
Public health dimension of the world drug problem including in the context of the special session of the United Nations General Assembly on the world drug problem, held in April 2016

Report by the Secretariat

1. In January 2016, the Executive Board at its 138th session considered an earlier version of this report.¹ This updated version takes into account the discussions at that Executive Board session and the outcome of the thirtieth special session of the United Nations General Assembly, which was convened at United Nations headquarters in New York from 19 to 21 April 2016, and includes a new section on WHO's role in follow-up to that special session.
2. The purpose of the 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,² including an assessment of the achievements and challenges in countering the world drug problem within the framework of the three international drug control conventions and other relevant United Nations instruments.
3. At the special session, the General Assembly adopted the resolution and outcome document entitled "Our joint commitment to effectively addressing and countering the world drug problem"³ in which 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. It 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, it made operational recommendations, including some in which WHO is explicitly mentioned.
4. The WHO delegation to the special session was led by the Director-General, who addressed the General Assembly at the opening of the session with welcoming remarks, in which she stated that the world drug problem was a prime concern for WHO, welcomed the high attention accorded to public

¹ See document EB138/11 and the summary record of the Executive Board at its 138th session, thirteenth meeting, section 3 (document EB138/2016/REC/2).

² See Official Records of the Economic and Social Council, 2009, Supplement No. 8 (E/2009/28), chap. I, sect. C.

³ Document A/S-30/L.1 available at: <https://www.unodc.org/ungass2016/en/documentation.html>, accessed 9 May 2016.

health in the outcome document and emphasized the preparedness of WHO, in collaboration with UNODC and other partners, to implement the tasks assigned to WHO during the session.¹ The WHO delegation actively contributed to the programme of the special session by participating in the round tables and in the organization of side events in collaboration with Member States, UNODC and other United Nations entities and civil society groups, including the side event on the public health elements of a comprehensive, balanced and inclusive drug policy.

5. While it is recognized that “one size does not fit all”, the discussions held during the special session and its outcome document highlighted the importance of moving towards a more balanced and comprehensive approach in global drug policies that highlights public health and development outcomes, consistent with the original purpose of the three international drug control conventions to promote the health and welfare of humankind. For example, both the outcome document and the Political Declaration support a shift in the focus of international drug policies towards public health, including prevention, treatment and care, and economic, social and cultural measures. In the 2030 Agenda for Sustainable Development,² target 3.5 sets out a commitment by Governments to strengthen the prevention and treatment of substance abuse, and a range of other targets are of particular relevance to drug control, in particular target 3.3 on 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 on providing access to essential medicines.³

6. Nevertheless, 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 address the entire public health continuum – from primary prevention and risk reduction through to management of drug use disorders, rehabilitation and care – 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.

7. This report focuses on the critical public health elements of a comprehensive, balanced and inclusive drug policy aligned with the outcomes of the thirtieth special session of the United Nations General Assembly: prevention of drug use and reduction of vulnerability and risks; treatment and care of people with drug use disorders; prevention and management of the harms related to drug use; and access to controlled medicines.

¹ The text of the Director-General’s address to the special session of the United Nations General Assembly on the world drug problem is available at: <http://www.who.int/dg/speeches/2016/world-drug-problem/en/>, accessed 10 May 2016.

² United Nations General Assembly resolution 70/1 – Transforming our world: the 2030 Agenda for Sustainable Development, see http://www.un.org/ga/search/view_doc.asp?symbol=A/RES/70/1, accessed 10 May 2016.

³ WHO is mandated by international drug control conventions (1961 and 1971) to undertake risk assessments of substances that have dependence and abuse potential and that can cause harm to health. These assessments are carried out by means of a thorough review of evidence by the WHO Expert Committee on Drug Dependence. The Committee issues recommendations on whether or not 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 weighted against dependence and abuse potential and harm to health. Once recommendations are confirmed by the WHO 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.

