
Public health dimension of the world drug problem

Report by the Secretariat

1. The Executive Board at its 140th session in January 2017 considered and noted an earlier version of this document.¹ The Secretariat had previously reported on the subject to the Sixty-ninth World Health Assembly.² The present report has been updated to take account of the latest activities.

2. In resolution S-30/1, the General Assembly adopted the outcome document of its special session on the world drug problem (New York, United States of America, 19–21 April 2016). Heads of State and Government, ministers and representatives of Member States reiterated their commitment to promote the health, welfare and well-being of all individuals, families, communities and society as a whole. They reaffirmed the need to strengthen cooperation among the United Nations entities, within their respective mandates, in their efforts to address the world drug problem and support Member States in the implementation of international drug control treaties and to promote the protection of and respect for human rights and the dignity of all individuals in the context of drug programmes, strategies and policies. Furthermore, they made operational recommendations, in some of which WHO is explicitly mentioned.

3. In December 2016, the General Assembly adopted resolution 71/211, which supported strengthened international cooperation to address and counter the world drug problem and which, inter alia, encouraged all relevant United Nations bodies and specialized agencies to commence implementing recommendations made in the outcome document mentioned above within their existing mandates.

4. Drug use, drug use disorders and related health conditions are major public health concerns. According to WHO's latest estimates for 2015, psychoactive drug use is responsible for more than 450 000 deaths per year. The drug-attributable disease burden accounts for about 1.5% of the global burden of disease, and injecting drug use accounts for an estimated 30% of new HIV infections outside sub-Saharan Africa and contributes significantly to the epidemics of hepatitis B and hepatitis C in all regions.

5. Public health problems caused by psychoactive substance use have reached alarming proportions and globally constitute a significant, but to a large extent preventable, health and social burden. Rapid globalization, technological and communication developments, and growing availability and diversity of synthetic compounds with psychoactive and dependence-producing properties all require adequate and proportionate policy and programmatic responses to the drug problem. The public health strategies and the health sector have an important and growing role in mitigating drug-related harm at all levels. At the same time, health systems face significant challenges

¹ Document EB 140/29; see also summary records of the Executive Board at its 140th session, fourteenth meeting.

² Document A69/12; see also document WHA69/2016/REC/3, summary records of Committee A, thirteenth meeting, section 5.

such as emerging epidemics of use of new psychoactive substances and the need to find the right balance between availability of medicines controlled by international drug treaties and prevention of their diversion, misuse and abuse. Funding, governance and organization of prevention, treatment and harm reduction services for drug use disorders continue to be challenges in different jurisdictions. These challenges exist in well developed health systems and are even more prominent in less-resourced countries with insufficiently developed or no infrastructure for carrying out situation assessment and implementation of appropriate health sector policy and programmatic responses. Strengthening country capacity to respond to drug-related public health challenges and providing the required technical support is an important task for WHO in implementing the recommendations of the General Assembly's special session on the world drug problem. If public health measures are not adequately prioritized and urgent action is not taken, drug-related mortality, morbidity, disability and impact on well-being will continue to pose a significant global public health problem.

6. Target 3.5 of Sustainable Development Goal 3 sets out a commitment by governments to strengthen the prevention and treatment of substance abuse. Several other targets are also of particular relevance to drug policy-related health issues, especially target 3.3, referring to ending the AIDS epidemic and combating viral hepatitis; target 3.4, on preventing and treating noncommunicable diseases and promoting mental health; target 3.8, on achieving universal health coverage; and target 3.b, with its reference to providing access to affordable essential medicines.¹

WHO'S ROLE IN THE FOLLOW-UP TO THE SPECIAL SESSION OF THE UNITED NATIONS GENERAL ASSEMBLY ON THE WORLD DRUG PROBLEM

7. As the directing and coordinating authority for health within the United Nations system, WHO has an important role to play in promoting a public health approach to counter the world drug problem, strengthening the role of health systems in reducing the disease burden due to psychoactive drug use and improving the well-being of populations at all levels. While recognizing UNODC as the leading entity in the United Nations system for countering the world drug problem, WHO will intensify its efforts to ensure the coherence of public health-oriented drug-related policies in areas such as: noncommunicable diseases and mental health; access to and rational use of essential medicines; alcohol and tobacco control; violence, injuries and road safety; prevention and control of HIV, viral hepatitis, tuberculosis and other communicable diseases; sexual and reproductive health; and health systems strengthening and emergency responses. It will provide special support to health ministries and other public health entities at country level for strengthening public health responses to drug problems.

