

8 March 2018

Dr Tedros Adhanom Ghebreyesus, WHO Director-General  
Mr Yuri Fedotov, UNODC Executive Director

## Open letter on the UNODC/WHO International Standards for the Treatment of Drug Use Disorders

Dear Sirs,

We, the undersigned civil society organisations working at the national, regional and international level on issues related to drug use, drug treatment, harm reduction and drug policies, are writing to you today regarding the joint UNODC and WHO publication entitled *International Standards for the Treatment of Drug Use Disorders*.

**The ‘Draft for Field Testing’ of this document (March 2017) raises serious concerns and contains significant omissions and misrepresentations. We request your urgent action to prevent these Standards being released in their current state. Three areas are of particular concern.**

### 1. Stigmatizing and uncited assertions

The current document falls far short of the standard we expect from normative guidance from the UN. Stigmatizing and pathologizing language is used throughout the Standards to refer to people who use drugs, without citation and with claims that go well beyond the evidence base. These statements are particularly inappropriate given the document’s emphasis on the need for ethical standards in treatment and for non-discriminatory approaches. Uncited and unsubstantiated statements throughout the document are vague, unhelpful, and value laden. Examples include:

- drug treatment helps to “normalize brain functioning” (Page 1);
- people with drug use disorders “often lose interest in and neglect their family and social life, education, work and recreation” (Page 2);
- “The scientific community now has a complex understanding of how these disruptions in brain functioning result in the development of drug use disorders” (Page 3);
- “abnormal brain functioning in affected individuals predisposes them to make decisions with disastrous consequences to their own health and well-being” (Page 3);
- “the majority of pregnant women with a drug use disorder have few if any parenting skills, and may lack basic knowledge about child development and childrearing” (Page 62).

### 2. Lack of meaningful inclusion of people who use drugs in review

The acknowledgements section of the document, and the experience of several signatories on this letter, appears to demonstrate that the development of these Standards has failed to meaningfully include people who use drugs. This is contrary to established best practice from both WHO and UNODC. We understand that peers were invited to recent consultations, and that the International Network of People who Use Drugs was able to provide comments, but also that reviewers were informed that changes were unlikely as the text had already been agreed by member states. This seems more like meaningless review rather than meaningful engagement, and given the weakness of the document, is deeply concerning. In the spirit of ‘Nothing About Us Without Us’, the meaningful engagement of people who use drugs is essential precisely to identify the kinds of problems that the

current draft will exacerbate. Without input from those directly affected, the validity of these Standards will be called into question.

### 3. Lack of mention of harm reduction or key health interventions for people who inject drugs

It is striking and alarming that, despite multiple publications from and assertions by your agencies that you acknowledge the central role that harm reduction plays in drugs services, this document does not contain either the phrase or reference to important interventions such as heroin assisted treatment or drug consumption rooms. Failure to mention harm reduction is at odds with your own guides and practice: for example, the *WHO, UNODC, UNAIDS Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users* (2012) cites a comprehensive package of interventions “commonly referred to as a harm reduction approach”. The *WHO Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations* (2014) makes numerous explicit references to, and recommendations on, harm reduction – as does the multi-agency *Implementing Comprehensive HIV and HCV Programmes with People Who Inject Drugs* (2017) toolkit that was co-produced by UNODC and the International Network of People who Use Drugs, among others. Given the recognized importance of integrating HIV, hepatitis C and drug dependence treatment services, and the purported interest in and reference to the overdose crisis, it is incomprehensible that the Draft Field Guide would not include these references.

The document places an unbalanced emphasis on abstinence-based treatment models and “recovery”. The draft Standards elevate the status of naltrexone and present it on a par with far more established and proven treatments such as methadone and buprenorphine. At the same time, heroin assisted treatment is not mentioned at all, despite significant peer-reviewed and published evidence.

#### Urgent action needed

In line with the other submissions you have received about the draft Standards – from the International Network of People who Use Drugs, from CoAct, and from the UN Strategic Advisory Group on HIV and Drug Use – the concerns outlined above lead us to suspect that the document is as reflective of political biases as of the evidence-base. This is not work that meets the standards of Standards, and we call on you to postpone the release or future dissemination of the document until these shortcomings are appropriately addressed. We trust that we have your support and understanding on this important issue.

Yours sincerely,

List organisations