



Fifth WHO–UNODC Expert Consultation on New Psychoactive Substances Addressing the challenges of non-medical use of opioids

MEETING REPORT

24–25 September 2018
WHO Headquarters
Geneva, Switzerland

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**World Health
Organization**



UNODC

United Nations Office on Drugs and Crime

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ACRONYMS AND ABBREVIATIONS

ANVISA	<i>Agência Nacional de Vigilância Sanitária</i> [Brazilian Health Regulatory Agency]
CICAD	<i>Comisión Interamericana para el Control del Abuso de Drogas</i> [Inter-American Drug Abuse Control Commission]
CND	Commission on Narcotic Drugs
COFEPRIS	<i>Comisión Federal para la Protección contra Riesgos Sanitarios</i> [Federal Commission for the Protection against Sanitary Risk]
ECDD	Expert Committee on Drug Dependence
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
EWA	early warning advisory
EWS	early warning system
IAHPC	International Association for Hospice & Palliative Care
IDPC	International Drug Policy Consortium
INCB	International Narcotics Control Board
INL	Bureau of International Narcotics and Law Enforcement Affairs
NFLIS	National Forensic Laboratory Information System
NPS	new psychoactive substances
OAS	Organization of American States
OST	opioid substitution therapy
UNGASS	United Nations General Assembly Special Session
UNODC	United Nations Office on Drugs and Crime
VNGOC	Vienna Non-Governmental Organizations Committee on Drugs
WHO	World Health Organization

INTRODUCTION

Background

The non-medical use of opioids, both medicines and synthetic substances, is an increasing concern for law enforcement and public health authorities. Reports show that in some high-income countries overprescribing of opioid medicines for the management of pain has led to increased rates of dependence and to a shift towards the use of more potent synthetic substances. At the same time, in low-income countries, opioid medicines for the relief of pain and for the treatment of opioid dependence are not available for patients who need them.

Non-medical use of opioid medicines has been reported in several regions of the world. In North America, fentanyl mixed with heroin or other drugs is driving the unprecedented number of overdose deaths. In Europe, heroin remains the main opioid of concern, but the non-medical use of methadone, buprenorphine and fentanyl has also been reported. In countries in west and north Africa and the Near and Middle East, the non-medical use of tramadol – an opioid medicine for the management of pain, which is not under international control – is emerging as a cause for concern.

A trend towards the increasing use of synthetic opioids, such as fentanyl analogues, has recently been observed; several of these substances being extremely potent and harmful. Although most of these substances have not been placed under international control, they cause similar harm and pose similar threats to public health to those posed by opioids that have already been scheduled. More new psychoactive substances (NPS) with opioid effects are being synthesized, and more are available than ever before, with increasing reports of associated harm and fatalities.

In the past few years, the number of NPS and opioids reviewed by the World Health Organization (WHO) Expert Committee on Drug Dependence¹ has steadily increased. At the same time, international and regional agencies have been working towards more efficient early warning and surveillance systems to ensure countries take prompt and relevant measures to prevent the use of harmful substances and to protect people's health.

The Expert Consultations on New Psychoactive Substances are held annually and are alternately hosted by the United Nations Office on Drugs and Crime (UNODC) in Vienna, and by WHO in Geneva. These consultations convene experts from all regions of the world and from different disciplines. The aim is to share and analyse information on the most prevalent, persistent and harmful NPS, to identify innovative and successful mechanisms for improving the availability and quality of data on NPS and for developing early warning and response systems to help protect the health and well-being of people.

In March 2018, the Commission on Narcotic Drugs (CND), in its Resolution 61/8, invited UNODC "to continue to act as the coordinating entity within the United Nations system on efforts to implement

¹ For more information see: <http://www.who.int/medicines/access/controlled-substances/ecdd/en/>

activities to address the challenges posed by non-medical use of synthetic opioids". Furthermore, the Resolution requested UNODC, the International Narcotics Control Board (INCB) and WHO "to continue their efforts, within existing programming, to develop new and innovative approaches to better address the threats posed by the non-medical use of synthetic opioids, including treatment and prevention of their abuse".