PREVENTION OF DRUG USE AND REDUCTION OF VULNERABILITY AND RISKS

8. Drug use, drug use disorders and related health conditions are major public health concerns. Psychoactive drug use is responsible for more than 400 000 deaths per year. Drug use disorders account for 0.55% of the total global burden of disease, and injection drug use accounts for an estimated 30% of new HIV infections outside sub-Saharan Africa and contributes significantly to hepatitis B and hepatitis C epidemics in all regions.

9. Preventing drug use and reducing the vulnerability and risks that contribute to drug use and drug use disorders constitute a key pillar of the public health continuum for addressing the drug problem. Effective prevention measures have the potential to promote health and social well-being, and lower the human and societal costs of drug use, particularly by focusing on preventing the initiation and continuation of drug use by children, adolescents and young people. Successful prevention of substance use and risk reduction is thus an essential approach to achieve better public health outcomes; these include the prevention of substance-induced mental disorders and reductions in injuries and violence (traffic and domestic injuries, child abuse, and gender-based, sexual and other violence), communicable diseases (notably HIV, viral hepatitis and tuberculosis), sexual and reproductive health problems (notably sexually transmitted infections, unplanned pregnancies and complicated pregnancies) and noncommunicable diseases (notably cancer, cardiovascular diseases and liver diseases).

10. Efforts should continue to be made to give effect to the preventive dimensions of international drug conventions, with full respect for human rights, and people in need should have access to a continuum of prevention, treatment and care options. Because preventive measures aimed at supply reduction have tended to focus on strategies for law enforcement and combating the illicit market, this has led, in some parts of the world, to policies and enforcement practices that entrench discrimination, propagate human rights violations, contribute to violence related to criminal networks and deny people access to the interventions they need to improve their health. To overcome this, it is critical that preventive interventions are legitimately incorporated in national drug control strategies and implemented from an evidence-based, public health-oriented, people-centred and equitable perspective, focused on human rights.

11. Preventing the onset of substance use can be achieved through a comprehensive multisectoral approach that targets the risk and protective factors at different ages, with a spectrum of interventions in multiple settings – involving families and communities and using the internet, social media and other online platforms – including tailored health promotion and drug use prevention programmes, and supply reduction measures. The evidence accumulated so far indicates that prevention strategies, programmes and interventions should be tailored to the age of the target population, risk levels and the settings in which the interventions are planned to be delivered, including health care settings and workplaces. They should also be an integral part of national drug policies and action plans. These should be supported by appropriate public health-oriented governance and legal frameworks conducive to effective engagement of multiple sectors of the governments and civil society and by the use of internationally recognized standards on drug use prevention.¹ Stand-alone teaching about the effects of drugs or the provision of information about the dangers of drugs has not been shown to be effective. Particular attention should be paid to the social and economic determinants of drug use, addressing those factors that increase the vulnerability of individuals and communities and which

¹ See International Standards on Drug Use Prevention. UNODC, 2015 (<https://www.unodc.org/unodc/en/prevention/prevention-standards.html>, accessed 10 May 2016).

promote or perpetuate risk behaviours. Such determinants are broad-ranging and are often influenced by policies and practices in other sectors, such as those for dealing with unemployment and marginalization.

TREATMENT AND CARE OF PEOPLE WITH DRUG USE DISORDERS

12. Evidence-based and ethical treatment and care of people with drug use disorders and related health conditions are an essential element of a comprehensive drug policy. The best treatment outcomes are achieved when a comprehensive multidisciplinary approach is implemented. Such an approach should include diversified and integrated pharmacological and psychosocial interventions centred on and responding to the different needs of affected individuals, including health conditions associated with drug use such as injuries, suicides and drug-induced mental disorders, drug overdose,¹ HIV infection and viral hepatitis. To the extent that treatment services are organized along a continuum – from screening and brief interventions through early diagnosis and formal treatment, chronic care, recovery-oriented rehabilitation and social reintegration programmes to mutual help organizations – and deploy effective and ethical strategies and interventions, they can have an impact at the population level. Policy support for and the delivery of evidence-based and ethical treatment and care of people with drug use disorders and co-morbid health conditions should be an essential element of national drug strategies and action plans, with appropriate funding, governance and quality assurance mechanisms, and with the provision of treatment and recovery support services facilitating employment, housing and community well-being as well as alternatives to incarceration for minor drug-related crimes.

