
Public health dimension of the world drug problem

Report by the Director-General

1. In May 2017, the Seventieth World Health Assembly, having considered the report on the public health dimension of the world drug problem,¹ adopted decision WHA70(18),² in which it requested the Director-General to continue efforts to improve the coordination and collaboration of WHO with UNODC and the International Narcotics Control Board, within their existing mandates, and to report on the implementation of the decision to the Seventy-first, Seventy-third and Seventy-fifth World Health Assemblies, and to continue to keep the Commission on Narcotic Drugs appropriately informed of relevant programmes and progress. In May 2021, the Seventy-fourth World Health Assembly adopted decision WHA74(17)³ in the context of the WHO governance reform process, in which it decided, *inter alia*, that future reporting on governing bodies mandates should receive greater specificity.
2. In resolution S-30/1, the United Nations General Assembly adopted the outcome document of its 2016 special session on the world drug problem, which included operational recommendations to effectively address and counter the world drug problem, in some of which WHO was explicitly mentioned.

CONTEXT

3. With around 275 million people using psychoactive drugs during the year 2020 and an expected rise by 11% worldwide and 40% in Africa alone by the year 2030, and with an estimated 36 million people with drug use disorders,⁴ the scope of public health problems related to drug use, drug use disorders and related health conditions continues to be very high. However, this burden is to a large extent preventable. According to the latest WHO estimates, around 583 000 deaths were directly and indirectly attributable to drug use in the year 2019, with close to 450 000 deaths attributable to opioids, and around 14 000 to cannabis. Injecting drug use accounts for an estimated 20% of HIV infections outside sub-Saharan Africa⁵ and, according to WHO's latest progress report on HIV, viral hepatitis and sexually transmitted infections, contributes significantly to the epidemics of hepatitis B and hepatitis C in all regions. Close to 600 000 people have died from opioid overdoses in the United States of America since 1999; the overdose mortality rate exceeds the mortality rate for HIV/AIDS at the height of the

¹ Document A70/29.

² Document WHA70/2017/REC/1, decision WHA70(18).

³ Document WHA74/2021/REC/1, decision WHA74(17).

⁴ World drug report 2021. United Nations Office on Drugs and Crime; 2021 (<https://www.unodc.org/unodc/en/data-and-analysis/wdr2021.html>, accessed 4 March 2022).

⁵ UNAIDS data 2021. Joint United Nations Programme on HIV/AIDS; 2021 (https://www.unaids.org/en/resources/documents/2021/2021_unaids_data, accessed 4 March 2022).

HIV/AIDS epidemic in the country.¹ At the same time, opioid analgesics and psychotropic medicines under international control are indispensable for the provision of essential health care services, including for palliative care, pain management and treatment of mental, neurological and substance use disorders.

ACTIVITIES, ACHIEVEMENTS AND CHALLENGES

4. Progress reports submitted to the Seventy-first and Seventy-third World Health Assemblies² focused on the activities implemented by the Secretariat, including through cooperation and collaboration with UNODC and the International Narcotics Control Board, in the following areas: prevention and management of drug use and drug use disorders; access to controlled medicines; assessment of psychoactive substances for possible control under the international drug control conventions by the WHO Expert Committee on Drug Dependence; harm reduction and drug-related infectious diseases (HIV, viral hepatitis and sexually transmitted infections); and cross-cutting issues.

5. Since the year 2020, WHO has further strengthened collaboration with UNODC and the International Narcotics Control Board, and has expanded the scope of collaboration with UNODC to include the prevention, detection and response to substandard and falsified medical products at the global level. The time frame of the memorandum of understanding defining the areas of collaboration between WHO and UNODC has been extended to the year 2027. A UNODC liaison officer has been appointed within the framework of the Joint UNODC/WHO Programme on Drug Dependence Treatment and Care, with a broader remit of facilitating collaboration not only between UNODC and WHO but also with other Geneva-based international organizations. The Secretariat informs the Commission on Narcotic Drugs at its annual and reconvened sessions about WHO programmes and activities on the public health dimension of the world drug problem, including through side events organized or co-sponsored by WHO. The Secretariat also has regular dialogues with the International Narcotics Control Board. Representatives of UNODC and the International Narcotics Control Board participated in the second (2019) and third (2021) WHO Forums on alcohol, drugs and addictive behaviours. WHO staff also contribute on a regular basis to the technical meetings organized by UNODC and vice versa.