Addressing the challenges posed by emerging NPS and opioids is also in line with the recommendations of the 2016 United Nations General Assembly Special Session (UNGASS) on drugs. The resolution adopted by the General Assembly on 19 April 2016, [Our joint commitment to effectively addressing and countering the world drug problem](#), recognizes that new challenges have emerged since the 2009 Political Declaration and Plan of Action were adopted and acknowledges the importance of combining public health and supply reduction responses for successfully addressing the world drug problem.

The Fifth Expert Consultation on NPS

The Fifth WHO–UNODC Expert Consultation, held at WHO Headquarters in Geneva on 24 and 25 September 2018, focused specifically on the challenges and risks to public health posed by the non-medical use of opioids and on responses targeting supply and demand at the regional, country and global levels, in efforts to address this threat (for the full Agenda, see Annex 1).

The Consultation was attended by 50 participants drawn from United Nations (UN) and regional agencies, public health and law enforcement, governmental and academic institutions and civil society (see List of participants in Annex 2). In addition, representatives from Permanent Missions to the UN and other international organizations based in Geneva were invited to attend the opening session.

The aim of the Consultation was to identify innovative and successful strategies and practices to prevent and respond to the challenges posed by the non-medical use of opioids at the country, regional and global levels and included:

- a review of current global data and trends in the non-medical use of opioids
- an update on international agencies' strategies and practices for addressing the challenges of the non-medical use of opioids
- sharing of successful approaches and lessons learnt at the country and regional levels to prevent and respond to challenges posed by the non-medical use of opioids and to protect people's health
- identification through group work of innovative and relevant policies and practices for addressing challenges related to non-medical use of opioids, at the global, regional and country levels.

OVERVIEW OF PRESENTATIONS

The first day of the meeting was dedicated to international and regional agencies and country presentations and the second day to thematic group work.

Presentations

Opening of the meeting and welcoming remarks

Dr Mariängela Simão, Assistant Director-General, Access to Medicines, Vaccines and Pharmaceuticals Cluster in WHO, and **Mr Jean-Luc Lemahieu**, Director of Policy Analysis and Public Affairs, UNODC (via video message), welcomed the participants. Both stressed in their opening remarks the unprecedented global challenges presented by NPS, in particular the opioids, and the urgent need to identify solutions and join forces to address these challenges. **Dr Simão** underscored the necessity for WHO to reinforce the public health dimension of the world drug problem, in particular for addressing the current opioid crisis. She reiterated the WHO Director-General's commitment to addressing the world drug problem and fulfilling WHO mandates given by the Seventieth World Health Assembly in May 2017 and the sixty-first session of the CND in March 2018. **Mr Lemahieu** highlighted the recent CND Resolution (61/8), which called for UNODC to continue to act as the coordinating entity in the UN system for addressing the world drug problem, including the challenges posed by the non-medical use of synthetic opioids, and reiterated the need to ensure the availability of opioids for legitimate medical and scientific purposes.

Objectives of the meeting and setting the scene

Dr Gilles Forte, Coordinator, Access to Medicines, Vaccines and Pharmaceuticals, WHO, and **Dr Justice Tettey**, Chief of the UNODC Laboratory and Scientific Section, acted as chairs of the meeting and provided high-level overviews of what is at stake: 35 million people misuse opioids, and opioids account for 70% of diseases and deaths associated with drug use. This misuse of opioids is increasingly affecting North America (fentanyl and its analogues), parts of Africa and the Middle East (tramadol) and Europe (heroin and fentanyl analogues), leading to several thousand fatal overdoses each year. As highlighted by **Dr Tettey**, the opioid epidemic is not new, but the current epidemic presents new aspects, such as: increased availability of heroin, increased production of illicitly used fentanyl, and massive international sale and delivery, including through the Internet. He also provided insight into the historical context and global profile of the synthetic opioid issue, highlighting the emergence of synthetic opioids with no known medical use from 2009 to 2017. In his remarks, **Dr Forte** emphasized the importance of exploring synergies at the global, regional and country levels among various stakeholders for a coordinated effort to prevent opioid misuse, while improving access to needed opioid medicines, and improving health. **Dr Forte** reiterated the importance of the WHO–UNODC meeting in informing the upcoming CND deliberations and outcomes.