13. As treatment services have been shown to be effective in reducing substance use and associated health and social consequences, international cooperation in developing and implementing treatment initiatives to ensure non-discriminatory access to a broad range of treatment interventions based on scientific evidence of their effectiveness should be promoted and strengthened, including interventions tailored to the specific needs of adolescents, women and during pregnancy.² The area with the strongest evidence of efficacy is medication-assisted (opioid substitution) therapy of opioid dependence. Contingency management is also well supported by available evidence and can be used in support of other treatment modalities. Conventional psychosocial interventions and therapeutic communities have been shown to be effective in improving the health and social functioning of people with drug use disorders. Longer participation in peer-led mutual health organizations is associated with continued abstinence, lower health care costs and improvements in other indices of functioning. Residential drug-free programmes can be valuable for individuals where removal from their environment may have particular advantages.

14. Research findings indicate that spending on treatment results in savings through a reduction in drug-related crime and reduced expenditure on the criminal justice system and health care. When a broader range of costs associated with crime, health and social productivity was taken into account, the ratio of savings to investment was shown to reach 13:1. Substance use disorders can be treated and managed cost-effectively, saving lives, improving the health and well-being of affected individuals and their families, and reducing costs to society. The costs of treatment and care are much lower than

¹ See Community management of opioid overdose. Geneva: World Health Organization; 2014 (http://www.who.int/substance_abuse/publications/management_opioid_overdose/en/, accessed 10 May 2016).

² See Guidelines for the identification and management of substance use and substance use disorders in pregnancy. Geneva: World Health Organization; 2014 (http://www.who.int/substance_abuse/publications/pregnancy_guidelines/en/, accessed 10 May 2016).

the indirect costs of drug use disorders and associated health conditions, which include the costs of unemployment and absenteeism, crimes, the criminal justice system and law enforcement, as well as premature mortality and disability.

15. Public health-oriented coordination between the drug control, criminal justice and health systems can significantly increase treatment coverage and thereby reduce drug use, prevent crime and decrease recidivism. The continuum of prevention and treatment options should be accessible to those in need, whether in the public or private health sectors, with protection against financial risk, and with a focus on prevention, improvement of social functioning and well-being, and the ultimate goal of recovery. Effective interventions exist, are not costly and should be integrated into health systems, including primary health care. Regardless of the level of drug use and the specific drug that an individual takes, he or she should have non-discriminatory access to health care, prevention and treatment services for drug use disorders and related health conditions, and to services to facilitate reintegration into society. Public health-oriented drug and treatment policies should empower people to recognize their problem and seek help, and provide access to a broad range of interventions, including affordable treatment and care for drug use disorders. Development at the international level and implementation of the normative guidance, technical tools, standards¹ and capacity-building activities on the prevention and treatment of drug use disorders should be promoted and intensified.

PREVENTION AND MANAGEMENT OF THE HARMS ASSOCIATED WITH DRUG USE

16. Current drug policy frameworks do not focus enough attention on reducing the individual and public health harm of drug use. The implementation of harm reduction interventions according to national contexts is part of a public health promotion framework to prevent, reduce and mitigate the harms of drug use for individuals and communities. Harm reduction is often a socially and politically sensitive issue, given that its goal is to keep people alive and safe while not requiring abstinence from drug use. Punitive laws, policies and practices limit, and sometimes exclude, people who use drugs from accessing harm reduction services, compromising the effectiveness of these evidence-based interventions. When implemented as part of a comprehensive drug strategy, harm reduction interventions ensure that drug use is seen in a wider social context, addressing issues of poverty, social isolation, stigmatization/marginalization, domestic and other forms of violence and public health.

