

CND Resolution 67/4

# PREVENTING AND RESPONDING TO DRUG OVERDOSE



## INTRODUCTION

Every year at the United Nations Commission on Narcotic Drugs (CND), the world's governments come together and negotiate 'resolutions' about topics related to drugs and drug policies. These discussions can be very tense, as governments increasingly disagree on how to deal with the world drug situation.

In March 2024, at the 67th CND session, the United States presented a draft resolution entitled '**Preventing and responding to drug overdose through prevention, treatment, care and recovery measures, as well as other public health interventions, to address the harms associated with illicit drug use as part of a balanced, comprehensive, scientific evidence-based approach**'. It was the first resolution on this topic in over a decade and reflects the growing epidemic of drug deaths across North America and beyond – fuelled by the rise of highly potent and lethal synthetic opioids, such as fentanyl and nitazenes.

After lengthy debates and changes to the text, the resolution was passed by a vote – the first in decades and a major development, as most CND resolutions are agreed by consensus. The main issue of debate was the term 'harm reduction', which had never been agreed upon by the Commission. In the end, **38 countries voted in favour of the resolution and just two (China and Russia) voted against it**, citing the term as the reason.

**CND** is the main drug policymaking body of the UN, with a rotating composition of 53 Member States from all regions of the world and, like other drug policy UN bodies, meets at the UN headquarters in Vienna.

**Resolutions** represent UN Member States' collective decisions on the direction of international drug policy. While not 'legally binding' (i.e. agreements, rather than enforceable law), they are diplomatically important.

# SUMMARY OF THE DOCUMENT

As with all CND resolutions, this one is divided into two sections:

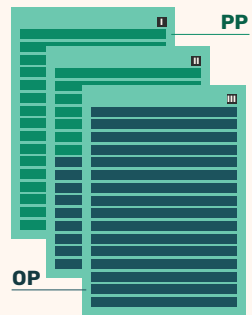
- The ‘preambular’ paragraphs (PPs) introduce the topic and provide context.
- The ‘operative’ paragraphs (OPs) outline the agreed steps to be taken.

Like most UN documents negotiated between different governments with varying perspectives, the final text can be hard to follow. After several standard preambular paragraphs, the resolution stresses ‘with grave concern the increase in the number of overdose deaths associated with the use of drugs, including synthetic drugs, and the urgent need to raise awareness of and improve access to the prevention and treatment of drug overdose’.

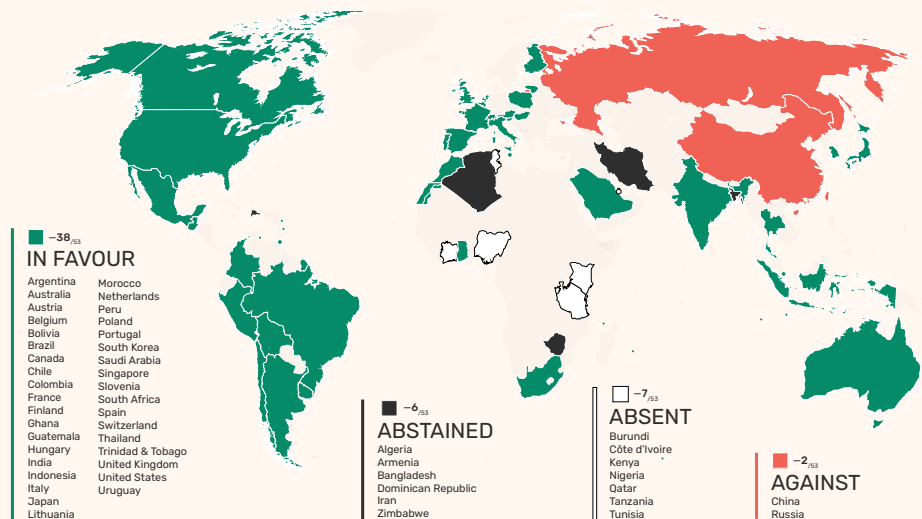
It also ‘notes with concern’ that ‘consumers of synthetic drugs face growing challenges related to the unknown pharmacology and harms of such drugs, a lack of available treatments... and increasingly dangerous mixtures of harmful substances in the drug supply’.

The text highlights the need for ‘a broad range’ of services and approaches to tackle the overdose crisis, mentioning ‘release from incarceration’ as one of the many risk factors for overdose; due to lowered drug tolerance after a period of abstinence, for instance.

The more action-oriented ‘operative’ paragraphs then call upon governments and UN agencies to develop, scale up and support services to prevent and tackle drug overdoses – as outlined below.



# VISUAL RECORD OF THE VOTE



## KEY RECOMMENDATIONS

Through this important resolution, governments around the world are specifically ‘encouraged’ to develop and deliver key services such as **naloxone** distribution, ‘medication-assisted treatment’ (meaning opioid agonist therapy, such as with methadone or buprenorphine), and other ‘harm reduction measures’.

The resolution also calls upon governments to promote and improve international cooperation, data collection and information sharing regarding overdose and harm reduction responses – including a specific mention of ‘early warning networks’ which have been used in many countries to quickly detect and alert around unusually potent or toxic drug supplies. The calls also include the need for capacity building of staff, and the delivery of drug prevention programmes for young people.