The speakers that followed offered complementary perspectives on national, regional and international responses, revealing not only the current complex realities and challenges, but also presenting innovative approaches for the prevention and response to misuse of opioids and related fatalities.

The first set of presentations concerned the *Current strategies and tools for addressing the challenges of non-medical use of opioids at the international level*. The second set of presentations, on the theme of *Policies, practices and lessons learnt at regional and country level*, was delivered by experts engaged in addressing non-medical use of opioids at those levels.²

Current strategies and tools for addressing the challenges of non-medical use of opioids at the international level

The four speakers – **Mr Rossen Popov**, Deputy Secretary INCB, **Dr Martin Raithelhuber**, Illicit Synthetic Drugs Expert with UNODC, **Dr Gilles Forte**, Coordinator, Access to Medicines, Vaccines and Pharmaceuticals, WHO and **Mr José de Gracia**, Assistant Director of INTERPOL’s Criminal Networks, delivered illustrative presentations on how their respective organizations are addressing the challenges of non-medical use of opioids at the international level, in line with their mandates.

At the international level, these organizations have strategies in place to address the challenges posed by the non-medical use of opioids and opportunities exist for inter-agency information sharing and collaboration to ensure effective prevention and response interventions and to avoid duplication of efforts.

Mr Popov described the practical measures that INCB is proposing to governments to address the challenges of synthetic opioids. He stressed global developments, such as increasing numbers of seizures and challenges to detection. He also described INCB initiatives such as the Global Opioids Project and the ION Incident Communication System (IONICS), which aim to provide practical approaches for resolving the NPS situation and to foster industry cooperation. **Dr Raithelhuber** outlined the “five pillars” underlying the recently launched UNODC Integrated Strategy for the Global Opioid Crisis. He described the resources and tools required for implementing the Strategy and emphasized the importance of inter-agency collaboration to build on agencies’ knowledge and expertise. Finally, he described UNODC’s capacity-building work, for example, forensic training workshops and the Strategy’s advocacy and communication plan to disseminate information on risks posed by opioids to the public and to policy-makers in countries. **Dr Forte** presented WHO’s strategies and tools for addressing the challenges of non-medical use of opioids at the international level. He explained the rationale and method of work of the Expert Committee on Drug Dependence (ECDD). First, the Committee assesses the abuse, dependence and harm of the most prevalent, persistent and harmful psychoactive substances. It then recommends whether the substances that have been assessed should be placed under international control, in line with the international drug

² We provide here a brief account of the main points addressed in the presentations. Some of the full presentations can be accessed at: <http://www.who.int/medicines/access/controlled-substances/5th-who-unodc-report-expt-consultation-new-psychoactive-subs/en>

control conventions. Currently, most of the NPS being recommended for international control are opioids, in particular fentanyl analogues. Dr Forte presented the newly developed WHO surveillance and health alerts system as well as work being carried out on drafting WHO guidelines, including on the prevention and treatment of pain, of opioid dependence and opioid overdoses.

Mr José de Gracia underscored the challenges in achieving supply reduction and in law enforcement, mainly because of the rapid increase in NPS use and the lack of equipment for identifying and safely handling harmful substances such as fentanyls. He emphasized the importance of inter-agency synergies and information sharing, of awareness-raising and capacity-building in countries. He also explained how INTERPOL's convening power could be instrumental in the implementation of recommended actions for addressing the non-medical use of opioids.

Policies, practices and lessons learnt at regional and country levels: challenges and innovative approaches for tackling the non-medical use of opioids

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and the Inter-American Drug Abuse Control Commission (CICAD) presented regional challenges faced and strategies developed for tackling them. Country experiences were shared by Canada, Egypt, Ghana, Mexico, the United Kingdom of Great Britain and Northern Ireland and the United States of America (USA).

The presentations and discussions suggested that the opioid problem is potentially more prevalent than previously assumed and that there is a need for Member States to take a more proactive approach, requiring multilateral collaboration and exchange of information. Non-medical use of opioids, including synthetic opioids, not only impacts public health, but is also a threat to human security and development. Simultaneously, experts recognized the complexity of the issue, and that attitudes and priorities regarding the non-medical use of synthetic opioids vary according to country context, with conflict areas, for example, presenting particular challenges.