8. Effective action on the public health elements of a comprehensive and balanced drug policy requires intensified international cooperation – among Member States, United Nations entities and other relevant partners, including civil society; strengthened multisectoral cooperation; and greater capacity of the Secretariat to provide support to Member States, within WHO's mandate and in line with its core functions. Effective technical support to countries in their efforts to implement the health-related operational recommendations adopted at the special session and to achieve drug-related targets in Sustainable Development Goal 3 will require a new level of coordinated effort by United Nations entities and other relevant organizations. Cooperation needs to be strengthened between WHO, UNODC, the International Narcotics Control Board and other competent United Nations bodies, within their respective mandates and with acknowledgement of the primacy of the

¹ United Nations General Assembly resolution 70/1, Transforming our world: the 2030 Agenda for Sustainable Development.

Commission on Narcotic Drugs as the policy-making body of the United Nations with overall responsibility for drug control matters.

9. In February 2017, WHO and UNODC signed a memorandum of understanding to strengthen and expand existing cooperation on the public health dimension of the world drug problem, with special emphasis on the implementation of the health-related operational recommendations included in the outcome document of the General Assembly's special session on the world drug problem. The memorandum of understanding builds on the ongoing collaboration between WHO and UNODC and is focused on seven main areas of current and planned collaborative activities: (a) prevention of drug use; (b) prevention and treatment of drug use disorders; (c) access to medicines under international control; (d) new psychoactive substances; (e) prevention, diagnosis, treatment, care and support for HIV, viral hepatitis and tuberculosis among people who use drugs and among people who are in prisons; (f) prevention of violence and violence-related deaths; and (g) monitoring drug use and its health and social consequences. By signing this memorandum of understanding, WHO and UNODC, within their respective roles and mandates, agreed to strengthen their working relationship and to establish the arrangements necessary to implement and achieve matters of common interest by, *inter alia*, developing joint initiatives and projects, capacity-building programmes and the collection, analysis and dissemination of information and lessons learned on good policies and practices.

Demand reduction and related measures

10. In order to support the implementation of public health-oriented drug policies and programmes in health systems, WHO will intensify its normative function in the areas of prevention, early intervention, treatment, care, harm reduction, recovery, rehabilitation and social reintegration, with a focus on drug use disorders and associated comorbidities. It will promote regular updates of evidence on the effectiveness and cost-effectiveness of strategies and interventions for prevention and treatment, improve the systematic collection of information through WHO's already-existing data systems and surveys at global and regional levels, and collect and disseminate good practices in support of the formulation and implementation of prevention and treatment strategies, taking into account the specific needs of children, young people and women, and working with UNODC and other relevant United Nations entities. Accordingly, WHO will develop, promote, implement and evaluate guidelines, norms, information products and standards, and, on request, provide technical support with a view to improving the quality and coverage of prevention, treatment, care and harm reduction interventions in health systems and services within the overall context of achieving universal health coverage. Within the overall framework of the global strategy on human resources for health,¹ the Secretariat will provide support to Member States in ensuring the universal availability, accessibility, acceptability, coverage and quality of the health workforce for the effective prevention and management of drug use, drug use disorders and associated health conditions at all levels of health systems.

11. The collaborative programme of WHO with UNODC on drug dependence treatment and care, which has already provided support to more than 20 countries to develop services, will be strengthened and expanded to other health-related areas. Recent examples of collaboration with UNODC on demand reduction include the development of standards for treatment of drug use disorders, promotion of the international standards on drug use prevention and of cooperation within the framework of UNODC's "Listen First" initiative, collecting information on good practices of public health-oriented interaction between health and law enforcement sectors, development of drug

¹ Adopted in resolution WHA69.19 (2016) on global strategy on human resources for health: workforce 2030.

dependence treatment services for people living in rural areas, and identification and management of disorders due to use of new psychoactive substances. WHO and UNODC will continue to organize joint information sessions for Member States, technical expert meetings and scientific consultations, will collaborate on the preparation of joint information products and technical tools, and will provide support to Member States in development of their drug treatment systems.