6. The WHO Expert Committee on Drug Dependence is mandated by the international drug control conventions to make recommendations on appropriate international control measures to ensure the availability of psychoactive substances for medical and scientific purposes while preventing the harms caused by the diversion and misuse of drugs. At its forty-third (2020) and forty-fourth (2021) meetings, the Expert Committee recommended that a number of novel synthetic opioids, cannabinoids, benzodiazepines, stimulants and cathinones that are clandestinely manufactured and have no therapeutic use should be placed under international control. All recommendations regarding the placement of drugs under international control were accepted by the Commission on Narcotic Drugs. At its reconvened sixty-third session in December 2020, the Commission also voted to accept a recommendation made by the Expert Committee at its forty-first meeting (2018) to change the level of international control measures applicable to cannabis and cannabis resin in recognition of legitimate scientific and medical use of cannabis preparations. At its forty-fourth meeting, the Expert Committee also carried out preliminary assessments of two psychoactive substances with reported therapeutic use, namely kratom and its active components mitragynine and 7-hydroxymitragynine, and the medicine phenibut. UNODC

¹ Multiple cause of death 1999–2020. Centers for Disease Control and Prevention; 2021 (<http://wonder.cdc.gov/mcd-icd10.html>, accessed 4 March 2022).

² Documents A71/41 Rev.2 and A73/32.

and the International Narcotics Control Board also provided WHO with critical information on the prevalence and harm of psychoactive substances under review by the Expert Committee.

7. Within the framework of the Joint UNODC/WHO Programme on Drug Dependence Treatment and Care, a revised edition of the *International standards for the treatment of drug use disorders* was published in the year 2020,¹ incorporating the results of extensive field testing of the first edition of the standards. Dissemination and implementation of the standards is ongoing, including the development, in collaboration with UNODC, of quality assurance mechanisms and the implementation of capacity-building activities. Further work is required for the effective dissemination, implementation and, if necessary, an update of the standards to increase the coverage and quality of treatment for drug use disorders at the country level. The UNODC/WHO Stop Overdose Safely (SOS) initiative was rolled out in four countries in central Asia and eastern Europe, with the associated cascade training on opioid overdose prevention and management reaching more than 14 000 potential opioid overdose witnesses and supplying them with take-home naloxone kits for effective management of opioid overdose. The main outcomes of the SOS initiative are summarized in the UNODC/WHO report published in the year 2021.² Work has begun on updating the recommendation on the identification and management of drug use disorders in primary health care, included in the mhGAP Intervention Guide for mental, neurological and substance use disorders in non-specialized health settings.³ There is also an urgent need to update the WHO guidelines for: community management of opioid overdose; psychosocially assisted pharmacotherapy of opioid dependence; and identification and management of substance use and substance use disorders in pregnancy. WHO and UNODC facilitated the development of and co-lead the newly established inter-agency working group on prevention of drug use and treatment of drug use disorders with the aim of boosting cooperation and collaboration among international organizations in the area of prevention and treatment of drug use disorders and related health conditions.

8. The pandemic of coronavirus disease (COVID-19) has had a significant impact on the provision of health services for substance use disorders, as evidenced by the results of the WHO rapid assessment of the impact of COVID-19 on mental, neurological and substance use services, conducted in the year 2020. A new thematic group on addressing substance use and substance use disorders in humanitarian settings has been established within the Inter-Agency Standing Committee Reference Group on Mental Health and Psychosocial Support, co-led by experts from WHO, UNODC and UNHCR. WHO has contributed to the Inter-Agency Standing Committee guidance on operational considerations for multisectoral mental and psychosocial support programmes during the pandemic, which includes a section on substance use and addictive behaviours. Through its Health in Prisons Programme, WHO has developed a range of tools and policy briefs on prevention, vaccination and management of COVID-19 in prisons and other closed settings. Although the lessons learned on the provision of health services for disorders due to drug use are yet to be analysed at the global level, the pandemic has highlighted the importance of sustainable health services for disorders caused by substance use and of preparedness to maintain essential services during health emergencies, including

¹ International standards for the treatment of drug use disorders: revised edition incorporating results of field-testing. Geneva: World Health Organization and United Nations Office on Drugs and Crime; 2020 (<https://apps.who.int/iris/handle/10665/331635>, accessed 4 March 2022).

² UNODC-WHO Stop-Overdose-Safely (S-O-S) project implementation in Kazakhstan, Kyrgyzstan, Tajikistan and Ukraine: summary report. Geneva: World Health Organization and United Nations Office on Drugs and Crime; 2021 (<https://apps.who.int/iris/handle/10665/340497>, accessed 4 March 2022).

³ mhGAP Intervention Guide for mental, neurological and substance use disorders in non-specialized health settings. Version 2.0. WHO, 2016 (<https://www.who.int/publications/i/item/9789241549790>, accessed 22 March 2022).

by using and expanding innovative approaches to service provision, such as those based on digital technologies.

9. The Organization is concerned by the very low access to medication for moderate and severe pain, particularly in low- and middle-income countries, and recognizes that the need for access to pain relief must be balanced with concerns about the harm arising from the misuse of medications, including opioids. In view of the scientific evidence that has emerged since the year 2011, WHO is developing a policy guidance document for countries to ensure that balanced national policies on access to controlled medicines and their safe use are formulated and implemented. The guidelines are scheduled for publication by the end of the year 2022. In the year 2020, WHO issued guidelines on the management of chronic pain in children, which address the use of opioids under the principles of opioid stewardship. WHO continues to collaborate with the International Narcotics Control Board and UNODC on access to controlled medicines. Joint inter-agency statements were issued in the years 2020 and 2021, calling on governments to facilitate access to controlled medicines for people in need and affected by emergencies, including during pandemics and climate-related disasters.