At regional level

Mr Michael Evans-Brown, Action on New Drugs Sector, Risks to Public Safety and Security Unit, EMCDDA, and **Ms Marya Hynes**, Acting Chief of the Inter-American Observatory on Drugs, CICAD, spoke about the work of their respective organizations.

Mr Evans-Brown reported that although the number of NPS available in Europe is decreasing, highly potent synthetic opioids, in particular fentanyl analogues, are steadily appearing on the market. The EMCDDA Early Warning System plays a central role in information exchange on harmful psychoactive substances, threat detection, substance assessment, preparedness and response to mitigate harm from substance use, and risk communication. **Mr Evans-Brown** emphasized that fentanyls, which are comparatively easier to obtain (32 detected since 2012 in the European Union), represent serious threats to human health in Europe.

Ms Hynes reported that NPS tend to have a lower prevalence in Latin American countries than in Europe and North America. Nevertheless, NPS have begun to appear in the past few years, and

prevalence has risen since the last report in 2015, in particular for heroin. She added that in the Americas, there is no specific legal instrument that enables organizations and Member States to act on potentially dangerous NPS. However, official recommendations do exist, adopted within the framework of the Group of Experts on Chemical Substances and Pharmaceutical Products of CICAD/Organization of American States (OAS). Additionally, countries recognize the decisions of the United Nations CND, regarding NPS. Certain countries from Latin America and the Caribbean have developed early warning systems (EWSs) and adopted changes to their legislation on drugs covering NPS. CICAD is collaborating with international and regional agencies, for example, UNODC and EMCDDA, on the development of an EWS and the training of country experts. The *Report on drug use in the Americas*, which describes the role of CICAD in addressing misuse of opioids, was published in November 2018.

At national level

Country presentations provided a rich and diverse description of the challenges and responses put in place by six countries – Canada, Egypt, Ghana, Mexico, the United Kingdom and the USA. They showed that the problem is more pervasive than previously assumed and this highlights the importance of collaboration, no one being able to do the work alone.

Dr Mahmoud M. Elhabiby (Ain-Shams University, Egypt) described the magnitude of the tramadol problem in Egypt, in terms of the high prevalence of non-medical use among the general population, students and bus drivers. In 2015, an estimated 2.4% of the population had used tramadol, up to 3% in 2016. Tramadol is the second most common drug of dependence used in Egypt, after cannabis (3.7%). **Dr Elhabiby** noted the increase in the rate of tramadol-related deaths, and the very high-dosage formulations of tramadol that have been seized in the country, for example, 200 to 450 mg. He also described the various approaches adopted for tackling tramadol abuse in Egypt, including its placement under national control, the development of programmes for raising awareness and for promoting referral centres for the treatment of side-effects.

Dr Terrence L. Boos (Drug Enforcement Administration (DEA) USA) and **Dr James R. Hunter** (Food and Drug Administration (FDA) USA) provided insights into mortality data on overdose deaths due to opioids in the USA, in particular for fentanyl and its analogues. They described the impact of temporary control measures on fentanyls and underlined the need to enhance data collection and sharing in a timely manner. They also spoke of efforts to improve forensic data collection and their inclusion in the DEA's National Forensic Laboratory Information System (NFLIS) database. The economic impact of the opioids crisis is estimated to be US\$ 500 billion.

Dr Boos and Dr Hunter detailed the public health response to the opioid crisis, outlining the five-point strategy of the Department of Health & Human Services, which focuses on better access to prevention, treatment and recovery services; better public health data and reporting through enhanced surveillance systems; improved pain management practices; availability of overdose-reversing drugs; and cutting-edge research on pain, addiction and overdose treatments. Since January 2017, prescribing of opioids for pain management has dropped by 25%, while naloxone prescriptions have increased by approximately 246%.

