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THE PUBLIC HEALTH DIMENSION OF THE WORLD DRUG PROBLEM

How WHO works to prevent drug use, reduce harm and improve safe access to medicines



World Health
Organization

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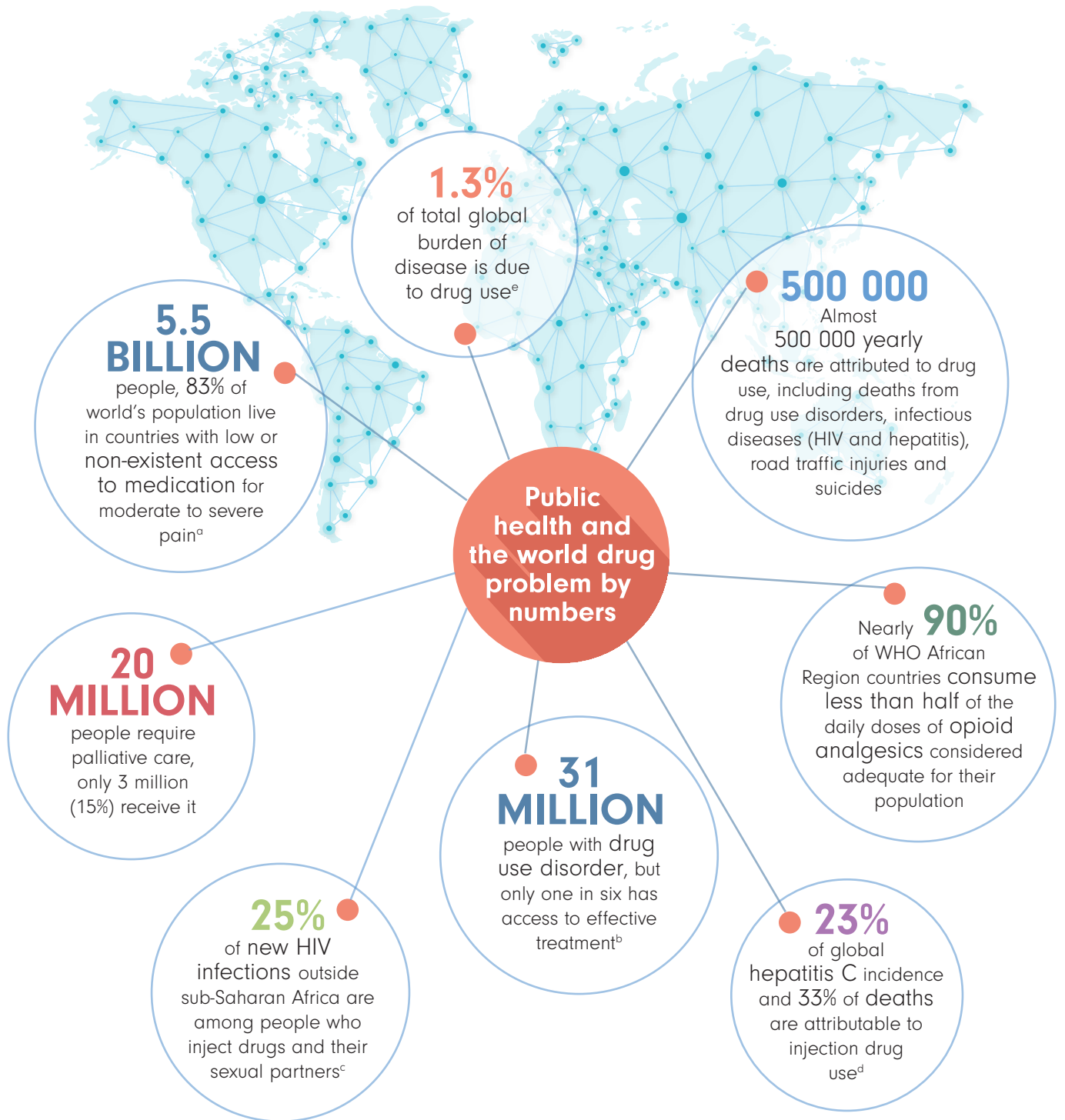
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CONTENTS

