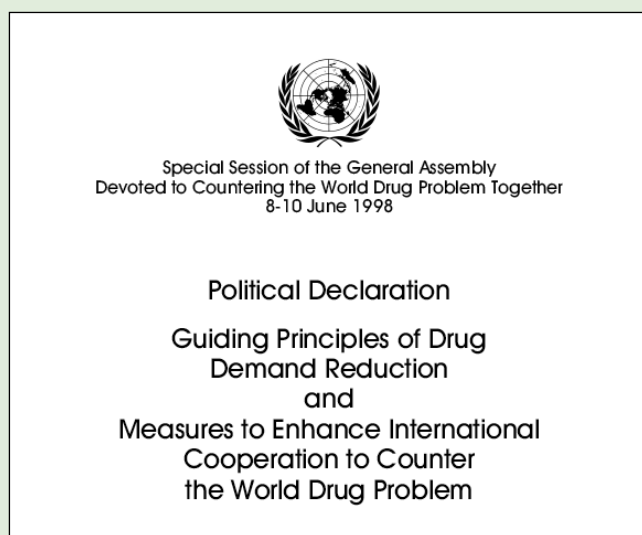


# United Nations Declaration on the Guiding Principles of Drug Demand Reduction

The term “drug demand reduction” is used to describe policies or programmes directed towards reducing the consumer demand for narcotic drugs and psychotropic substances covered by the international drug control conventions (the Single Convention on Narcotic Drugs of 1961, as amended by the 1972 Protocol; the Convention on Psychotropic Substances of 1971 and the Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988). The distribution of these narcotic drugs and psychotropic substances is forbidden by law or limited to medical and pharmaceutical channels.



Drug abuse affects all sectors of society and countries at all levels of development. Therefore drug demand reduction policies and programmes should address all sectors of society.

Programmes to reduce the demand for drugs should be part of a comprehensive strategy to reduce the demand for all substances of abuse. Such programmes should be integrated to promote cooperation between all concerned, include a wide variety of appropriate interventions, promote health and social well-being among individuals, families and communities and reduce the adverse consequences of drug abuse for the individual and for society as a whole.

The following principles shall guide the formulation of the demand reduction component of national and international drug control strategies, in accordance with the principles of the Charter of the United Nations and international law, in particular, respect for the sovereignty and territorial integrity of States; human rights and fundamental freedoms and the principles of the Universal

Declaration of Human Rights; and the principle of shared responsibility:

- (a) There shall be a balanced approach between demand reduction and supply reduction, each reinforcing the other, in an integrated approach to solving the drug problem;
- (b) Demand reduction policies shall:
  - (i) Aim at preventing the use of drugs and at reducing the adverse consequences of drug abuse;
  - (ii) Provide for and encourage active and coordinated participation of individuals at the community level, both generally and in situations of particular risk, by virtue of, for example, their geographical location, economic conditions or relatively large addict populations;
  - (iii) Be sensitive to both culture and gender; and
  - (iv) Contribute to developing and sustaining supportive environments.

Demand reduction programmes should cover all areas of prevention, from discouraging initial use to reducing the negative health and social consequences of drug abuse. They should embrace information, education, public awareness, early intervention, counselling, treatment, rehabilitation, relapse prevention, aftercare and social reintegration. Early help and access to services should be offered to those in need.

A community-wide participatory and partnership approach is crucial to the accurate assessment of the problem, the identification of viable solutions and the formulation and implementation of appropriate policies and programmes. Collaboration among Governments, non-governmental organizations, parents, teachers, health professionals, youth and community organizations, employers' organizations, workers' organizations and the private sector is therefore essential. Such collaboration improves public awareness and enhances the capacity of communities to deal with the negative consequences of drug abuse. Public responsibility and awareness and community mobilization are of paramount importance to ensuring the sustainability of demand reduction strategies.

Demand reduction efforts should be integrated into broader social welfare and health promotion policies and preventive education programmes. It is necessary to secure and sustain an environment in which healthy choices become attractive and accessible. Efforts to reduce the demand for drugs should be part of a broader social policy approach that encourages multisectoral collaboration. Such efforts should be comprehensive, multifaceted, coordinated and integrated with social and public policies that influence the overall health and social and economic well-being of people.

*(Note: Excerpts from the Resolution adopted by the General Assembly during its 20th Special Session in September 1998.)*