Dr Carol Anne Chénard (Health Canada) described the situation of synthetic opioids in Canada, noting that opioid-related deaths are the country's leading cause of death among people of working age. About 3000 opioid-related deaths were recorded in 2016 and 4000 in 2017. She reported the exponential increase in the use of fentanyl analogues, and the challenges they pose in the context of the ongoing crisis in Canada. **Dr Chénard** highlighted the importance of innovative initiatives and partnerships in addressing the issue and reported on a pilot survey being conducted to measure the demand and use patterns of these substances. She also described plans for implementation of a Canadian Drugs Observatory, which will operate as an EWS and will store and make information on harm available to health professionals and policy-makers in the country. She described the three streams of work of the Canadian Drugs and Substances Strategy – enforcement, harm reduction and prevention, and treatment – that aim at mitigating the abuse of opioids and risks of deaths from overdose.

Ms Olivia Boateng (Department of the Food and Drugs Administration, Ghana), who could not attend the meeting, submitted a presentation for dissemination by the organizers. The presentation described the extent of the emerging tramadol problem in Ghana and the socioeconomic factors associated with its abuse. Tramadol abuse has been reported in people involved in car accidents and demonstrations. Most of the tramadol seized in Ghana is reported to be falsified and in high-dosage formulations, for example, 200 to 450 mg. Ghana has undertaken regulatory interventions to limit the abuse of harmful substances. The use of tramadol and codeine-based syrup is restricted. An important challenge in Ghana and in a number of other countries in Africa is the lack of robust data on abuse of harmful psychoactive substances, including tramadol.

Mr Alberto M. Guzman (*Comisión Federal para la Protección contra Riesgos Sanitarios* [Federal Commission for the Protection against Sanitary Risk] (COFEPRIS), Mexico) provided insight into how access to controlled medicines is managed in Mexico, and the national strategy "access without excess", which aims to regulate the supply chain of narcotics and psychotropic substances with medical uses. An inter-institutional group has been established to develop and implement the strategy. At the centre of this strategy is the electronic prescription system, launched in 2015. This instrument has yielded excellent results in improving the access to controlled medicines (including morphine) while increasing the control and traceability of prescriptions.

Ms Lauren Comber (Drug and Alcohol Unit, Home Office, United Kingdom) described the challenges of non-medical use of opioids in the United Kingdom. The highest rate of drug-related deaths has involved heroin, and prescriptions of opioid analgesics have increased. Several responses for addressing these challenges were highlighted, including: 1) prevention strategies such as the establishment of regional and national drug alert systems; 2) public health responses such as harm reduction interventions and improved guidance and access to treatment for opioid substitution therapy (OST).

The response to challenges associated with fentanyl misuse in the United Kingdom was also discussed. A three-pronged approach has been used, which included: 1) understanding of the scale of the problem, 2) awareness-raising for practitioners and people using drugs and 3) the provision of a public health response through ensuring availability of OST.

Public Health England is carrying out a study on the scale and nature of dependence problems, and efforts are being made to promote supply reduction, such as rigorous law enforcement measures and controls.

SUMMARY OF DISCUSSIONS

Experts acknowledged that the issue of the non-medical use of synthetic opioids is not limited to the opioid epidemic, particularly of fentanyl and its analogues in North America, but is indeed a global problem affecting parts of Africa, Europe and the Middle East in different ways. It was evident from the discussions on the first day of the consultation that the experts had a wealth of information and rich experience. A number of overarching themes were presented and issues raised with regard to addressing the challenge of the non-medical use of opioids, including the complementary nature of demand and supply and the need to maintain a balance in these areas.

Further, there is no one-size-fits-all solution that can address the challenge, but it will be contingent on the local situation of every country and thus each approach would need to be tailored to local and national needs. Thus, countries need to understand their own situations, for example, via EWSs or other communication mechanisms. Numerous responses were highlighted from several countries, for instance prevention strategies, regional and national drug alert systems, and public health responses.

The importance of international and multilateral cooperation, such as collaboration between law enforcement and the health sector, as well as the impact of organized crime was similarly emphasized. For instance, fentanyl, produced in one country and transferred to another, affects multiple countries and requires multilateral solutions. The need for special investigative techniques and new collaborations, such as cooperation with the private sector, and with parcel or shipping companies, in order to exchange intelligence information to facilitate a multilateral response was noted. Nonetheless, experts also recognized the challenges involved, such as the complexity of such partnerships, agency and country preparedness, and difficulties in the detection of substances due to a lack of capacity, training or equipment.