The resolution requests the involvement of the United Nations Office on Drugs and Crime, as well as other UN agencies, to ‘expand existing efforts’ related to overdose prevention. To do so, the resolution ‘invites’ governments to support the UN, including with funding). Crucially, it also repeatedly mentions the importance of involving civil society, academia and others in these responses.

Finally, the text includes an agreement to hold an ‘expert group meeting’ between governments and other stakeholders before March 2025.

**Naloxone** (sometimes referred to by the brand name Narcan) is a medicine which rapidly reverses an opioid overdose. It is also included in the World Health Organisation’s ‘Essential Medicines’ list.

For more information, see: <https://www.stopthedeaths.com/naloxone>

## HOW TO USE THIS IN YOUR ADVOCACY?

Although CND resolutions are not enforceable – unlike UN conventions or laws – they are important political commitments and are useful in advocacy to strengthen national overdose responses. Vitrally, this resolution means that the CND now acknowledges the term ‘harm reduction’ as agreed language, [aligning itself with the rest of the UN system](#).

Campaigners and advocates at the country level can download and disseminate this resolution to urge their governments to adopt the evidence-based harm reduction approaches that have been agreed. The resolution can also be used to ensure that relevant UN representatives and offices at the local/regional level work to promote and support these measures.

**Prior UN system support for ‘harm reduction’:**

**UN General Assembly Resolution S-26/2 (2001)**

<https://digitallibrary.un.org/record/443771?ln=en&v=pdf>

**Human Rights Council Resolution 52/24 (2023)**

<https://digitallibrary.un.org/record/4010777?ln=en&v=pdf>

**UN System Common Position on drug policy**

[https://www.unodc.org/res/un-common-position-drugs/index\\_html/2315371F-eBook.pdf](https://www.unodc.org/res/un-common-position-drugs/index_html/2315371F-eBook.pdf)

## KEY ADVOCACY MESSAGES FROM THE RESOLUTION INCLUDE:

- Ensuring the **availability of naloxone** to prevent fatal opioid overdoses (OP 1). Evidence shows that this is best delivered by people most likely to witness overdoses – such as peers, families and communities, first responders and emergency services. **Yet only 34 countries reportedly had take-home naloxone programmes in 2024.**
- Implementing public health interventions, such as **opioid agonist therapy** and other evidence-based **harm reduction responses** (OPs 1 & 3). It has been estimated that **less than 1%** of people who inject drugs live in countries with the required coverage of these services.
- **Providing overdose prevention and harm reduction to people on release from prison.** At the same time, steps should be taken to keep people who use drugs out of prisons altogether, due to elevated overdose risks, overcrowded and unhealthy conditions, and a widespread lack of treatment options.
- Exploring ‘innovative approaches’ (OP 3) and ‘other measures based on scientific evidence to reduce drug-related mortality’ (OP 1) can also be interpreted as encouragement for measures such as **safer consumption sites** and **drug checking services** – both mentioned in draft versions – and other promising interventions, such as **safe supply** initiatives.
- The need for governments and other agencies **to work with civil society** (which includes networks of people who use drugs) to reduce the death toll.

### **HRI’s ‘Global State of Harm Reduction’ 2024**

<https://hri.global/flagship-research/the-global-state-of-harm-reduction/the-global-state-of-harm-reduction-2024/>

### **UNAIDS: Global AIDS Targets 2025 for People Who Use Drugs – Where are we now?**

[https://www.unaids.org/sites/default/files/media\\_asset/global-aids-targets-2025-for-people-who-use-drugs-where-are-we-now\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/global-aids-targets-2025-for-people-who-use-drugs-where-are-we-now_en.pdf)

**Safer consumption** sites are places where people can use drugs more safely by having access to sterile equipment, a clean environment, and trained non-judgmental staff nearby to provide support and connection to other health and social services as needed.

**Drug checking** services allow people to test samples before use, helping them spot unexpected contents that they may want to avoid. This data can feed into early warning systems, alerting communities to new risks.

**Safe supply initiatives** offer participating people who use drugs access to substances of predictable content as an alternative to the unpredictable and unregulated street supply.

## FURTHER READING

### **CND Resolution 67/4 in full:**

<https://docs.un.org/en/E/CN.7/2024/L.5/Rev.2>

### **‘Harm reduction’ takes centre stage as UN drug policy breaks free from the shackles of consensus:**

<https://idpc.net/blog/2024/03/harm-reduction-takes-centre-stage-as-un-drug-policy-breaks-free-from-the-shackles-of-consensus>

### **International Overdose Awareness Day:**

<https://www.overdoseday.com/>

### **CND Blog – Index of proceedings for the 67th session:**

<https://cndblog.org/2024/03/67th-session-of-the-un-commission-on-narcotic-drugs-cnd67-cnd-blog-index>

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## ACKNOWLEDGMENTS

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The **Translating UN Commitments into Action** series unpacks key international norms and guidance – why they matter and how to use them in your work. Available in English, French, and Spanish, these primers are designed to help you turn global standards into local progress. This number was drafted by **Jamie Bridge** (IDPC Deputy Director) in collaboration with IDPC team members **Marie Nougier** and **Juan Fernández Ochoa**. The cover illustration was produced by **Tristan Brossard**. The layout was done by **Nikolas Kourtis**. Translations were produced by **Luis Enrique Bossio** and **Nathalie Rose**. The primers were produced by the **International Drug Policy Consortium (IDPC)** for the **Support. Don't Punish** campaign thanks to the invaluable support of the **Elton John AIDS Foundation**.



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