17. Given the evidence of the utility of harm reduction approaches in addressing drug dependence and improving broader health outcomes, such interventions need to be a strengthened component of a comprehensive response to substance use. There is also strong evidence that programmes that reduce the short- and long-term harms to substance users benefit the entire community through reduced crime and public disorder, in addition to the benefits that accrue from the inclusion into mainstream life of previously marginalized members of society.

18. A comprehensive package of evidence-based interventions to reduce the harms associated with (injecting) drug use has been outlined in a technical guide issued jointly by WHO, UNAIDS and

¹ See International Standards for the Treatment of Drug Use Disorders: draft for field testing. UNODC, WHO; March 2016 (https://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_59/ECN72016_CRP4_V1601463.pdf, accessed 10 May 2016).

UNODC in 2009 and revised in 2012.¹ This publication and the package of interventions have been widely endorsed by United Nations bodies and major international donors. The best results are seen where countries have implemented both needle and syringe programmes and opioid substitution therapy, along with other components of the package, and where these interventions are implemented on a scale wide enough to make an impact at the population level. Opioid substitution therapy has a role to play both in the management of opioid dependence and in the prevention and care of HIV and viral hepatitis B and C infection. Needle and syringe programmes substantially and cost-effectively reduce the transmission of bloodborne viruses, and at the same time they have been shown not to encourage drug use or injecting. These programmes also serve as an entry point to other services and engage clients on a regular basis, providing opportunities to facilitate access to other health services. People who use drugs should have equitable access to the broader prevention, treatment and care services that are available to the general population, including access to antiretroviral therapy for those living with HIV and effective treatment for those with chronic hepatitis B and C infection.

19. National drug strategies should highlight the public health rationale for incorporating harm reduction interventions and services in national programmes, including evidence of their impact on drug use and drug control. Effective implementation of harm reduction programmes as part of a broader national drug strategy requires an enabling legislative environment and consideration of the related actions that could be taken under the national drug strategy, as appropriate for the national context, such as enhanced child- and family-sensitive practices in drug treatment services, integrated approaches with community, family and child welfare services, and peer-based approaches to reducing the harms associated with an individual's drug use. Reference should also be made to the importance of providing adequate drug (and HIV and hepatitis) prevention, treatment and care services in prisons and for populations detained in other closed settings.

ACCESS TO CONTROLLED MEDICINES

20. Many internationally controlled substances are essential medicines that are critical for the relief of pain and for palliative care, for the treatment of psychiatric and neurological illnesses, for use in anaesthesia, surgery and obstetrics, and for the treatment of substance use disorders, including opioid dependence. Ensuring the adequate availability of controlled substances for medical and scientific purposes is one of the objectives of the international drug control conventions to which Member States are committed and that has yet to be universally achieved. Implementation of the conventions should aim at fulfilling the “dual obligation of governments to establish a system of control that ensures the adequate availability of controlled substances for medical and scientific purposes, while simultaneously preventing abuse, diversion and trafficking”.²

¹ 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, accessed 10 May 2016).

² Ensuring balance in national policies on controlled substances: guidance for availability and accessibility of controlled medicines. Geneva: World Health Organization; 2011 (http://www.who.int/medicines/areas/quality_safety/guide_nocp_sanend/en/index.html, accessed 10 May 2016).