- 1** PUBLIC HEALTH AND THE WORLD DRUG PROBLEM BY NUMBERS
- 2** INTRODUCTION
- 4** WHO'S WORK TO ADDRESS THE WORLD DRUG PROBLEM
 - Prevention of drug use and addressing vulnerability and risks
 - Treatment and care of people with drug use disorders
 - Harm reduction
 - Access to controlled medicines
 - Monitoring, surveillance and evaluation
- 11** REFERENCES

PUBLIC HEALTH AND THE WORLD DRUG PROBLEM BY NUMBERS



a International Narcotics Control Bureau Annual Report 2015.

b World Drug Report, 2015.

c UNAIDS Data 2018.

d WHO Global Hepatitis Report, 2017

e Global Burden of Disease Study, 2016

INTRODUCTION

The world drug problem has multiple public health dimensions encompassing vulnerability to drug use disorders and dependence, treatment and care of people with drug use disorders, reducing harm associated with drug misuse, and access to controlled medicines for medical pain relief.

It demands a multi-sectoral response including public health, law enforcement, education and social policy. Globally, there are legal, political and economic challenges to addressing the world drug problem. There are also human rights concerns. Ten years on from the 2009 Political Declaration and Plan of Action on International Cooperation Towards an Integrated and Balanced Strategy to Counter the World Drug Problem,¹ the complexity of the world drug problem is more apparent than ever.

In 2016, the United Nations reaffirmed the need for a multi-sectoral approach, particularly to the health-related dimensions of the world drug problem. Prevention of drug misuse, treatment of drug use disorders and appropriate access to controlled substances are all highlighted in the outcome document of the 13th special session of the General Assembly, Our joint commitment to effectively addressing and countering the world drug problem.²

In partnership with the UN Office on Drugs and Crime (UNODC), which is recognized as the leading UN entity for countering the world drug problem, the World Health Organization (WHO) has a pivotal and unique role in addressing the public health and human rights dimensions of global issues related to drugs.



WE RECOGNIZE THAT THE WORLD DRUG PROBLEM REMAINS A COMMON AND SHARED RESPONSIBILITY THAT SHOULD BE ADDRESSED IN A MULTILATERAL SETTING THROUGH EFFECTIVE AND INCREASED INTERNATIONAL COOPERATION AND DEMANDS AN INTEGRATED, MULTIDISCIPLINARY, MUTUALLY REINFORCING, BALANCED, SCIENTIFIC EVIDENCE-BASED AND COMPREHENSIVE APPROACH.



Outcome document of the 13th special session of the General Assembly: Our joint commitment to effectively addressing and countering the world drug problem

THE CHALLENGES: INCREASING ACCESS TO NEEDED CONTROLLED DRUGS FOR MEDICAL USE AND PREVENTING HARMS ASSOCIATED WITH DRUG USE

WHO puts people and populations at the centre of its work on drugs. It strives to address three interconnected challenges: ensuring access to needed controlled medicines for medical use; preventing and managing the harms associated with drug use; and providing universal access to effective treatment and care for people with drug use disorders.

For WHO, the world drug problem is woven into multiple core areas of work including communicable diseases such as HIV, viral hepatitis and tuberculosis, non-communicable diseases such as mental illness and issues such as prevention and management of drug use disorders, violence and injury prevention. It ties in with WHO priorities such as maternal, child and adolescent health, reaching vulnerable and at-risk populations (i.e., migrants and prisoners), and it relates to all of WHO's Member States, whether low-, middle-, or high-income. It also features prominently in WHO's work related to health systems, human rights and health equity (such as access to medicines, primary health care, discrimination in healthcare settings and gender-based violence).

THREE STATISTICS PUT THESE CHALLENGES INTO SHARP FOCUS:

- 500 000 people die each year from drug use and, in the majority of cases, these deaths are preventable by implementing simple and cost-effective measures.
- 75% of the world's population lacks access to pain relief and palliative care causing needless suffering to millions of patients and their families.
- 31 million people suffer from drug use disorders and only small minority of them have access to effective treatment and care.



