

## **Public health dimension of the world drug problem**

### **Report by the Secretariat**

1. The purpose of the General Assembly's special session was to review the progress made in the implementation of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem,<sup>1</sup> including an assessment of the achievements made and challenges encountered within the framework of the three international drug control conventions and other relevant United Nations instruments. In the adopted outcome document, 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 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, including some in which WHO is explicitly mentioned.

2. The present report takes into account the recent discussions at WHO's governing bodies' sessions, the drug-related health targets of Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages),<sup>2</sup> and the relevant outcomes of thematic discussions held at international forums to promote the implementation of operational recommendations on health-related issues agreed at the General Assembly's special session. It also presents an update on the Secretariat's activities on the public health dimensions of the world drug problem, including collaboration with United Nations Office on Drugs and Crime (UNODC) and International Narcotics Control Board.

3. 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.

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<sup>1</sup> See Official Records of the Economic and Social Council, 2009, Supplement No. 8 (E/2009/28), chap. I, sect. C, and <http://www.unodc.org/ungass2016/en/documentation.html>

<sup>2</sup> United Nations General Assembly resolution 70/1, Transforming our world: the 2030 Agenda for Sustainable Development.

4. 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, 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 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 are valid for well-developed health systems but even more prominent in less-resourced countries with insufficiently developed or no infrastructure for 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.

5. 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 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 essential medicines.<sup>1</sup>

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

6. 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 have to 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 have to provide especial support to

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<sup>1</sup> WHO is mandated by international drug control conventions (of 1961 and 1971) to undertake risk assessments of substances that have dependence potential and abuse potential and that can cause harm to health. These assessments are carried out by means of a thorough review of evidence by WHO's Expert Committee on Drug Dependence. The Committee issues recommendations on whether the substances under review should be placed under international control. The therapeutic usefulness of opioids and psychotropic substances for medical purposes is also assessed and weighed against the potential for dependence and abuse and harm to health. Once recommendations are confirmed by WHO's Director-General, they are communicated to the United Nations Secretary-General and then to the Commission on Narcotic Drugs for final decision. WHO's assessments are determinative as to medical and scientific matters.

health ministries and other public health entities at country level for strengthening public health responses to drug problems.

7. 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; strengthened multisectoral cooperation; and greater capacity of the Secretariat to provide support to Member States, within the framework of WHO’s mandate and as part of its core functions. Effective technical support to countries in their efforts to implement the health-related operational recommendations adopted at the special session and 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 Commission on Narcotic Drugs as the policy-making body of the United Nations with overall responsibility for drug control matters.

### **Demand reduction and related measures**

8. 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 co-morbidities. It will promote regular updates of evidence on 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 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,<sup>1</sup> the Secretariat will provide support to Member States for ensuring universal availability, accessibility, acceptability, coverage and quality of the health workforce for effective prevention and management of drug use, drug use disorders and associated health conditions at all levels of health systems.

9. 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 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 jointly information sessions for Member States, technical expert meetings and scientific consultations,

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<sup>1</sup> Adopted in resolution WHA69.19 (2016) on Global strategy on human resources for health: workforce 2030.

collaborate on the preparation of joint information products and technical tools, and provide support to Member States in development of their drug treatment systems.

10. Special efforts will be invested in promoting and implementing the 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.

11. Within the framework of the global health sector strategies on HIV and viral hepatitis,<sup>1</sup> WHO will promote and support the implementation of interventions outlined in the WHO, UNODC, UNAIDS technical guide<sup>2</sup> 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**

12. 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.<sup>3</sup> WHO will intensify and expand its activities on 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. 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. Currently, 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 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.

13. 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

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

<sup>2</sup> WHO, UNODC, UNAIDS technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users. Geneva: World Health Organization; 2012 revision ([http://apps.who.int/iris/bitstream/10665/77969/1/9789241504379\\_eng.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/77969/1/9789241504379_eng.pdf?ua=1), accessed 2 November 2016).

<sup>3</sup> Respectively resolutions WHA58.22 (2005), WHA67.19 (2014), WHA68.15 (2015) and WHA68.20 (2015).

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.

14. WHO is also part of the Joint Global Programme (in collaboration with UNODC and Union for International Cancer Control) on access to controlled drugs for medical purposes, in particular for the management of pain. The programme, which is currently being implemented in the Democratic Republic of the Congo, Ghana and Timor-Leste, aims to support countries in identifying and addressing barriers to access, through examination of policies, legislation and the supply chain, and the development of country plans and strategies for improvement.

### **Cross-cutting issues**

15. 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 which 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.

16. 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 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.

17. 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.<sup>1</sup> Fulfilling this mandate involves ensuring the provision of robust data to the WHO's 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

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<sup>1</sup> 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](http://www.who.int/medicines/areas/quality_safety/GLS_WHORev_PsychoactSubst_IntC_2010.pdf), accessed 2 November 2016).

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.

18. 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's Global Health Observatory,<sup>1</sup> and (2) coverage of 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 workstream 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.

19. 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 EXECUTIVE BOARD**

20. The Board is invited to note the report

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<sup>1</sup> See WHO's Global Health Observatory: Resources for the prevention and treatment of substance use disorders ([http://www.who.int/gho/substance\\_abuse/en/](http://www.who.int/gho/substance_abuse/en/), accessed 2 November 2016).