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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, to be held in 2016

Report by the Secretariat

1. The 2016 special session of the United Nations General Assembly on the world drug problem will be convened at United Nations headquarters in New York from 19 to 21 April 2016. Its purpose is to review the progress made in implementation of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem,[1] including an assessment of the achievements and challenges in countering the world drug problem within the framework of the international drug control conventions and other relevant United Nations instruments. In resolution 69/201, the General Assembly reiterated its call upon the relevant United Nations agencies and entities and other international organizations to mainstream efforts to counter the world drug problem into their programmes and reaffirmed its decision that the special session of the General Assembly shall have an inclusive preparatory process allowing organs, entities and specialized agencies of the United Nations system, relevant international and regional organizations, civil society and other relevant stakeholders to fully contribute to the process.

2. While it is recognized that one size does not fit all, global drug policies are moving towards a more balanced and comprehensive approach that highlights public health and development outcomes, consistent with the original purpose of the international drug control conventions to promote the "health and welfare of mankind". For example, the Political Declaration supports a rebalancing of international policy on drugs, to focus on public health, prevention, treatment and care, and economic, social and cultural measures. In the 2030 Agenda for Sustainable Development,[2] target 3.5 commits Governments to "strengthen the prevention and treatment of substance abuse", and a range of other targets are of particular relevance to drug control, particularly target 3.3 on ending the AIDS epidemic and combating hepatitis, target 3.4 on prevention and treatment of noncommunicable diseases and

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

[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 16 December 2015).

promotion of mental health, target 3.8 on universal health coverage and target 3.b on access to essential medicines.[1]

3. Nevertheless, actions to reduce drug use through enforcement of the prohibition of 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 implementation 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 and social justice, human rights, emphasis on countries and populations in greatest need, due consideration to the economic, social, and environmental determinants of health, science and evidence-based interventions, and people-centred approaches.

4. This paper focuses on the critical public health elements of a comprehensive, balanced and inclusive drug policy: 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.

PREVENTION OF DRUG USE AND REDUCTION OF VULNERABILITY AND RISKS

5. 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.

6. 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 wellbeing, 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).

[1] 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.

7. 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 and treatment 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. 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, including supply reduction measures as well as tailored health promotion and/or drug use prevention programmes and activities that seek to reduce people's motivation to obtain and use illicit drugs. The evidence accumulated so far indicates that prevention strategies and programmes should be tailored to the age of the target population, risk levels and the settings in which the interventions are planned to be delivered. 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. Stand-alone teaching about the effects of drugs or the provision of information about the dangers of drugs have 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 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

8. 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, 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, 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 should be an essential element of national drug strategies and action plans, with appropriate funding, governance and quality assurance mechanisms, and provision for alternatives to incarceration for minor drug-related crimes.

9. Treatment services have been shown to be effective in reducing substance use and associated health and social consequences. 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.

10. 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 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.

11. 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 access to health care, treatment of drug use disorders and related health conditions, and reintegration into society. Public health-oriented drug and treatment policies should empower people to recognize their problem and seek help, and provide access to affordable treatment and care for drug use disorders.

PREVENTION AND MANAGEMENT OF THE HARMS ASSOCIATED WITH DRUG USE

12. Current drug policy frameworks do not focus enough attention on reducing the individual and public health harm of drug use. Harm reduction 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 their 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.

13. Given the evidence for 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 harm 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.

14. 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 the United Nations Office on Drugs and Crime 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 blood-borne 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.

15. 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

16. 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 23 December 2015).

[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 22 December 2015).

17. 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]

18. 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.

19. 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

20. 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 should cover drug use in populations at different stages of life, the drug-attributable disease burden and the public health impact of measures taken to counter the drug problem. Monitoring drug-attributable mortality and morbidity, as well as the coverage and quality of

[1] See http://www.who.int/mediacentre/news/releases/2014/palliative-care-20140128/en/ (accessed 22 December 2015).

[2] See Guidelines for the psychosocially assisted pharmacological treatment of opioid dependence. Geneva: World Health Organization; 2009.

[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).

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.

ACTION BY THE EXECUTIVE BOARD

21. The Board is invited to note the report.

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