WHO'S WORK TO ADDRESS THE WORLD DRUG PROBLEM

WHO works at global, regional and country levels, through its headquarters and network of six regional offices and 151 country and territory offices. Its twin strengths—evidence-based

normative guidance and policy recommendations, and tailored country-level support—enable WHO to play a unique role in supporting member states to improve population health.

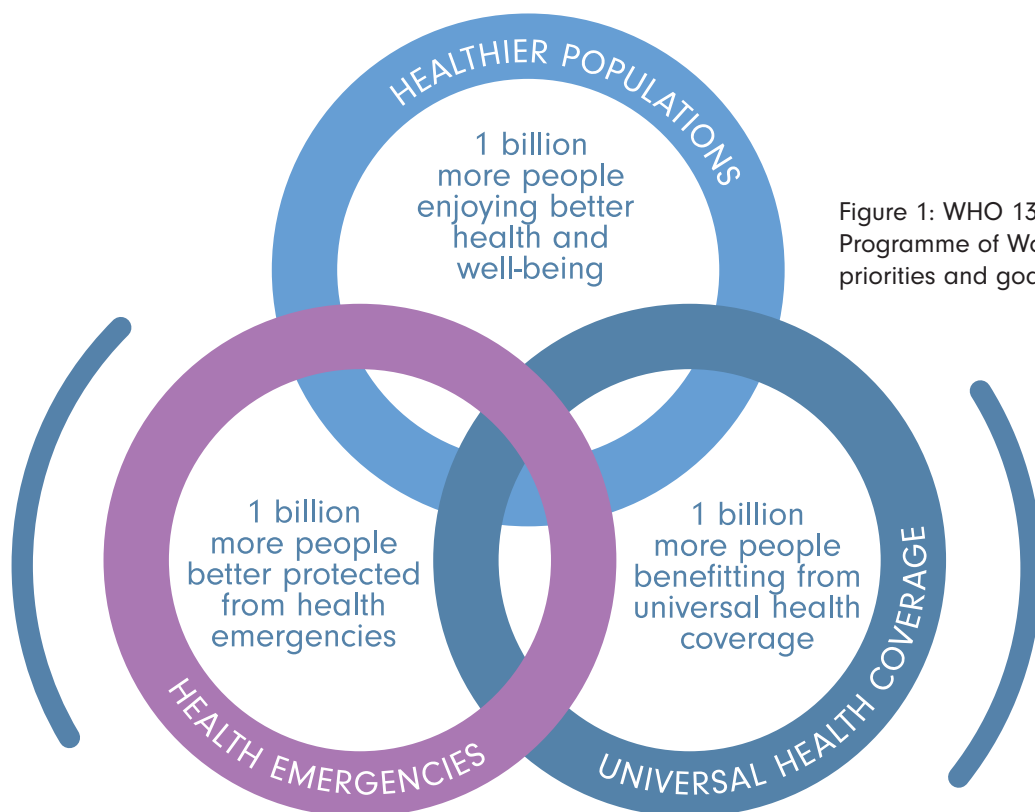


Figure 1: WHO 13th General Programme of Work strategic priorities and goals

WHO'S 2019-2023 GENERAL PROGRAMME OF WORK HAS SET THREE INTERCONNECTED STRATEGIC PRIORITIES AND GOALS TO ENSURE HEALTHY LIVES AND PROMOTE WELL-BEING FOR ALL AT ALL AGES (FIGURE1).

- Achieving universal health coverage (UHC), with billion more people benefitting;
- Addressing health emergencies, with 1 billion more people better protected; and
- Promoting healthier populations, with 1 billion more people enjoying better health and well-being.

WHO's work contributes to all five public health elements that are considered critical to a comprehensive, balanced, inclusive drug policy:

1. PREVENTION OF DRUG USE, AND ADDRESSING VULNERABILITY AND RISKS
2. TREATMENT AND CARE FOR PEOPLE WITH DRUG USE DISORDERS
3. HARM REDUCTION FOR PEOPLE WHO USE DRUGS
4. ACCESS TO CONTROLLED MEDICINES
5. MONITORING, SURVEILLANCE AND EVALUATION



At the same time WHO supports the 'three billion' strategic priorities.