In general, the presentations and discussion revealed that the opioid problem is potentially more prevalent than previously estimated. There is a need for Member States to take a more proactive approach, which will require multilateral collaboration and exchange of information. Non-medical use of opioids and synthetic opioids represents a serious threat to public health and also to human security and development.

At the international level, organizations have strategies in place to address the crisis and there are opportunities for synergies and information sharing to avoid duplication of effort. It was noted that the collaboration with law enforcement agencies, such as INTERPOL and the World Customs Organization, should also be developed. The challenges of the non-medical use of opioids are manifold/multisectoral and addressing supply reduction is critical to mitigate the opioids crisis. Existing tools should be used to exchange criminal intelligence and inform multilateral operations. Experts acknowledged the importance of interagency cooperation, while also noting that there are difficulties in the sustainability of these initiatives. It was agreed that everyone is working towards a common goal.

THEMATIC GROUP WORK AND RECOMMENDED ACTIONS

Thematic group work sessions

On the second day, two working groups were convened to facilitate in-depth discussions on the two priority areas of the consultation. The first group, on demand reduction, was chaired by **Dr Bruna Brands** (Canada) and co-chaired by **Dr Pamela Kaduri** (United Republic of Tanzania). This working group focused on identifying successful health-related approaches and best practices for tackling the challenges of non-medical use of opioids at the global, regional and country levels. The second working group, on supply reduction, was chaired by **Professor Steve Allsop** (Australia) and co-chaired by **Ms Cejana Passos** (Brazil). Its focus was on identifying successful approaches and best practices related to reducing the supply of opioids at the global, regional and country level.

Recommended actions

The discussions in the two working groups led the experts to make the following recommendations for critical actions:

1 Identifying successful health-related approaches and best practices for tackling challenges of non-medical use of opioids at global, regional and country level

1.1 Supporting the development of global, regional and country monitoring and surveillance systems for NPS and enhancing data generation on the most harmful substances

The importance of global and regional EWSs, such as the UNODC Early Warning Advisory (EWA) on NPS and the EMCDDA EWS was highlighted, and their critical role in monitoring, early detection and providing timely responses to the emerging threats of NPS and synthetic opioids was stressed.

In this context, the newly developed UNODC EWA Toxicology Portal is a useful tool to collect, analyse and share data on toxicology and harm related to the use of NPS at the global level. The Portal is designed to generate timely information on the harms and adverse health consequences, including fatalities, associated with the use of NPS.

Another example cited was the WHO global surveillance and alert system that is aimed at achieving rapid collection, analysis and dissemination of reliable data on harm to health caused by NPS. For substances presenting substantial risks for public health, health alerts are issued to quickly inform countries and to allow them to take necessary regulatory and other national measures to protect public health.

The experts recommended that global and regional monitoring and surveillance systems for NPS be strengthened and collaboration among them intensified. They also recommended that support to countries be enhanced for the development of national surveillance mechanisms and that the challenges related to their implementation are addressed, such as the limited collaboration between law enforcement and health sectors, the lack of forensic laboratories and capacities, and the limited financial resources available.

1.2 Developing and updating existing WHO guidelines and tools, including for addressing the non-medical use of synthetic opioids

The experts called for the update of WHO guidelines, including the guidelines on *Community management of opioid overdose* (2014) and the *Guidelines for the psychosocially assisted pharmacological treatment of opioid dependence* (2009), and to consider the expansion of their scope to include information on “new” synthetic opioids.

The experts recommended WHO to pursue the revisions of WHO Essential Medicines List sections on pain and palliative care medicines; finalize WHO guidelines for the management of cancer pain; develop WHO guidelines for the treatment of chronic non-cancer pain; and to develop and implement WHO guidance for promoting best prescribing practices in countries. Member States were encouraged to update their corresponding prescribing guidelines, as appropriate.

