and investigate diversion linked to organised criminal groups. After the vote it was co-sponsored by: Finland, Japan, Norway, Albania, Portugal, France, Colombia.

Under this resolution, disagreements in the Committee of the Whole centred on how strongly to frame states' obligations and how explicitly to reference human rights. The United States and European Union pushed for a separate paragraph that would mention "international human rights law," while Russia objected to any wording that could make the drug conventions appear "subordinate" to human-rights treaties, insisting the three drug conventions remain the primary guiding documents.

In Favour: Argentina, **Armenia**, Australia, Austria, Belgium, Bolivia (Plurinational State of), Chile, Colombia, Côte d'Ivoire, Dominican Republic, France, Finland, Germany, Guatemala, Honduras, **Hungary**, Indonesia, Italy, Japan, **Kazakhstan**, Kenya, **Kyrgyzstan**, **Lithuania**, Malta, Mexico, Morocco, Netherlands (Kingdom of the), Nigeria, Pakistan, Peru, Poland, Portugal, Singapore, **Slovenia**, South Africa, Spain, Switzerland, Thailand, **Ukraine**, United Arab Emirates, United Kingdom of Great Britain and Northern Ireland, United Republic of Tanzania, United States of America, Uruguay, Zimbabwe

Against: India

Abstentions: Burkina Faso, China and Qatar

Bolivia and USA sponsored Resolution L3 Enhancing supply chain integrity to prevent the criminal exploitation of licit supply chains and shipping modalities for the illicit manufacture and trafficking of narcotic drugs and psychotropic substances. This resolution focuses on "enhancing supply chain integrity" so that licit global trade and shipping channels are not exploited for the illicit manufacture and trafficking of narcotic drugs and psychotropic substances. It calls on states to step up controls and information-sharing on non-scheduled chemicals and "designer precursors," strengthen

monitoring of materials, equipment and shipping modalities, and work more closely with INCB, UNODC and private-sector actors to prevent diversion within legitimate supply chains. After the vote it was co-sponsored by: Ukraine, Israel, Italy, Japan, Albania, Lithuania, Hungary.

In the Committee of the Whole, objections focused on the scope and framing of “supply chain integrity” and on how far to go in referencing economic and environmental impacts. China, Russia and some others argued that “integrity” is an economic/trade concept that stretches CND’s mandate and preferred more limited wording about preventing diversion in line with the 1988 Convention, while sponsors (particularly the US and EU) saw it as central to tackling exploitation of global logistics. Several delegations, including Iran and China, also questioned preambular references to the economic and “biological” or environmental impacts of drug markets and sought to delete or soften those, whereas like-minded states wanted to retain broader language about harms to societies and ecosystems.

Against: China

Abstentions: Burkina Faso, India, **Kyrgyzstan**, Qatar, South Africa, Thailand

Resolution L4. Appendix to Complement the United Nations Guiding Principles on Alternative Development to update and complement the 2013 UN Guiding Principles on Alternative Development was sponsored by Bolivia, Brazil, Cyprus (on behalf of the EU), Peru, Thailand, Albania, China and UK. After the vote it was co-sponsored by**:** Switzerland, Portugal, Singapore, Uruguay, Nigeria, China, Colombia, Japan, Ukraine, Norway, Ireland and Malaysia.

Sponsors reported that informals had exposed deep splits over how far the new Appendix should go, particularly around integrating references to synthetic drugs and updating concepts of alternative development. Some delegations (notably the United States and Argentina, who later voted against) were uncomfortable with expanding the scope of alternative development beyond traditional crop-substitution and with what they perceived as mandates or processes developed partly outside CND (e.g. Lima discussions), while others pushed for a more modern, holistic treatment of rural development and its links to synthetic markets; process concerns about how and when member states would be able to negotiate or amend the Appendix before it moved to ECOSOC and the General Assembly also surfaced in Russia’s questions to the sponsors.