WHO's work on appropriate access to controlled medications for pain relief and palliative care contributes to Universal Health Coverage, as does its work on ensuring access to evidence-based screening, prevention, treatment and care for people with drug use disorders.

Access to adequate supplies of pain medication is all the more urgent in health emergencies, and illicit drug use is also known to increase in emergency situations. Emergencies can interrupt access to essential prevention commodities and treatment for HIV, viral hepatitis, tuberculosis and other communicable diseases, compromising efforts to control epidemics.

Clearly, healthier populations are dependent on a supportive policy environment. Pro-health policies and legislation across different sectors are needed to ensure access to, and rational use of, controlled medicines as well as ensuring equitable access to health services for people who use drugs and people with drug use disorders.

1. PREVENTION OF DRUG USE, AND ADDRESSING VULNERABILITY AND RISKS

Prevention of drug use disorders is an important part of WHO's remit. The UNODC/WHO International Standards on Drug Use Prevention summarizes the currently available scientific evidence on prevention and identifies the major components and features of an effective national drug prevention system. The standards are designed to assist policymakers

to develop effective programmes, policies and systems.

WHO also has a long history of developing screening instruments for psychoactive substance use, including those for alcohol and psychoactive drugs, to help prevent progression to more harmful patterns of drug use and development of drug use disorders. The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST), for example, was developed by WHO to detect and manage substance use and related problems in primary and general medical care settings.³ The ASSIST package includes all psychoactive substances including cannabis, stimulants such as methamphetamines, and plant-based drugs such as khat and betel nut.

Drug use during adolescence is recognized as increasing the risk of developing drug use disorders later in life. Drug use guidance is included in the Global Accelerated Action for the Health of Adolescents: guidance to support country implementation. In the education setting, WHO worked with the United Nations Educational, Scientific and Cultural Organization and UNODC to produce Education Sector Responses to the Use of Alcohol, Tobacco and Drugs.⁴ This presents evidence-based policies and practices.

Psychoactive substance use during pregnancy presents health risks for a mother and her unborn child and significant challenges for health professionals. WHO has developed guidelines for the identification and management of substance use and substance use disorders in pregnancy.⁵

To inform the development of appropriate strategies and interventions to address public health problems associated with psychoactive drug use, WHO produces comprehensive reviews of public health consequences of the use of

particular drugs, such as the 2016 report on the health and social effects of nonmedical cannabis use (WHO, 2016).⁶

2. TREATMENT AND CARE OF PEOPLE WITH DRUG USE DISORDERS

WHO's role as a normative agency is especially clear in the area of treatment of drug use disorders. The 11th edition of the International Classification of Diseases (ICD-11) is informed by WHO's normative work, such as the establishment of separate classes for disorders due to synthetic cannabinoids and synthetic cathinones – the two most common groups of new psychoactive substances – and simplification of diagnostic guidance for substance dependence.

Worldwide, services for the management of substance use disorders are typically very limited, and in some countries non-existent. To address this, WHO developed the mhGAP Intervention Guide for mental, neurological and substance use disorders in non-specialized health settings.⁷ The guide helps non-specialists assess, diagnose and manage some of the most common mental health and related disorders, for example substance use during pregnancy.

Opioid use disorders are among the major contributors to drug-related deaths worldwide, and opioid overdose has become a major cause of mortality in some populations. WHO has issued guidelines for the community management of opioid overdose, which include recommendations to make naloxone available in communities without a prescription.⁸ WHO has also issued treatment guidelines for psychosocially assisted

pharmacological treatment of opioid dependence that focuses on agonist pharmacotherapies for opioid dependence (commonly known as opioid substitution therapy, or OST). More recently the WHO guidelines for pharmacological and radiotherapeutic management of cancer pain in adults and adolescents (WHO, 2019) were released by WHO to ensure high quality use of opioids in management of cancer pain.⁹

To ensure quality treatment programmes for drug use disorders, WHO collaborated with UNODC to develop the International Standards for the Treatment of Drug Use Disorders (UNODC/WHO, 2016). These underwent comprehensive field testing in diverse health care systems, and the revised edition of the standards, based on results of field testing, is being prepared

for publication.¹⁰ Work on the technical tools to facilitate implementation of the standards, as well as work on developing sound approaches to estimating treatment coverage for substance use disorders, is in progress in collaboration with UNODC.

