

Global Coalition to Address Synthetic Drug Threats

Final Key Recommendations

May 3, 2024

The Recommendations herein are non-binding and for future Government consideration where appropriate. They reflect the views of technical experts participating in the Global Coalition and do not reflect a consensus of governments or a single national position.

Working Group 1: Prevent the illicit manufacture and trafficking of synthetic drugs.

Sub Working Group 1.1: Manufacturing of Synthetic Drugs and Their Precursors

1. Engage the chemical and other relevant industries to promote cooperation on a voluntary basis to address the diversion of chemicals, precursor chemicals, and related manufacturing equipment, including through adoption of regulations or industry-led voluntary standards, that can be expanded within domestic industries and to additional countries. Participate in international platforms for government-business cooperation, such as the International Narcotics Control Board (INCB) public-private partnership (PPP) project and encourage industry to do so.
2. Explore the establishment of a Chemical Action Task Force (CATF) to examine, develop and implement new approaches and measures to address the diversion of chemicals and essential equipment used to manufacture illicit drugs.
3. Improve the capacity and equipment of laboratory and law enforcement personnel and raise stakeholder awareness including by sharing and updating international alert lists with relevant law enforcement and judiciary stakeholders, to enhance the identification and detection of synthetic drugs, including their precursors and designer precursors.
4. Improve investigation and dismantling of clandestine laboratories through the development of the appropriate normative framework; efforts to build capacity; improve officers' use of safe handling techniques including, as necessary, through increased access to naloxone; and technical assistance for law enforcement, forensic laboratories, prosecutors, and judges.
5. Adopt domestic disposal plans and build capacity of domestic authorities to safely dispose of or repurpose precursor chemicals and synthetic drugs, including by developing appropriate policies, laws, and/or guidance to prevent diversion or risks to the environment and communities.
6. Pursue scheduling approaches to more rapidly address designer drugs and precursors and to facilitate review and scheduling of substances on a class/family basis, in particular for those substances which are purposefully made to circumvent the list of controlled substances or substances that have no known legal use.

7. Enhance investigations into suspicious and stopped shipments, diversion attempts and trafficking incidents involving precursors, other chemicals, and equipment. Increase submission, use, and exchange of actionable information and operational cooperation through existing online platforms such as those managed by INCB and the United Nations Office of Drugs and Crime (UNODC).

Sub Working Group 1.2: Trafficking of Synthetic Drugs

8. Support, and participate in, recurring global operations targeting illicit manufacturing of synthetic drugs; diversion and trafficking of chemical precursors and essential drug manufacturing equipment; and trafficking organizations and their proceeds across all regions of the world.

9. Assess and use automated website scraping technology to identify the sale of synthetic drugs, precursor chemicals and equipment across the Internet with a view to providing actionable intelligence to law enforcement, where appropriate and in accordance with domestic legislation and regulations, and fully respecting fundamental rights and data protection policies.

10. Increase the capacity of law enforcement to investigate the use of virtual payment providers and cryptocurrencies to facilitate illicit drug trafficking, including of synthetic drugs and their precursors.

11. Build capacity on an ongoing basis, and conduct global operations targeting (air, land, and sea) border security, port security and air security-specific issues focusing on current work involving canines, aircraft monitoring and synthetics in postal mail.

Working Group 2: Detect emerging drug threats and use patterns.

Forensics

12. Improve information on drug composition, origin of substances, and patterns of use and harm by:

- Developing and participating in a global forensic network to integrate regional networks;
- Supporting the development of and participating in regional intelligence networks of forensic laboratories, epidemiologists, researchers/academics, law enforcement departments and community stakeholders, and non-governmental organizations (NGOs) to improve data collection;
- At a national or regional level, supporting forensic analysis capacity with a focus on assisting those in low-income countries by providing forensic laboratory equipment, mentoring, guidance and methods, technical assistance, sharing references standards, and supporting laboratory accreditation;
- Assisting in amending national legislation to exchange drug samples internationally; and
- Conducting preclinical studies to improve information on data collection.