Against: Argentina, USA

Abstention: Burkina Faso, Qatar

Kyrgyzstan, Burkina Faso, Turkmenistan and Uzbekistan sponsored Resolution L5. Strengthening early warning mechanisms consisting of monitoring and assessment systems to enable effective responses to the emergence of new synthetic drugs, new psychoactive substances and precursors, including pre-precursors and designer precursors. This resolution is about strengthening national and international early warning mechanisms so countries can respond more quickly and effectively to the emergence of new synthetic drugs, new psychoactive substances, and their precursors and substitutes. It encourages states to improve monitoring and assessment systems (including forensic, toxicological and public-health data streams), share information with each other and with UN bodies, and use those early warning insights to guide public-health alerts, scheduling decisions and other timely responses to reduce drug-related harms. After the vote it was co-sponsored by: Chile, Netherlands, Honduras, China, Colombia, Japan, Pakistan, Colombia, Japan, Pakistan, Spain, Belgium, Australia, Finland, France, Germany, Kazakhstan, Malta, Poland, Portugal, Singapore, UK, Zimbabwe, Albania, Ireland, Egypt.

Negotiations on L5 revealed several fault-lines: Russia, backed by INCB, opposed explicit references to “drug checking outputs,” arguing such services may promote drug use and should instead be hidden under broader “toxicological services,” while Canada, Switzerland and others insisted on naming drug checking as a legitimate data source for early warning. There was a parallel dispute over whether early-warning alerts should explicitly reach “affected communities and individuals” or be framed more generically as “general and specific drug-related public-health alerts,” with Russia initially questioning mechanisms to reach individuals and Colombia, Switzerland and others defending people-centred outreach; further disagreements arose over singling out “developing countries” and “according to their needs” in technical-assistance language (with the US and Iran opposing and Colombia, Egypt and South Africa insisting on it), and over how explicitly to reflect WHO’s treaty-based role in scheduling within early-warning cooperation, where Mexico, Colombia, the EU and others pushed to name WHO while the US warned against mischaracterising or expanding its mandate.

Against: Argentina, United States

Abstentions: Bolivia, Qatar

Albania, Bolivia, Brazil, Finland, Lebanon, Morocco and Norway sponsored Resolution L6. Promoting integrated and coherent systems of scientific evidence-based drug-related public health responses. This resolution is about promoting national systems that deliver scientific evidence-based drug-related public-health responses, and making those systems more integrated and coherent across services and sectors. It encourages countries to scale up the full continuum of health responses (prevention, early intervention, treatment, care, recovery, social reintegration and, where states

choose, harm reduction), strengthen coordination between health and social services, and address barriers to accessing controlled medicines and health services, especially for people who use drugs and other groups facing stigma or discrimination. After the vote it was co-sponsored by: Australia, Chile, Colombia, Kingdom Of The Netherlands, Mexico, Switzerland, Thailand, Ukraine, United Kingdom, United Republic Of Tanzania, Uruguay, Zimbabwe, South Africa, Canada, Egypt, New Zealand, Ireland, Peru, Ghana.

Debate on L6 hinged on three big issues: whether to explicitly use the term “harm reduction,” how far to go in naming stigma, discrimination and “persons in vulnerable situations,” and how strongly to centre consultation with affected communities. The United States and Russia made clear they could not accept “harm reduction” as a consensual CND term—arguing that resolution 67/4 was about overdose prevention and not an endorsement of harm reduction, and calling instead for broader formulations like “initiatives to address the health and social consequences of the non-medical use of drugs”—while sponsors and several EU/LatAm states tried (unsuccessfully) to retain explicit references. The US, Russia, Iran and others also pushed back against detailed language on “multiple and intersecting forms of discrimination” and on “persons in vulnerable situations,” citing lack of clear definitions or World Drug Report evidence and preferring softer phrases such as “vulnerable members of society,” and Russia questioned the practicality of broad wording on engaging “people and families affected by drug use,” prompting a UK/Chile compromise that reframed this as consultation “as appropriate” in the development and delivery of evidence-based public-health responses.

Against: United States and Argentina

Abstentions: Burkina Faso and Qatar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AND BELONGINGS
INSIDE MEETING ROOM


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DR L. NOLAN
EXECUTIVE DIRECTOR
EU DRUGS AGENCY

Informal NGO Dialogue with the INCB President

Question 6: In light of the increasing use of the death penalty for drug offences worldwide, how does INCB intend to support Member States in implementing its recommendation to abolish capital punishment for drug-related offences and end compulsory detention centers?