10. Draft global health sector strategies on HIV, viral hepatitis and sexually transmitted infections for the period 2022–2030 were discussed by the Executive Board at its 150th session. The Board then decided through resolution EB150.R3 that informal consultations on the draft global health sector strategies would continue with a view to enabling a draft resolution to be submitted to the Seventy-fifth World Health Assembly for adoption. The strategies promote interventions on HIV, viral hepatitis and sexually transmitted infections, including a comprehensive essential package of harm reduction services for people who inject drugs. WHO continues to summarize and synthesize the evidence base for a public health response to injection and other drug use in the context of HIV and viral hepatitis. In the year 2022, new WHO guidelines for key populations, including people who inject drugs, will be published, with a focus on person-centred, integrated, prioritized packages and new recommendations on service delivery and on hepatitis C virus testing frequency and treatment initiation for people at ongoing risk.

11. WHO continues to collaborate with UNODC in the areas of HIV and drug use, including through joint events, such as workshops with scientists and community leaders, and side events organized during the sessions of the Commission on Narcotic Drugs; the development of tools, including on the implementation of opioid agonist maintenance treatment; data collection for global estimates of people who inject drugs, and on harm reduction service coverage, and incidence of HIV and viral hepatitis C in people who inject drugs; and a range of training webinars for policy-makers on how to mitigate the impact of COVID-19 on harm reduction service delivery. Provision and exchange of needles and syringes, opioid agonist maintenance treatment for opioid dependence and management of opioid overdose were included as essential services in WHO guidance on health service delivery in the context of COVID-19. WHO also supported UNODC in the development of a report on lessons learned in a range of priority countries on the impact of COVID-19 on the provision of harm reduction services.

12. WHO also provides support to countries and donors by contributing to the development of national strategic plans and proposals for the Global Fund to Fight AIDS, Tuberculosis and Malaria, the United States President's Emergency Plan for AIDS Relief, and Unitaid. WHO continues to work with countries – as well as all relevant stakeholders, including, affected communities and other civil society organizations and academia – to support the implementation of harm reduction programmes, including the provision of support to Mozambique, Nigeria and South Africa during the period 2019–2020 for the development of costed implementation plans and clinical guidelines for opioid agonist maintenance treatment. Despite the strong scientific evidence gathered over the previous three decades on the effectiveness of programmes in this public health area, continued advocacy is required to implement and scale up such programmes and in order to achieve the health target 3.3 of the Sustainable Development Goals (By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical

diseases and combat hepatitis, water-borne diseases and other communicable diseases) as well as other health targets related to HIV and viral hepatitis.

13. As the two United Nations custodian agencies for Sustainable Development Goal indicator 3.5.1 on coverage of treatment interventions for substance use disorders, WHO and UNODC coordinate their activities on monitoring treatment coverage for drug use disorders and maintain their collaboration on the epidemiology of drug use and its health consequences, including within the framework of the Inter-Agency Technical Working Group on Drug Epidemiology. The Secretariat has developed a new approach to producing comparable estimates on the treatment capacity for substance use disorders, based on the information provided by Member States in the context of WHO surveys on progress towards the attainment of target 3.5 of the Sustainable Development Goals on strengthening the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol. Further activities include the development of technical tools for in-depth assessment of treatment systems for substance use disorders and for monitoring both service capacity and coverage, and quality of treatment for substance use disorders within the framework of universal health coverage. WHO will continue to produce estimates of the drug-attributable disease burden based on WHO mortality and disability data. In view of recent trends in cannabis use and regulation of cannabis-based products, WHO is in the process of updating the WHO publication on the health and social effects of non-medical cannabis use, which is scheduled for publication in the year 2022.

THE WAY FORWARD

14. A public health approach is widely recognized as essential to addressing the world drug problem at all levels within a comprehensive and multidisciplinary approach. The role of public health entities and health and social service providers cannot be overestimated. Effective progress towards the achievement of target 3.5 and other health-related targets of the Sustainable Development Goals, within WHO's mandate and in line with its strategic priorities articulated in the Thirteenth General Programme of Work, 2019–2023, requires enhanced and sustained WHO actions aimed at promoting and supporting prevention, early identification and effective management of substance use disorders; improving access to controlled medicines; reducing the burden of drug-related infectious diseases and prevention of the harms associated with drug use; effective monitoring of the health consequences of drug use, as well as public health policy and programme responses; and promoting a public health approach to the world drug problem.

ACTION BY THE HEALTH ASSEMBLY

15. The Health Assembly is invited to note the report and to consider the following draft decision:

The Seventy-fifth World Health Assembly, having considered the report of the Director-General,¹

Decided to request the Director-General to continue to report to the Health Assembly every two years until 2030 on WHO's activities to address the public health dimensions of the world drug problem and progress made in the implementation of decision WHA70(18) (2017).

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¹ Document A75/43.