Epidemiology Networks

13. At the national level, facilitate and institutionalize sustainable and recurring non-personal data collection, analysis, and reporting systems through the establishment of national drug observatories and regional epidemiology networks with the purpose of strengthening early warning systems and international data collection and dissemination platforms (e.g. regional epidemiology networks, ARQ, DMP, EWA, Tox Portal, etc.). At the international level, strengthen reporting mechanisms and increase domestic capacities to report data through adoption of international data collections and global data analysis tools (e.g. ARQ, DMP, et. al.) with the purpose of improving visibility on the global synthetic drug problem and increasing coordination across regions and regional networks.

Innovative Approaches

14. Introduce and assess innovation of drug data collection techniques such as wastewater analysis, artificial intelligence data collection tools, rapid situational assessments, web-based clinical screening tools; biological samples from health facilities; and access to data visualization through training and technical assistance to provide greater clarity and precision with respect to drug use and trafficking.

15. Create and strengthen early warning systems (EWS) with new or reinforced workstreams where appropriate to a) promote voluntary cooperation between forensic laboratories and other national stakeholders, including the community, NGOs, health organizations, and researchers/academia and b) improve national, regional, and sub-regional collection and sharing of non-personal data to allow for real-time usage, including the development of mechanisms to alert emergency rooms and clinicians of new substances detected through seizure data and international early warning alerts, in collaboration with emergency rooms and clinical treatment providers.

16. Develop, resource, assess, implement, monitor, and evaluate national drug strategies and synthetic drug action plans, through support (upon request) from international and regional organizations, and in accordance with domestic legislation and regulations.

17. Develop and participate in an International Network for Legislation on Drugs (INLOD) effort to support the development and review of legislative, administrative and policy initiatives, and assessments by legislative and executive bodies.

18. Assess rapidly evolving regional synthetic drug challenges by hosting and/or participating in frequent recurring meetings of regional partners, intelligence analysts, and other networks and stakeholders to develop regional responses through dialogue, policy adoption, coordinated actions, data sharing, and program implementation.

19. Establish protocols and promote the use of existing global platforms for rapid exchange of information related to cross-border threats upon request and in accordance with domestic legislation and regulations.

Working Group 3: Promote public health interventions and services to prevent and reduce drug use, overdose, and related harms.

20. Where possible, implement policies and interventions that are evidence/science-based, human rights-centered, sensitive to national contexts and conditions, and protect public health-oriented policymaking against interference from commercial interests.

21. Improve the quality of prevention, treatment and care services, harm reduction and social (re)integration, recovery, and justice (including alternatives to incarceration) systems at both the local and national levels using training, mentoring, technical assistance, program monitoring and evaluation, and sharing of best practices through professional networks and regional consultations.

22. Upgrade the practices of the workforce (professionals and other actors/volunteers) through workforce development, networking, professional exchanges, training, technical assistance, mentoring, and certification to align with international standards and any country-specific standards.

23. Consider protective factors, such as social determinants of health and equity in addressing substance use, including specialized approaches in providing support for marginalized populations to result in tailored policy and/or service approaches.

24. Identify opportunities to mainstream the issue of synthetic drugs into relevant global and regional public health fora.

25. Develop, expand, and disseminate substance use research to better inform policy and practice, in consultation with a wide variety of stakeholders, including people with lived and living experience.

26. Educate communities and the public as to the latest science on substance use disorder prevention, treatment, and recovery support, including through encouraging and facilitating accurate reporting in the media and promoting and using non-stigmatizing language.

Sub Working Group 3.1: Preventing Drug Use

27. Analyze national drug prevention systems and, where relevant and in accordance with national legislation and regulations, ensure systems incorporate existing interventions and services (including at early ages of development), and align them with the UNODC-WHO International Standards on Drug Use Prevention.

28. Develop, identify, adopt, or expand evidence-based drug policies and targeted prevention programs in the areas of family, school, community, media, environment, and workplace prevention.

29. Involve youth to harness their potential and influence (including through social media) as agents of prevention responses as well as recipients of evidence-based prevention training.

30. Recognize the utility of collaborating with the media, especially social networks, journalists, communicators, and influencers, to reduce the promotion of substance consumption and combat misinformation about synthetic drugs. Additionally, provide opportunities for training all stakeholders to enhance universal prevention efforts.

31. Promote prevention at the local level as part of a comprehensive prevention system, providing information on trends in the local population's substance use and the preventive capacity available in the target area. This includes involving local political authorities, government agencies (such as ministries responsible for education, health, social affairs, culture, sports, and public safety), community groups, and local social organizations.