12. Special efforts will be invested in promoting and implementing the international standards on the treatment of drug use disorders, developed jointly by UNODC and WHO, once they have been tested and finalized, together with other relevant international standards on preventing drug use and on reducing the harms associated with drug use. Emphasis will be placed on the provision of guidance, assistance and training in their appropriate use, including, on request, certification and accreditation to health professionals, competent authorities and institutions. Particular attention will be given to strengthening the capacity of health and social services and institutions to interact and, as appropriate, cooperate with the justice, education and law enforcement sectors with a view to achieving public health objectives based on an understanding that drug use disorders are health conditions and drug dependence is a disease. In this regard, close collaboration between WHO, with its primary constituencies at country level in the health and public health sectors, and UNODC, with its primary constituencies at country level in drug control and law enforcement sectors, is of paramount importance.

13. Within the framework of the global health sector strategies on HIV and viral hepatitis,¹ and of the End TB Strategy,² WHO will continue to promote and support the implementation of harm reduction interventions outlined in the WHO, UNODC and UNAIDS technical guide³ with the aim of reaching the 2020 and 2030 fast-track targets in line with the Sustainable Development Goals. WHO will further collaborate with UNODC on the development, implementation and monitoring of evidence-based policies and interventions for prevention, testing, treatment and care of HIV, viral hepatitis and tuberculosis in the community and in prisons.

Access to controlled medicines

14. Ensuring access to controlled substances for medical and scientific purposes as part of a balanced national drug policy is an essential element of several Health Assembly resolutions, such as those on effective cancer control, strengthening palliative care, emergency and essential surgical care and anaesthesia, and epilepsy.⁴ WHO will intensify and expand its activities for developing and disseminating normative guidance and will continue to provide technical support to countries to improve adequate access to controlled substances for medical and scientific purposes, in collaboration with the International Narcotics Control Board, UNODC and other competent United Nations entities, and other partners such as members of civil society. As part of its core function, WHO regularly updates the WHO Model Lists of Essential Medicines, including those medicines that are under control of international drug treaties. The Secretariat is reviewing medicines for pain and mental and behavioural disorders which will be considered for addition to the Model Lists by WHO's Expert

¹ Resolution WHA69.22 (2016) on global health sector strategies on HIV, viral hepatitis and sexually transmitted infections, for the period 2016–2021.

² Resolution WHA67.1 (2014) on global strategy and targets for tuberculosis prevention, care and control after 2015.

³ WHO, UNODC, UNAIDS technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users. 2012 revision. Geneva: World Health Organization; 2012 (http://apps.who.int/iris/bitstream/10665/77969/1/9789241504379_eng.pdf?ua=1, accessed 9 March 2017).

⁴ Respectively resolutions WHA58.22 (2005), WHA67.19 (2014), WHA68.15 (2015) and WHA68.20 (2015).

Committee of Selection and Use of Essential Medicines at its 21st meeting in March 2017. In addition, the Secretariat is drafting guidelines for the management of cancer pain.

15. WHO takes a collaborative approach to access to controlled medicines and works closely with UNODC and the International Narcotics Control Board to provide training and support to countries to maximize access to controlled medicines. WHO is actively contributing to the latter's Learning Project, which provides training for national authorities on important controlled medicines issues. The first regional and national seminars took place in April 2016 in Kenya and in July 2016 in Thailand. Enhanced collaboration with the International Narcotics Control Board will be instrumental in estimating the needs for these medicines and benchmarks for their consumption.

16. WHO is also part of the Joint Global Programme (in collaboration with UNODC and the Union for International Cancer Control) on access to controlled drugs for medical purposes, in particular for the management of pain. The Joint Global Programme, which is currently being implemented in the Democratic Republic of the Congo, Ghana and Timor-Leste, aims to support countries in identifying barriers to access, through the assessment of policies and legislation and the monitoring of availability and prices of controlled medicines including medicines for pain. The Joint Global Programme aims also to support countries address these barriers, and implement sound policies, regulations and practices for improving availability of affordable controlled medicines.

Cross-cutting issues

17. Actions to reduce drug use through enforcement of the prohibition of the non-medical use of internationally controlled substances and related law enforcement strategies have largely dominated the implementation of national drug control strategies to date. There is thus a need to ensure the implementation, in a multisectoral and coordinated manner, of a comprehensive package of drug control measures that cover the entire public health continuum – from primary prevention and risk reduction to management of drug use disorders, rehabilitation, care and harm reduction – and that are grounded in the fundamental public health precepts of equity, social justice and human rights, place emphasis on countries and populations in greatest need, and give due consideration to the economic, social and environmental determinants of health, science and evidence-based interventions, and people-centred approaches.