Submitted by: Ágora

INCB President. I want to recall that the drug control treaties do not require or encourage the use of the death penalty for drug offences. We have also raised concerns over compulsory drug detention centres where people are confined without due process or access to treatment. This is done through sustained dialogue with governments. We encourage proportionate responses prioritising public health and rehab. Through our annual reports we provide normative guidance and remind states that drug dependence is a health condition that requires treatment and social support, not punishment. In 2024, we reiterated our position that the conventions explicitly require that sanctions are adequate and proportionate and take into account the gravity of the offence and degree of responsibility of the offender. In the same report, we reiterated our call for MS who have not done so to shift efforts from compulsory and involuntary treatment towards voluntary treatment and rehab, and to consider alternatives for those convicted of drug use offences. Third, we collaborate closely with UN human rights mechanisms, UNODC and other parties to provide alternatives, voluntary and community-based responses. However, bear in mind that the INCB is not an enforcement body. Our influence lies in engagement and compliance with treaty obligations. Effective drug control must respect human dignity and the rule of law. Public health, proportionality and human rights – these are integral to the implementation of the conventions.

Question 11: How does the Board plan to encourage Member States to expand access to opioid agonist treatment as a medically essential intervention?

Submitted by: Open Society Institute (OSI)

INCB President. Within its mandate to monitor the international drug control treaties, the INCB continues to promote access to treatment. This includes access to OAT, including during side events and monitoring missions to member states.

Question 12: How does INCB plan to support Member States in operationalizing truly integrated, multi-pillar drug strategies that give equal weight to prevention, treatment, harm reduction, recovery, and proportionate law enforcement?

Submitted by: ARTM Macau and Association Proyecto Hombre

INCB President. The conventions reflect a balanced approach, requiring states to prevent drug trafficking, and provide treatment, rehab and social reintegration. The legal foundation for a multi pillar strategy is already there. We support States through dialogue where we encourage policies integrating prevention, treatment, recovery and proportionate law enforcement. Through our annual reports and thematic chapters, we highlight good practices and evidence based approaches, including alternatives to prison for people with drug use disorders. We work closely with UNODC, WHO, Interpol, human rights bodies and other partners who provide technical expertise for evidence based treatment. We remind governments that supply reduction alone is not sufficient. Sustainable results require demand reduction. Proportionate responses must coexist with accessible services and community-based care.

Informal NGO Dialogue with the Acting UNODC Executive Director

Eurasian Harm Reduction Association: In several countries across Eastern Europe and Central Asia, the civic space for community-based health services is rapidly shrinking. How does UNODC assess this trend of criminalisation of civil society and community-led services in the drug policy field, and what concrete mechanisms does UNODC have to influence or hold governments accountable when national laws and practices directly contradict UN commitments to health, human rights, and meaningful civil society participation?

United Nations Office on Drugs and Crime (UNODC):

Helsinki Foundation for Human Rights: The United Nations system committed to supporting reform-oriented efforts aimed at ensuring alternatives to conviction or punishment for minor drug-related offences. What is UNODC doing to promote the implementation of relevant UN guidelines, in particular the new UNAIDS guidance on decriminalisation?

United Nations Office on Drugs and Crime (UNODC): Our approach is based on the flexibility that exists within the international legal framework. I have discussed this myself in this setting before. Decriminalisation is compatible with that framework, and the conventions do not require the criminalisation of drug use per se. They allow States a degree of discretion regarding possession for personal use, subject to constitutional principles and the basic concepts of their legal systems. Based on that framework, we work with countries to promote alternatives to conviction and punishment, which is an important part of addressing drug issues, especially for minor drug-related offences. We provide technical assistance, legislative support, capacity building, and tools to help countries integrate these alternatives at all stages of the criminal justice process. The goal is to promote evidence-based, health-centred, and recovery-oriented responses, such as voluntary treatment for drug use disorders, while reducing excessive use of

pretrial detention and supporting rehabilitation and social reintegration. Our work is guided by international frameworks such as the UN Standard Minimum Rules for Non-custodial Measures, the Tokyo Rules, as well as the recently adopted model strategies for reducing reoffending. On a personal note, I will mention that my twin brother is a judge in the United States, and he has worked for decades at state level. He has told me that the most effective programmes he has seen for people with drug use disorders coming through the criminal justice system were those that provided support and treatment as alternatives to conviction and punishment. He has seen many success stories in that regard. His only regret was that he never had enough resources to implement these approaches more widely. He is retiring soon, but I think many people in that court system share the same view.