32. Encourage the monitoring and evaluation of prevention programs and strategies and foster the exchange of best practices among stakeholders.

33. Identify and use information from groups focused on the manufacturing and trafficking of synthetic drugs, data collection and analysis, information sharing, interagency collaboration, policy formulation, and engagement with individuals with substance use disorders to strengthen prevention responses.

34. Promote the identification and use of non-personal data related to the incidence, prevalence, patterns, and consequences of synthetic drug use in all contexts to gain a deeper understanding of the phenomenon and enhance preventive interventions.

35. Facilitate coordination, collaboration, and participation among different sectors and levels involved in preventing synthetic drug use at national and local levels.

Sub Working Group 3.2: Engaging People with Substance Use and Substance Use Disorders

Treatment Interventions

36. Promote evidence-based treatments for substance use disorders; adopt national quality assurance systems of care (or national standards in treatment in countries where it has been established); and human rights-centered practices based on the UNODC-WHO International Standards for the Treatment of Drug Use Disorders.

37. Develop strategies to improve access and uptake of medications for substance use and substance use disorders.

- Expand the range of medications available for the treatment of opioid use disorder.
- Expand naloxone availability and access within communities as well as health centers, including training for practitioners and active users, first responders, and other groups that are likely to encounter an overdose to prevent overdose deaths.
- Promote post-overdose intervention programs where appropriate and in accordance with national legislation and regulations and develop strategies to improve access and uptake of medications for substance use disorders, specifically, medications for the treatment of opioid use disorder, including data reporting systems regarding naloxone provision both

within the public health system and by first responders to further evaluate the impact of the availability.

38. Work together with relevant government and non-governmental stakeholders to support the registration and procurement of essential medications in addressing drug use and drug use disorders (e.g. methadone, naloxone, etc.) in interested countries to address market-driven shortages.

39. Develop and implement scalable interventions for the treatment and care of stimulant use, concomitant use, mental and physical and psychiatric comorbidities, and other emerging drug use disorders including evidence-based psychosocial interventions (e.g. cognitive behavioral therapy [CBT], contingency management, et al.).

Resources

40. Prioritize financing (particularly government financing) for services related to substance use disorder cases, and encourage increased sharing of financial resources, including to mitigate pervasive societal stigmas which place the burden of financing such services on individual sufferers (rather than, more appropriately, their governments). Encourage and incentivize the coordinated inclusion of technical assessment and advice on scaling of government funds.

41. Increase government resource mobilization and allocation to support the development and implementation of evidence-based treatment and care for people with substance use disorders.

42. Prioritize financing – on the regional, national, and international levels – as well as improved capacity to receive technical assistance or to provide the financial information to secure government-provided resources.

43. Develop country-specific frameworks to encourage and facilitate enhanced and targeted investment in human capital dedicated to the challenge of mitigating substance use disorders.

44. Look to the examples of El Salvador, Colombia, and other countries to develop a greater understanding and, eventually, development of mechanisms to fund treatment systems and programs with financial resources from seized assets.

45. Related to increased government financing for counter substance use disorder efforts, supplement workforce engagement through advocacy and support for the sustainable development of an appropriately trained health workforce providing treatment and care for substance use disorders.

46. Acquire additional financial resources to address the extremely underfunded area of substance use prevention, treatment, and recovery support. This includes coordination within governments and incorporating prevention, treatment, and recovery support programs into annual budget formulation, including by capturing the cost of the entire effort (for example, training, medications, operating costs, and facilities).

Populations with Special Clinical Needs

47. Expand access and improve coordination between promotion, prevention, screening, early intervention, harm reduction, treatment, care, recovery, rehabilitation, and social integration services, for all and particularly for marginalized communities or vulnerable populations.

48. Develop and implement age- and gender-responsive (particularly women-focused) prevention, treatment, and recovery services, where appropriate, and concurrently expand and improve the quality of the workforce providing these services.

Systems Approach

49. Develop strategies and guidelines including for public, law enforcement, and local communities to increase cross-sectoral understanding of substance use disorder as a disease and to recognize and reduce substance use disorder-related stigma as a barrier to treatment and social reintegration.