18. In its work on drug-related issues, WHO will take into account the specific health needs of children, young people and women, including pregnant women, and prioritize development, implementation and evaluation of normative guidance and technical tools to improve equitable coverage and effectiveness of appropriate prevention, treatment, care and harm reduction interventions, as well as ensuring access to controlled medicines for medical use. Recently, WHO collaborated with UNODC and UNESCO on the development of an educational sector response to the use of psychoactive substances with a focus on that sector's role in prevention of substance use among children and adolescents.

19. The Single Convention on Narcotic Drugs, 1961, as amended by the 1972 Protocol, and the Convention on Psychotropic Substances, 1971, entrust WHO with the responsibility of reviewing and assessing substances to determine whether they should be controlled under the conventions.¹ Fulfilling

¹ See: Guidance on the WHO review of psychoactive substances for international control. Geneva: World Health Organization; 2010 (http://www.who.int/medicines/areas/quality_safety/GLS_WHORev_PsychoactSubst_IntC_2010.pdf, accessed 9 March 2017).

this mandate involves ensuring the provision of robust data to the WHO Expert Committee on Drug Dependence for the review of the most prevalent, persistent and harmful psychoactive substances. The Expert Committee will then be providing timely, evidence-based advice to facilitate informed decision-making by the Commission on Narcotic Drugs on the international scheduling of psychoactive substances. The Expert Committee will continue to meet annually. Support from Member States, UNODC, the International Narcotics Control Board, and the European Monitoring Centre for Drugs and Drug Addiction is sought for collecting robust evidence on dependence, abuse and harm to health, for substances to be reviewed by the Expert Committee. The WHO Secretariat is creating a mechanism for surveillance of substances with the potential for abuse, dependence and harm to health, including new psychoactive substances and for which there is not enough data to justify a review by the Expert Committee.

20. Further work will be undertaken, in collaboration with UNODC and other international organizations, on monitoring drug use and drug-related mortality and morbidity in populations at all levels, and will include technical support and guidance provided to Member States in order to improve their national monitoring systems. Special attention will be paid to monitoring both (1) treatment coverage for drug and other substance use disorders, using information based on available health system indicators and estimates of the prevalence of drug use disorders in populations derived from available information systems that are integrated into or linked with the WHO Global Health Observatory,¹ and (2) coverage of health services for people who use drugs along the HIV prevention, testing and treatment cascade. New projects will develop appropriate sets of indicators and strengthen the research capacity of Member States to generate, collate, analyse and report scientific data in order to inform policy and programme development aimed at reducing the drug-related public health and social burden. Special efforts are required particularly with regard to new psychoactive substances, in particular collection of data on the prevalence of their use, persistence and harm to health. This work stream will review, assess and summarize evidence of the impact of drug use and drug use disorders on population health by producing technical reports, WHO estimates of the drug-attributable disease burden, and reviews of evidence of the effectiveness of policy options and interventions.

21. In the area of epidemiology, WHO and UNODC jointly organized a consultation (Geneva, August 2016) to discuss opportunities and ways for better coordination and harmonization of international efforts to improve epidemiological data on extent of drug use, prevalence of drug use disorders in populations and their impact on public health and well-being. An interagency technical working group on drug epidemiology has been established with the aim of improving coordination and cooperation between intergovernmental organizations in this area, including regional intergovernmental entities and institutions such as the African Union and the European Monitoring Centre for Drugs and Drug Addiction and producing joint estimates related to drug use and its consequences. A result of such interagency collaboration is the generation of the global estimates issued in UNODC's annual world drug reports of the number of people who inject drugs and the prevalence rates of their infection with HIV and hepatitis viruses.

ACTION BY THE HEALTH ASSEMBLY

22. The Health Assembly is invited to note the report and to provide further guidance on the implementation of the operational recommendations related to health of the special session on the world drug problem.

¹ See: Global Health Observatory data: resources for the prevention and treatment of substance use disorders (http://www.who.int/gho/substance_abuse/en/, accessed 9 March 2017).