21. WHO estimates that 5500 million people (83% of the world's population) live in countries with low or non-existent access to controlled medicines for the treatment of moderate to severe pain. It is estimated that of the 20 million people requiring palliative care, only 3 million (15%) receive the care they need.¹ Equally, despite strong evidence of efficacy,² treatment of opioid dependence with long-acting opioids, known as opioid substitution therapy, is frequently unavailable. In nearly 90% of countries in the WHO African Region, consumption of opioid analgesics is less than 100 defined daily doses (a measurement unit for statistical purposes (S-DDD)) per million inhabitants per day, and nearly half the countries in the Region have levels below 5 S-DDD – adequate consumption is considered to be 200 S-DDD.³

22. The obligation to prevent the misuse and non-medical use, as well as the diversion and trafficking, of controlled substances has received far more attention than the obligation to ensure their adequate availability for medical and scientific purposes. This has resulted in many countries adopting laws and regulations that consistently and severely impede the accessibility of controlled medicines. Undue regulatory restrictions do not reflect the therapeutic value of controlled medicines and the potential risks to health if access to them is limited. A committed public health approach to the drug problem must encompass the availability of and access to medicines for effective treatment and related health care service delivery efforts. In recent resolutions, such as those on palliative care (WHA67.19 (2014)) and on emergency and essential surgical care and anaesthesia (WHA68.15 (2015)), the World Health Assembly has accordingly requested Member States to ensure access to controlled medicines.

23. National drug control policies should recognize that controlled medicines, and in particular those that are on the WHO model list of essential medicines, are necessary for medical and scientific purposes. In addition to calibrating regulatory restrictions to take account of availability, policy-makers should consider drawing up and implementing enabling policies that promote widespread understanding of the therapeutic usefulness of controlled medicines and their responsible use, while preventing the development of drug use disorders associated with prescription drug use. To this end, capacity-building programmes should be strengthened, starting with university training for health professionals. Governments may also include the availability of and access to controlled medicines for all relevant medical uses in their national pharmaceutical policy plans, and include the relevant controlled medicines in national essential medicines lists, specific disease control programmes and other public health policies.

MONITORING AND EVALUATION

24. Rebalancing drug policy towards public health objectives requires appropriate monitoring and evaluation systems to be developed and strengthened at the national, regional and global levels. Monitoring and evaluation should cover drug use in populations at different stages of life using population-based surveys and other methods, and should include estimations of the public health impact of measures taken to counter the drug problem. Monitoring drug-attributable mortality and morbidity, including mortality and morbidity due to the use of new synthetic psychoactive substances,

¹ See <http://www.who.int/mediacentre/news/releases/2014/palliative-care-20140128/en/> (accessed 10 May 2016).

² See Guidelines for the psychosocially assisted pharmacological treatment of opioid dependence. Geneva: World Health Organization; 2009 (http://www.who.int/substance_abuse/publications/opioid_dependence_guidelines.pdf, accessed 10 May 2016).

³ Report of the International Narcotics Control Board on the availability of internationally controlled drugs: ensuring adequate access for medical and scientific purposes. Vienna: International Narcotics Control Board; 2010 (document E/INCB/2010/1/Supp.1).0

as well as the coverage and quality of prevention, treatment and harm reduction interventions in different domains and different stages of health care, in the public sector and beyond, is an essential prerequisite for evidence-informed policy development and evaluation of the effectiveness of different drug policy options. Ensuring that effective monitoring and evaluation systems are in place at the international level requires strengthened collaboration between the relevant United Nations entities, other intergovernmental organizations, national authorities and academic institutions with effective global and regional coordination mechanisms built on reliable and sustainable data collection, sharing and dissemination procedures and mechanisms.

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

25. The thirtieth special session of the United Nations General Assembly highlighted the importance of shifting the focus of policy responses to the world drug problem towards public health measures and provided for renewed commitment to strengthen public health-oriented policies and programmes to prevent and reduce the harm caused by the use of psychoactive drugs. As the directing and coordinating authority for health within the United Nations system, WHO has a particular 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 the global, regional and national levels. Addressing effectively the public health elements of a comprehensive and balanced drug policy as outlined in this report requires intensified international cooperation among Member States, United Nations entities and other relevant partners; strengthened multisectoral cooperation; and strengthened capacity of the Secretariat to provide support to Member States, within the framework of its mandate and as part of its core functions, in developing, implementing and evaluating public health responses to the health and social problems caused by psychoactive drug use. Cooperation between WHO, UNODC, the International Narcotics Control Board and other competent United Nations entities, within their respective mandates, needs to be strengthened.