3. HARM REDUCTION

WHO's work in harm reduction is centred on the communicable disease aspect of substance use, i.e. HIV, hepatitis and tuberculosis risk and infection, and on supporting countries to have a public health and human rights-based response to people who use drugs. WHO works to ensure that the public health perspective is considered in the international drug policy discourse, including at the Commission on Narcotic Drugs and the International Narcotics Control Board.

In 2009, in collaboration with UNODC and the United Nations Joint Programme on HIV and AIDS (UNAIDS), WHO published technical guidance for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users, with subsequent updates in 2012 and 2016.^{11 12 13} The guidelines promote a comprehensive set of interventions and services, which was endorsed by high-level political bodies including the UN General Assembly, ECOSOC (The Economic and Social Council), and the UN Commission on Narcotic Drugs, as well as donor agencies, including the Global Fund to Fight AIDS, Tuberculosis and Malaria and the United States of America President's Emergency Plan for AIDS Relief.

In emergency situations, WHO promotes efforts to ensure the continuity of health services including harm reduction and communicable diseases



services for marginalized or vulnerable populations such as refugees.

WHO's technical tools help countries set workable targets and address the structural barriers to harm reduction. This encompasses disease control but is also a broader approach to promoting the health of some of the most marginalized and vulnerable populations and the enabling interventions that can be adopted to overcome them. Addressing structural issues is part of a public health approach, and on the basis of evidence, WHO has recommended that countries work towards decriminalization of consumption and possession of drugs for personal use, recognizing the major health care needs of people who use drugs and the importance of providing holistic care for them and ensuring they are not discriminated against in health care settings.

4. ACCESS TO CONTROLLED MEDICINES

Access to Analgesics and to Other Controlled Medications

An unintended consequence of controlling substances such as opioid analgesics and benzodiazepines is overly stringent regulation of those with a variety of medical uses, including pain relief, opioid overdose reversal and epilepsy control. 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.¹⁴

In collaboration with UNODC, the International Narcotics Control Board (INCB) and civil society organizations, WHO supports countries to improve legitimate medical access to all medications controlled under the drug conventions, in particular pain medicines. WHO also updates and reviews the Model List of Essential Medicines and recommends which controlled medicines should be added. It develops tools and guidelines for pain management and supports countries to assess medicines availability, develop balanced policies and regulations and improve prescribing and use.

Expert Committee on Drug Dependence

WHO is the only UN agency mandated with the scientific review of psychoactive substances to make recommendations about changes in their scope of control. The WHO Expert Committee on Drug Dependence (ECDD), an independent group of experts, reviews psychoactive substances and issues recommendations on whether or not they should be placed under international control. The assessments are based on scientific studies and existing evidence.

The ECDD conducts risk assessments on substances from a public health perspective, for example, if there is potential for abuse, dependence or harm. The Committee also takes into account proven therapeutic properties of these substances, to ensure that international controls do not restrict access to medicines for patients who may benefit from them.

UNODC, regional institutions such as the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), Member States, and the International Narcotics Control Board (INCB), provide the evidence needed by ECDD for carrying out

the reviews of the most prevalent and harmful psychoactive substances.

Depending on the outcome of the assessment of a specific substance, the Committee may advise placing the substance under international control (i.e., placing it in one of the Schedules), transferring the substance from one Schedule to another (leading to more or fewer control measures), deleting the substance from a Schedule (putting an end to control) or keeping the substance under surveillance out of a lack of evidence for actual abuse or dependency.