50. Promote a national comprehensive treatment system and national recovery network, with support for local implementation, involving relevant stakeholders such as local political authorities, local government agencies (including those focused on education, health, social affairs, culture, sports, and public security among others), key community stakeholders, and local social organizations.

51. Create and promote a system for continuity of care for individuals with substance use disorders, including identifying and strengthening each level of care and addressing local needs.

52. Implement integrated systems or mechanisms for recording information to monitor and evaluate treatment services.

53. Promote social integration to foster the consolidation of effective treatment and rehabilitation, to contribute to prevention and the reduction of stigma and provide greater sustainability to change.

54. Develop the ability to distinguish between consumption patterns according to their intensity and associated risks for the individual and for society and develop specific interventions targeted at different patterns of use.

55. Identify the gaps in providing care for the population with substance use problems, with an emphasis on synthetic drugs.

56. Integrate the care of people with substance use problems into mental health services and integrate services for co-occurring mental and physical disorders in the substance use disorder service delivery.

57. Build recovery capacity through the establishment of local and regional recovery networks, organizations, and specialized workforce components and leverage digital technology to augment the capacity building and service delivery initiatives.

58. Establish collaborations across the non-health sectors, unorganized sectors, traditional health systems, and religious and faith-based organizations to strengthen the services for substance use disorders.

59. Encourage key stakeholders to overcome any perceived societal stigma associated with developing proposals for programs dealing with substance use disorder. Likewise, in those countries where necessary and helpful, encourage governmental and other stakeholders to identify the benefits of investments in drug demand reduction, showing the impact on the economy of programs that address substance use disorder and result in healthy, productive citizens and economic development.

Sub Working Group 3.3: Addressing Populations in Contact with the Criminal Justice System, including Alternatives to Incarceration

60. Strengthen institutional capacity to develop, implement, monitor and evaluate sustainable drug treatment and recovery initiatives, implementing evidence-based services for those in contact with the criminal justice system, promoting coordination and creation of networks of institutions and social actors, throughout the criminal justice continuum, supporting alternatives to incarceration (ATI) grounded in human rights, including aspects related to gender, age, vulnerable populations and social integration.

61. Create and strengthen multisectoral coordination among providers of social services, health, and justice, generating joint strategies (such as case care management programs – CCM) to promote the social reintegration of people with justice system involvement. The goal of these efforts is ensuring social accountability, reducing drug use, promoting recovery, saving public funds, reducing recidivism to substance use, and enhancing both community safety and promoting individual health and well-being.

62. Engage with the global ATI community of experts, colleagues, and countries working to develop ATI initiatives and best practices and promote information sharing and examples of regulatory review of public policies on drugs to identify opportunities to include recovery and treatment services, including ATI programs to be implemented throughout the justice continuum in accordance with domestic legislation and regulations.

63. The presumptive location for effective ATI-related substance use treatment is via local community channels, to provide the most effective outcomes for non-violent persons in the justice system. For those who are ineligible for treatment dispositions in the community, substance use treatment should also be available in short- and long-term custody settings, with an emphasis on providing services for those within the last year of incarceration and preparing for reentry and linking individuals to treatment and social services in the community.

64. Substance use treatment in support of ATI, regardless of where delivered, should provide evidence-based services for special populations, including adolescents, women, and those who have been victims of violence, ensuring that those in contact with the criminal justice system have the benefit of care equivalent to that dispensed to the general public, including Medication Assisted Treatment (MAT), harm reduction and other low-threshold services.

65. Strengthen the design, development and implementation of care services that provide evidence-based treatments that consider the ATI application for populations in vulnerable situations.

66. Promote a national recovery system for those currently subject to the criminal justice system with local cross-sectoral cooperation and implementation by local political authorities; local government agencies (including those focused on education, health, and social affairs); and by faith-based, cultural, sports, public security, and community organizations.

67. Support evaluation capacity and conduct impact analyses regarding crime reduction, public health outcomes, and cost savings for countries with ATI programs. Facilitate the evaluation of processes, results and impact of pilot programs and public policies related to ATI and demonstrate the benefits in reducing recidivism, reducing crime, saving public funding, and other outcomes, as compared with incarceration.

68. Engage with the global ATI community of experts, colleagues, and countries working to develop ATI initiatives and best practices.