Youth RISE: Global drug markets are increasingly diversifying towards stimulants and new psychoactive substances, including synthetic cathinones, often presenting distinct health, social, and wellbeing impacts, as well as different patterns of consumption and service needs. While substantial technical guidance exists for opioid-related harm, there is comparatively limited operational guidance tailored to stimulant use and non-opioid new psychoactive substances. How does UNODC plan to strengthen the development of evidence-based technical guidance for stimulant use, ensuring that harm reduction responses reflect diverse patterns of use and are adapted to evolving drug markets?

United Nations Office on Drugs and Crime (UNODC): Of course, the first step is to better understand the problem, because it is rapidly evolving. We are therefore expanding research and data collection on patterns of stimulant and new psychoactive substance use in order to inform targeted interventions. We are using our network of laboratories and our early warning advisory on new psychoactive substances, which is now monitoring over 1,400 substances from 153 countries and territories. We launched the Scale Up initiative in late 2024 together with WHO, and the European Union Drugs Agency joined the initiative last year. Scale Up is devoted to expanding scalable solutions for stimulant use disorders, particularly pharmacological options. Under this initiative, the European Union Drugs Agency is organising a series of webinars on the issue, and WHO has initiated the preparatory phases of a target product profile to guide research globally. This work is intended to ensure that countries receive actionable and up-to-date guidance that protects public health and responds to the needs of people using stimulants and new psychoactive substances. So we are trying to improve research, understanding, and the availability of information both on the problem and on how to address it through cooperation with other agencies.

Informal NGO Dialogue with OHCHR, UNAIDS and UNDP

Harm Reduction International, South Asian Drugs and Addictions Research Council (SA-DARC): In the context of significant global HIV funding cuts and the

uncertainty surrounding the future institutional role of UNAIDS, how will UNAIDS ensure sustained political and financial commitment to harm reduction for people who use drugs, particularly in countries where domestic financing remains minimal or punitive drug laws persist? Specifically, what safeguards will be put in place to protect community-led harm reduction services from being deprioritised, defunded or absorbed into broader HIV programming in ways that undermine their accessibility, quality and human rights-based approach?

Joint United Nations Programme on HIV/AIDS (UNAIDS): Thanks very much. There are quite a few different parts to that question. If I look at the bigger picture, we do have a number of instruments that structure the response, and they are not always tied to one institutional arrangement. First, there is the political declaration from the high-level meeting on HIV. There will be a new one in June this year, which will be a critical moment for all Member States. Five years ago, they voted and reaffirmed a whole set of commitments, including commitments relevant to the programmes you are referring to and rights-based targets. So this year is going to be crucial for continuity, because it will be another five-year commitment by Member States themselves, and it gives communities, the UN and other partners something to hold them accountable to. The Global AIDS Strategy sits alongside that and takes those targets further. It was agreed in December last year and provides broader guidance. So both of those are continuity instruments for the response. It is not really about one institutional structure; rather, we should think of it as a UN response to HIV that has evolved over time and will continue to evolve. There is the co-sponsored programme structure we are all familiar with, but that has changed before and will keep changing. Funding, of course, is under major pressure across development generally, not only in health or HIV, and for a range of reasons. Perhaps there was too much dependence on a small number of countries, and that has had a clear impact. Civil society felt the brunt of that first, and the effects are now flowing through the wider system. Structural reforms will occur across all UN agencies, not just ours. That is why these commitments governments make are so important for continuity. The question then becomes how we, collectively, continue to advocate so that these programmes continue. This is also where criminalisation comes into the picture. After this event, we actually have a side event on new guidance around decriminalisation, which unpacks even further what is already in the Global AIDS Strategy and in the political declaration. But implementation is the hardest part. We all know that there are many international agreements and declarations that are not effectively implemented. So sustainability is now the key agenda across sectors. That means national ownership and countries increasing their domestic investment. Some of the dramatic cuts we have seen are forcing that conversation. Global mechanisms like the Global Fund are also facing major cuts, and the shift over the next five years and beyond will have to be towards greater domestic investment. We are working with a

range of partners, including governments, on this issue of accountability and sustainability.

Eurasian Harm Reduction Association (EHRA): How will UNDP continue to support countries in advancing civil society participation and human-rights-based drug policies, in line with the UN System Common Position on drug policy, the International Guidelines on Human Rights and Drug Policy and the latest Human Rights Council resolution, in the current political and financial context?