The ECDD has reviewed several types of substances:

KETAMINE

Some countries have put ketamine under national control because of the risk of illicit use, imposing restrictions on its storage, distribution and use to prevent theft or non-medical use.¹⁵ However, ketamine is not scheduled under the international drug control conventions. In 2015, the WHO Expert Committee on Drug Dependence (ECDD), reviewed the latest evidence and upheld its previous recommendations that ketamine should not be scheduled. The committee acknowledged the concerns raised by some countries and UN organizations about ketamine abuse, but has found the drug, currently, does not appear to pose a significant enough risk to global public health to warrant scheduling.

TRAMADOL

Tramadol is a weak opioid pain medication used to treat moderate to severe pain, including osteoarthritis, neuropathic pain, chronic low back pain, cancer pain and postoperative pain. Because tramadol is one of the few opioid pain medications available in generic form that

is not under international control, it is widely used in many low- and middle-income countries where access to other opioids for the management of pain is limited. It is also used extensively by international aid organizations in emergency and crisis situations for the same reasons. Tramadol has been under surveillance by WHO due to reports of it causing harms to public health.

CANNABIS AND CANNABIS-RELATED SUBSTANCES

In November 2018, the 41st ECDD conducted a full review of cannabis and cannabis-related substances. At present, cannabis is under the strictest control (Schedules 1 and 4) – i.e. at the same level as heroin. The ECDD made recommendations on whether the current international scheduling of cannabis and cannabis-related substances is appropriate. The aim of these recommendations was to ensure that international control measures can effectively protect people's health from the harm of cannabis use, (in particular the most vulnerable), but do not limit access to cannabis-derived products with proven therapeutic properties.

NEW PSYCHOACTIVE SUBSTANCES

Since 2014 and the steep rise of New Psychoactive Substances (NPS), the ECDD has evaluated the potential for abuse, dependence and harm and recommended placing a large number of these 'new' such substances - commonly known as 'legal highs' or designer drugs - under international control due to the health risks they pose.¹⁶ The ECDD has recommended the international control of many of these substances such as the synthetic cannabinoids, amphetamine-type stimulants and opioids like fentanyl analogues that have contributed to opioid overdose-related deaths in north America.

Addressing the global opioid crisis

Through the ECDD, WHO has recommended the scheduling of a number of fentanyl analogues (e.g. acetylfentanyl, carfentanil) for international control.

Carfentanil is a fentanyl analogue that is used in veterinary medicine to tranquilise large animals, (e.g. elephants), and it is estimated to be 10,000 times more potent than morphine as analgesic. Carfentanil can produce lethal effects at extremely small doses and has been associated with hundreds of deaths and intoxications, notably in North America. The ECDD recommended placing carfentanil under the strictest level of international control. Placement of a substance under international control means that it is more difficult to import and export across countries, thus limiting supply and potentially saving lives.

In addition to its recommendations about international scheduling, WHO continues to monitor several fentanyl analogues through its NPS surveillance system. This is a system to continuously collect data about new substances that are causing harms to public health, and to alert Member States of the potential dangers associated with them. The collection of robust data on fentanyl use has been widely recognized as a key public health priority as information about these substances is often sparse.

WHO also issues normative guidance to promote the appropriate use of opioids for pain and palliative care. WHO has issued guidelines for the pharmacological treatment of opioid dependence and has promoted access to naloxone, a drug that is used to reverse opioid overdoses and save lives.

5. MONITORING, SURVEILLANCE AND EVALUATION

WHO collaborates with UNODC and other partners to improve the collection, analysis and dissemination of epidemiological data on drug use and its consequences. With UNODC and UNAIDS, WHO is collecting strategic information on HIV among people who use drugs. It also collects information on the capacity of health systems to manage substance use disorders and substance use-related harms, and feeds this information into the Global Health Observatory. A new round of data collection is planned for 2020, to update the data last collected in 2016.¹⁷ A drug module has also been introduced to the WHO STEPwise approach to Surveillance (STEPS) tool for noncommunicable diseases, a simple, standardized method for collecting, analyzing and disseminating data in WHO member countries.¹⁸



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