1.3 Strengthening inter-agency collaboration for drug use prevention and treatment strategies

Given that tools such as the *UNODC-WHO International standards on drug use prevention* (2018) or the *UNODC-WHO International standards on drug use treatment* (2016) are available, it is important that Member States adapt them to their needs.

UNODC and WHO collaboration for promoting best practices for the prevention and management of opioid overdose should be pursued, including the WHO-UNODC S-O-S (Stop Overdose Safely) initiative, a multi-site study on community management of opioid overdose that promotes the use of naloxone. This initiative aims to save lives by promoting access to naloxone and the training of potential first responders (as well as peers and family members) in overdose management.

1.4 Encouraging the provision of education programmes at various levels

Experts emphasized the importance of training and education initiatives, such as the “training of trainers”, in communicating the risks of synthetic opioids and opioids in general. Many countries lack health care professionals who are trained in the prescribing and use of pain medication and training is therefore needed. Such education and training programmes should adopt a holistic approach that addresses a broad audience, including health care professionals, traditional healers, law enforcement officers and the public. These education and training efforts would need to be sustained and monitored, and their impact assessed.

1.5 Recognizing the issues related to access, availability and affordability of treatment services and addressing them

The experts recognized the importance of ensuring the availability and affordability of OST and drug dependence treatment across countries. For example, various formulations of naloxone for overdose prevention should be available and affordable, and first responders should be allowed to carry naloxone.

WHO, UNODC and INCB support to countries should be pursued and intensified for addressing the barriers to access to medicines for pain, palliative care and OST, in particular the ones under international control. In order to reach patients in remote areas, the use of “mobile clinics” and nurse or physician assistance in delivery of services was suggested.

The use of existing guidelines on these topics was encouraged, for instance the UNODC guidance on [Prevention of drug use and treatment of drug use disorders in rural settings](#) (2017) or the quality assurance guidelines, such as the UNODC [TREATNET quality standards for drug dependence treatment and care services](#).

2. Identifying successful approaches and best practices related to reducing illicit opioid supply at global, regional and country levels

2.1 Defining “non-medical use”

The term “non-medical use” is used to describe a diverse reality. It could include any unsanctioned use of personally prescribed medication, but also take into consideration if the actual use was for a medical purpose, the medication was genuine or falsified, the falsified medicine was produced or sold for medical purposes, and whether the user was aware of the falsification. In view of this complexity, the experts recommended developing a common definition of “non-medical use”.

2.2 Promoting a balanced approach to ensure access to medicines

The experts recognized the importance of a balanced approach for ensuring proper access to controlled medicines for those in need, while preventing diversion. Monitoring and management systems were considered to be important elements in this respect. Good practices associated with successful supply chain management for opioids included: an efficient supply chain that ensures timely supply of medicines and prevention of shortages; relevant requirement estimates of medicines that meet patient needs; careful monitoring of prescribing and supply of medicines; education and training to ensure appropriate prescribing and dispensing practices; strategies to identify and address potential overprescribing; a better link between palliative care and addiction medicine; and, where indicated, cooperation with regulatory authorities and law enforcement institutions to address medicines quality and safety issues. In this context, the development of strategies and interventions to monitor and manage aggressive marketing of opioid medicines were recommended, including in low- and middle-income countries. Brazil, Finland and Mexico described not only the advantages, but also the challenges of their national electronic monitoring systems for prescription medicines. Such systems helped, for example, to identify and raise the awareness of the risk of diversion among high opioid prescribers and set focus on undersupplied geographical areas.

2.3 Addressing the case of emerging synthetic opioids destined for the illicit market

While monitoring and supply management systems can help to ensure access to opioid medication for medical purposes and reduce the risk of diversion, the emergence of synthetic opioids destined for non-medical use and supplied through illicit channels poses a different set of challenges. Tramadol, a synthetic opioid widely used in pharmaceutical products, which has emerged on the illicit market in some countries and regions in various forms, was mentioned as

an example of a substance that is potentially harmful when used outside a medical context. The challenges identified included the need to:

- identify the source country;
- detect illicit shipments and address shortcomings in the seizure reporting systems of affected countries;
- better understand the non-medical use of (not medically approved) high-dose medications in some countries and the implications for adverse health outcomes;
- establish a dialogue with legitimate manufacturers to more readily identify falsified medications;
- improve transparency on what could be legitimate indications for high-dose tramadol medications and which countries have approved them;
- make better use of global and regional EWSs to assist in the development of international and regional intelligence on the non-medical use of synthetic opioids;
- identify, and prepare responses to, the potential (including unintended) impact of measures that may reduce the availability of harmful substances, such as tramadol, in affected regions and countries, particularly for opioid-dependent users.