United Nations Development Programme (UNDP): UNDP actually has a project with the Eurasian Harm Reduction Association that directly engages EHRA in providing analysis on the needs for reform among European Union candidate countries in the area of drug policy, so that is one direct example I can give that is related to EHRA itself. More generally, we work very closely with civil society, as I mentioned in response to another question. When we shape our responses and interventions, and especially at country level, UNDP support has to be requested by the country; we do not parachute ourselves into countries and start offering advice no one asked for. Historically, UNDP's work has focused a great deal on law and policy reform, legal environment assessments and legal scans. We are now also moving into operationalising the

decriminalisation guidance. We work quite extensively with the judiciary on matters related to HIV, key populations, LGBTQI rights, and we would also like to work more with judges on questions of law and drug policy. We also support harm reduction responses and try to support the sustainability of harm reduction for the day when the Global Fund is no longer there, or when grants are restructured and there is a need for much greater national investment. Then there is the development impact of drug policy. That is why the discussion paper presented today was put together: to amplify and catalyse a discourse about how drug policies can be reformed towards less punishment, fewer criminal sanctions, and more health and human rights. That does not only make them fairer and more inclusive; in most cases it also makes them cheaper, because we have evidence that punitive approaches rarely work very well and cost a great deal. UNDP also makes economic arguments for reforms that are effective and cost-efficient. And, of course, amplifying community voices is always something we try to do, in partnership with Secretariat colleagues, OHCHR and other sister agencies.

Informal NGO dialogue with the CND Chair

Question 8: Thank you for your leadership in supporting the work of the independent panel of experts. As this process moves forward, how do you intend to ensure that meaningful, inclusive and transparent consultations with civil society and young people will take place throughout the review process? Additionally, what are your expectations regarding the timeline for the delivery of the panel's recommendations, and how will the CND, Member States and other stakeholders implement these recommendations?

Submitted by: International Drug Policy Consortium ; Fundación Latinoamérica Reforma

CND Chair. The elections of the panel members was one highlight of this CND. The panel's recommendations are expected to feed into the 2029 review of the CND, and recommendations will be presented at next year's CND session. After the composition is completed, we will select a co-chair today. Once the panel is composed, it will start its work. The CND is a forum for discussion, including on the recommendations of the panel. The CND will need to receive and consider recommendations before thinking of implementation. On CSO participation, the panel will conduct consultations with states, other stakeholders, including civil society, youth academia, the private sector and other actors. The panel is composed of independent experts, so it will be up to the co-chairs to decide how to conduct their work.

Question 11: In light of reports highlighting a decline in international funding for harm reduction programs (HIV/Hepatitis C, etc.), how does the Commission on Narcotic Drugs (CND) intend to encourage renewed political commitment to

ensure that treatment services remain accessible to the most vulnerable populations?"

Submitted by: Save the Climate

CND Chair. We are aware of reduced international funding, especially for HIV and hepatitis C, especially for vulnerable people. Ensuring the continuity of access to services aligns with drug policy frameworks, and we will continue to encourage continued funding for such important programmes. The CND plays an important normative and convening role in this regard. The CND will continue to engage with WHO, UNODC and other UN entities to promote coherence for sustained investment for HIV and hepatitis C services for PWUD.

Informal NGO Dialogue with WHO

Open Society Institute: Given the UN80 reform proposal to sunset UNAIDS by the end of 2026, how does WHO intend to ensure that the legacy of harm reduction is protected going forwards? Specifically, how does WHO intend to safeguard the continuity of leadership, data systems, community engagement, and accountability mechanisms that UNAIDS currently provides, especially in light of projected increases in AIDS related mortality and the crucial role UNAIDS plays in supporting countries facing funding withdrawals.