26. In order to support the implementation of public health-oriented drug policies and programmes in health systems, WHO needs to intensify its normative function in the areas of prevention, early intervention, treatment, care, recovery, rehabilitation and social reintegration, with a focus on drug use disorders and associated comorbid health conditions and taking into account the specific needs of children, young people and women. Accordingly, efforts need to be made to develop, promote, implement and evaluate guidelines, norms, information products and standards, and to provide technical support with a view to improving the quality and coverage of prevention and treatment interventions in health systems and services within the overall context of achieving universal health coverage. Special emphasis needs to be placed on the promotion and implementation of the standards on the treatment of drug use disorders developed by UNODC and WHO and other relevant international standards on preventing drug use and on reducing the harms associated with drug use. Emphasis also needs to be placed on the provision of guidance, assistance and training on their appropriate use to health professionals, competent authorities and institutions, including for certification and accreditation purposes. Particular attention will need to 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.

27. In view of the need to address the world drug problem with public health responses that are multidimensional and multisectoral in nature, WHO will need to intensify its efforts to ensure the coherence of public health-oriented drug policies with policies in other domains of public health, 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, hepatitis, tuberculosis and other communicable diseases; sexual and reproductive health; and health systems and emergency responses. Special efforts will have to be undertaken to support health ministries and other public health entities at the country level in strengthening public health responses to drug problems.

28. Ensuring access to controlled medicines for legitimate medical use as a part of a balanced national medicine policy is an essential element of a number of WHO strategies and action plans addressing broader public health areas, such as effective cancer control,¹ access to essential medicines,² strengthening palliative care,³ improving mental health,⁴ and the prevention and control of noncommunicable diseases.⁵ WHO will need to strengthen its activities to develop and disseminate normative guidance and provide technical support 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, within their respective mandates.

29. 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.⁶ Fulfilling this mandate involves ensuring the effective functioning of WHO's Expert Committee on Drug Dependence for the purpose of providing timely evidence-based advice to facilitate informed decisions by the Commission on Narcotic Drugs on the international scheduling of psychoactive substances, and for the purpose of reviewing the most prevalent, persistent and harmful new psychoactive substances.

30. With regard to WHO's ongoing activities in the area of monitoring risk factors to health and assessing the capacity of health care systems, further work will need to be undertaken and strengthened, in collaboration with UNODC and other international organizations, in the area of monitoring drug use and drug-related mortality and morbidity in populations at all levels, including in respect of the technical support and guidance provided to Member States in order to improve their national monitoring systems. Special attention will need to be given to monitoring treatment coverage for drug and other substance use disorders, based on available health system indicators and estimates of the prevalence of drug use disorders in populations using available information systems, that are integrated into or linked with the WHO's Global Health Observatory.⁷ New initiatives will need to be undertaken in order to develop and strengthen the research capacity of Member States to generate, collate, analyse and report scientific data to inform policy and programme development aimed at reducing the drug-related public health and social burden. This workstream will require activities to review, assess and summarize evidence of the impact of drug use and drug use disorders on population

¹ Resolution WHA58.22 (2005).

² Resolution WHA67.22 (2014).

³ Resolution WHA67.19 (2014).

⁴ Resolution WHA66.8 (2013).

⁵ Resolution WHA66.10 (2013).

⁶ 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 10 May 2016).

⁷ See WHO's Global Information System on Resources for the Prevention and Treatment of Substance Use Disorders (http://www.who.int/gho/substance_abuse/en/, accessed 10 May 2016).

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.

ACTION BY THE HEALTH ASSEMBLY

31. The Health Assembly is invited to note the report and to provide guidance on WHO's further activities to respond to the public health dimension of the world drug problem including in the context of the special session of the United Nations General Assembly on the world drug problem, held in April 2016.

= = =