



## Comments on the Draft General Comment on Science

Honorable Committee Members,

On behalf of the Non-profit partnership of specialists (experts) in the sphere of addictology "Independent Narcological Guild" ("the NNG, the Independent Narcological Guild"), we express our support to the Committee's efforts in securing human rights in the aspect of unhampered access to scientific research and innovative solutions, using the «leave no one behind» UN principle. We believe that human access to scientific advancements in all relevant spheres, specifically in the area of non-communicable disease prevention and mental health, are closely related to and promote other vital economic, social, and cultural human rights. Given the reportedly slow progress in reaching the targets prescribed by UN Sustainable Development Goal # 3, overall progress in the area of human rights to science is an efficient instrument that may be used to close many gaps related to this goal and to accelerate its accomplishment to meet the 2030 deadline.

While we wholeheartedly welcome the overarching intention to make science more accessible to the population, our comments are related to paragraphs 69-70 Part E. of the draft General Comment (GC).

### ***E. Controlled substances and science***

1. *Scientific research is impeded for some substances given that they fall under the international conventions on drug control<sup>1</sup> and are classified as harmful for health and with no scientific or medical value. However, there is evidence that supports that there are medical uses for many of these substances or that they are not as harmful as they were supposed to be when they were placed under this regime. This is the case of derivatives of opioids (for pain management and opioid maintenance treatment), cannabis (for the case of treatment resistance epilepsy), and MDMA (used in*

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<sup>1</sup> See 1961 Single Convention on Narcotic Drugs, 1971 Convention on Psychotropic Substances and 1988 Vienna Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances.

*psychotherapy for post-traumatic stress disorder) to the extent of the available scientific evidence. Moreover, the Expert Committee on Drug Dependence (ECDD) from the WHO has recently recommended to de-classify cannabis from the List IV of the 1961 Single Convention, recognizing the medicinal uses and benefits that this substance holds.*

2. *States Parties should harmonize the fulfillment of their obligations under the international drug control regime with their obligations to respect, protect and fulfill all ESCR and specifically, the right to participate in scientific progress and its benefits, through a permanent revision of its policies in relation to controlled substances. Prohibition of research in those substances or to access them are in principle restrictions to the right so benefit from scientific development and its applications and should meet the requirements of article 4 of the Covenant.*

The NNG supports current restrictions imposed in Russia upon introduction of the opioid substitution therapy (hereinafter - the "OST") based on the following:

1. We do not consider withdrawal from heroine and forming methadone or buprenorphine addiction as a therapy for addiction and therefore do not believe it can represent a method of choice, since there are methods that lead to full withdrawal of a drug addict from any Psychoactive Substances (PAS). The so called 'drug-free' approach implying the development of rehabilitation centres network based on the Therapeutic Communities (TC) and Minnesota models fully satisfies the demand of citizens for treatment of different PAS addiction; the purpose of treatment in this case is to ensure complete withdrawal from Psychoactive Substances abuse and to return PAS consumers into society.

2. The experience of substitution therapy implementation indicates that this method gains leading positions within the country where it is implemented and becomes an actual method of choice, which deprives addicts of the opportunity to achieve complete withdrawal from drug consumption, diminishes motivation of the addicted persons to quit drugs, basically turning PAS addiction into OST addiction, tying the patients to the substitution drug distribution centres.

3. The global drug turnover and abuse situation is now rapidly changing from the dominance of traditional opioid drugs to that of modern synthetic substances , including cannabinoids ("synthetic drugs"). The analysis of drugs situation in Russia carried out by competent institutions indicates that even the opium addicts in most cases consume additional "synthetic drugs". Available research demonstrating positive effects of OST introduction dates back to the time when the popularity of the new type of drugs was minimal. It is thus crucial, that scientific evidence on OST effectiveness is revised with great scrutiny in line with the current situation with the illicit drug market structure and addiction development paths.

4. The epidemic situation monitoring in Greece and Romania - countries where substitution therapy programs are being implemented - points to the growth of HIV expansion rate among drug addicts over the last five years. In view of this, global research is required in

order to obtain relevant and comprehensive data on OST effectiveness, risks and unintended consequences in light of the current drug consumption structure.

Taking the above into account, in the aspect of access to OST, the discussion of medicinal uses and benefits that this substance in paras 69-70 of this draft General Comment should state that none of the controlled substances should be promoted or approved for medicinal and right-to-science purposes unless there is an unbiased and transparent process for objective and regularly updated scientific assessment of OST and other available options, specifically the 'drug free' approach. Additionally, we suggest to emphasize the importance of setting up effective and comprehensive barriers to prevent controlled substance misuse and illicit outflow, in case they are used in scientific research and medicinal purposes.

Importantly, the General Comment should indicate the need for measures to prevent the potential conflict of interest in the process of scientific substantiation development, specifically bearing in mind OST suppliers.

Finally, we note that this issue should not be politicized or used in the geopolitical power plays, as it is concerning people's health, well-being and safety.

Respectfully submitted,

The President of  
the Independent Narcological Guild

Ruslan Isayev



**About our organisation**

*The Independent Narcological Guild is a Russian non-governmental organisation which comprises non-governmental organisations and specialists who treat and rehabilitate addicted persons. The NNG is committed to maintaining high professional and ethical standards and forms the policy of high standards of addictology services in Russia.*

*Today, NNG unites 22 specialised non-governmental medical clinics, more than 55 non-governmental rehabilitation centres and highly qualified specialists practising in 17 regions of Russia. Martien Kooyman, MD, PhD, EURAD Vice-President, EFTC Honorary Member and WFTC Advisor is a Honorary Member of the Independent Narcological Guild.*

*NNG members have the capacity to provide rehabilitation to more than 1000 drug users. The rehabilitation centres utilise the Therapeutic Communities (TC) and Minnesota models. The NNG has developed and approved the internal quality assessment standards for rehabilitation centres; NNG supervisors perform regular on-site audits of rehabilitation centres and exercise control over the observance of human rights and rehabilitation standards.*