WHO: Thank you very much for this important question. And I think first of all, we have to say that there has not been a final decision to close UNAIDS, especially by 2026. So, what has been agreed so far is a process to consider options for the future arrangement of the Joint UN Programme with member states discussing those through the PCB [UNAIDS Programme Coordinating Board] process during this year. As for WHO, we recognize the concerns by partners and by civil society of what this discussion could mean for the HIV response. Our position is clear that the changes in the UN system must protect and strengthen the progress toward ending AIDS as a public health threat by 2030, as we have all agreed. As one of the co-sponsors of UNAIDS, WHO will continue to play a key role in areas where we have a clear mandate and a comparative advantage. That includes providing normative guidance and technical leadership on the HIV response, but also related areas of viral hepatitis and harm reduction and strengthening strategic information to support member states to be able to monitor the HIV response and so they can use data to close the gaps and support the integration of HIV services within broader health – without losing the focus on low-threshold and community-based and community-led services. So we will continue to work closely with communities and civil society to ensure that the HIV response remains people-centred and accountable, and to support countries facing funding pressure to prioritise effective and evidence-based interventions, Finally, on the countries facing funding withdrawals that we have seen last year, we continue to support governments to prioritise the most cost-effective interventions and also to integrate HIV and harm reduction within stronger

health systems, as I said already without losing focus on low-threshold community delivery models, and to sustain access to essential medicines and services. Thank you.

Harm Reduction International [merged with another question from Ágora]**:** As harm reduction interventions are increasingly framed as part of broader health systems, how will WHO ensure that this integration strengthens, rather than dilutes, the quality, accessibility, and community-led nature of harm reduction services, particularly in overburdened health systems? And in the context of integration, what guidance is WHO providing to Member States to ensure sustainable financing for the full package of harm reduction services? Thank you.

WHO: Thank you. First of all, WHO fully recognises that harm reduction has been built and advanced through the leadership of communities and civil society, and also that these services are increasingly being integrated or pushed into the broader health and primary care systems. I think it's very essential to ensure that this process strengthens rather than dilutes the core principles of harm reduction. As for WHO guidance, I think we can repeat that we emphasise that harm reduction services must remain low threshold, voluntary, evidence-based and community centred. Community-led and peer-based organizations are best placed to reach people who use drugs, particularly in the settings with criminalization and stigma which create barriers to accessing traditional health services. Integration therefore does not mean replacing community services with facility-based services. Rather it means strengthening the linkages between community-led harm reduction programmes and health systems including HIV, hepatitis, and primary care services, while ensuring that community organisations remain central partners in service delivery.

We recently published updated implementation guidance on harm reduction and needle and syringe programmes which emphasises even more the role of low-threshold and community-based services. WHO also continues to highlight that the full package of harm reduction interventions – including needle and syringe programmes, overdose management through naloxone provision, and HIV and hepatitis services – should be considered essential components of national health responses, including in times of crisis. We also last year published guidance for member states to prioritise essential services, and harm reduction is specifically mentioned as a priority service that needs to be maintained in times of crisis, whether it be conflicts or funding cuts.

We also engage actively with the Global Fund to make sure that this guidance makes into their information note so that countries follow this guidance when they apply for funding grants from the Global Fund. We try to support member states in integrating those services within the universal health coverage framework, while also emphasizing the importance of sustainable and dedicated financing, including for community-led programmes. This year, there will also be a report by WHO and UNAIDS about different models of sustainable services for key populations, including people who inject drugs, where some examples from around the world are shown including different models of funding by governments or other models. This should be published in a couple of months I hope

International Drug Policy Consortium: The WHO's ECDD plays a critical role in international scheduling decisions. And yet, the critical reviews of substances like cannabis and the coca leaf have shown that the human rights implications of scheduling are not given due consideration. How can the ECDD ensure that potential human rights implications are systematically considered in its scheduling decisions? Could the ECDD, for instance, request inputs from external human rights experts, including from Office of the United Nations High Commissioner for Human Rights? Thank you.

WHO: The ECDD operates under a technical mandate established to fulfil WHO's mandate to advise the CND on the international control that should be applied to psychoactive substances based on pre-determined criteria. So, although its work is grounded in the assessment of substances and harms to health, similarity and or convertibility to other controlled substances, therapeutic usefulness and public health risks and benefits, the recommendations are intended to promote the realization of the right to health and equitable access to psychoactive substances with medical and scientific use in line with the mandate of WHO. WHO's technical lead on human rights advises the ECDD Secretariat on matters that relate to health and human rights. External human rights experts, for example from OHCHR, are also consulted as part of the ECDD Secretariat's public consultation. And we also receive written materials from external human rights observers. Evidence or testimony that relates to directly to the ECDD's technical mandate would be considered in the ECDD's decision making process – evidence that would map on to the criteria that the committee are considering. Relevant submissions are reviewed alongside the scientific evidence base, reflected as appropriate in the critical review reports that are published online, and are also taken into account in the formulation of the recommendations.

Youth RISE: Nightlife settings are significant contexts of drug use among young people, yet they remain absent from the WHO harm reduction guidelines. Given the proliferation of new psychoactive substances and adulterants in unregulated drug markets, will WHO develop specific technical guidance on nightlife interventions, specifically including standardized protocols for drug checking services as an important health intervention? Thank you.

WHO: First of all, WHO recognises that nightlife and recreational settings can be important contexts for substance use, particularly among young people, and these environments present specific public health risks, including exposure to new psychoactive substances and adulterants in unregulated markets. And so, at present, our harm reduction guidance focuses primarily on interventions with a strong evidence base for preventing the most severe outcomes associated with drug use, including HIV, viral hepatitis infections and overdose. In the recent scoping work conducted as a part of the update of WHO guidelines on treatment of opioid use disorder and community management of opioid overdose, WHO didn't identify sufficient evidence to commission a full systematic review on drug checking services in the context of opioid overdose management. At the same time, we recognize that drug checking services may have potential public health benefits beyond opioid overdose prevention – for example, by providing information on drug market composition, enabling early warning systems and creating opportunities to engage people who use drugs with health and harm reduction services. We continue to monitor emerging evidence and experience from countries implementing such interventions. We also discuss with the European Drug Agency about their work in this area. As with all WHO normative work and the development of any new guidance, it depends on the availability of sufficient evidence and resources to conduct the necessary systematic reviews and processes. It is on our 'to do list', but it will take some time maybe.

Helsinki Foundation for Human Rights: Around the world, there are countries and regions that face challenges arising from situations such as armed conflict, humanitarian crises, poverty and the issue that brings us here, the war on drugs. While these circumstances have a profound impact on entire societies, people who use drugs often find themselves in an even worse situation. Among many actions that can be taken to support communities, accessible take-home naloxone is a simple measure that could improve the situation for at least some of them. How does WHO see its role in promoting wider access to this medication?

WHO: Thank you very much for the question. As you likely know, naloxone is on the WHO List of Essential Medicines and is not internationally controlled. So, we agree that it should be widely available? In 2014, WHO already issued guidelines on community management of opioid overdose, including a recommendation that people likely to witness an opioid overdose should have access to naloxone and be instructed in its administration to enable them to use it for the emergency management of suspected opioid overdose. Following the issuance of the guideline, a feasibility study on opioid overdose prevention in low- and middle-income countries in line with the guideline recommendations was conducted just before the pandemic. That was a project of the

Stop Overdose Safely (SOS) Initiative, and it demonstrated systematically – I think for the first time – that the feasibility of take-home naloxone programmes also works fine in low- and middle-income countries. We have now completed an updated evidence review and are planning to release an update of these 2014 guidelines, as I mentioned, together with the update of the guidelines on treatment of opioid dependence around the time of the World Health Assembly next year. While I cannot talk about the details of the updated guideline development process, I think we can assure you that we continue to promote and monitor access to effective medicines for treatment of substance use disorders and for emergency management of opioid overdose as part of our work.

Just so you know, maybe to highlight from last year, in the light of the sudden funding cuts occurring and service interruptions in many places around the world, we published the implementation guidance on opioid agonist treatment as an essential health service, but also with mitigation strategies for service disruptions. While this highlighted OAT [opioid agonist treatment] as an essential health service, at the same time it also highlighted again the role of naloxone in times of including unplanned service interruptions to mitigate risks and obviously prevent.

EHRA side events

EHRA co-organised two high-profile side events at CND69 that connected regional evidence from CEECA with global debates in Vienna. The first, "Undesirable civil societies – unmet needs," unpacked how "foreign agent" laws, funding cuts and other civic-space restrictions across Eastern Europe and Central Asia are undermining community-led harm reduction and HIV responses, leaving people who use drugs and other marginalised groups without essential health and rights services.

The second, “EU accession as an opportunity for human rights-based and balanced drug policy reform,” brought together EU institutions, UN agencies, governments and civil society to discuss how the enlargement process can be leveraged to push candidate and neighbourhood countries towards evidence-based, rights-oriented and health-centred drug policies.