2.4 Information sharing and intelligence systems

The experts highlighted the role of information sharing to address the challenges posed by the non-medical use of synthetic opioids and for monitoring the licit as well as the illicit market. In this context the following requirements were identified:

- Identify strategies to ensure information sharing beyond institutional boundaries. While significant advances have been made in information sharing at the international level, there is a need to enhance effective actions at national and local levels.
- Recognize the value of existing information and intelligence systems. Enhance their adoption, identify gaps and responses to these gaps and ensure access to reference standards for relevant substances.
- Ensure better policy connection to existing information and intelligence systems – that is, ensure policy is informed by intelligence generated by these systems.
- Identify the distinct responses to the different but overlapping challenges of information paucity and barriers to sharing information across countries, within countries and across institutions.

2.5 Addressing new delivery channels

It will be necessary to identify concrete and effective tools to address Internet and postal services involved in drug supply and distribution. Some of these tools have already proven their value and it would be advisable to apply them more frequently and on a broader scale.

2.6 Placing substances under national and international control

Where a substance is considered for national or international scheduling, it is necessary to identify “upstream” issues related to precursors and processes involved in drug manufacture. One country (Canada), for example, reported the consideration of precursor controls in parallel to drug control for specific substances or substance groups. Given that this issue may be more challenging in low-income countries, attention may need to be paid to additional resource requirements. Experts also reported the importance of consultative processes before introducing controls to establish possible licit needs, consider problems for industry, and, where appropriate, to identify alternative measures to be taken in addition to or before controls are introduced.

THE WAY FORWARD

In closing the Fifth WHO–UNODC Expert Consultation on New Psychoactive Substances, **Dr Forte** and **Dr Tettey** thanked the participants for their engagement and presentations, and for their ideas and recommendations moving forward. The Consultation provided a platform for the exchange of experiences among different national, regional and international stakeholders concerning the non-medical use of opioids, particularly synthetic opioids. The information shared on the international, regional and national levels showed that the problem of the non-medical use of opioids may be larger and more complex than previously thought. It affects the population from youth to the elderly, and creates problems in the health, law enforcement, security and development sectors.

The sharing of experiences between individual countries, regions and international organizations enabled participants to identify options for response to tackle demand and supply reduction at the country, regional and global levels, and to promote a coordinated response for achieving it.

The recommendations of the Fifth WHO–UNODC consultation will contribute to the discussions on tackling the global threats posed by the non-medical use of synthetic opioids at the intergovernmental expert group meeting that will take place at the time of the reconvened CND meeting in December 2018. They will also guide international agencies' actions in providing support to countries for addressing the challenges of the non-medical use of opioids.

Annex I. Meeting agenda

Fifth WHO–UNODC Expert Consultation on New Psychoactive Substances

Addressing the challenges of non-medical use of opioids

24–25 September 2018 | Geneva, Switzerland

Monday, 24 September 2018	
Opening session	
Chair: Dr Mariângela Simão	
09:00–9:30 Salle B	1. Opening of the meeting and welcoming remarks Dr Mariângela Simão, Assistant Director-General, Access to Medicines, Vaccines and Pharmaceuticals, WHO Mr Jean-Luc Lemahieu, Director of Policy Analysis and Public Affairs, UNODC (Video message) 2. Objectives of the meeting, setting the scene Dr Gilles Forte, WHO and Dr Justice Tettey, UNODC
9:30–10:30	2. Current strategies and tools for addressing the challenges of non-medical use of opioids at the international level INCB, Mr Rossen Popov UNODC, Dr Martin Raithelhuber WHO, Dr Gilles Forte
10:30–11:00	<i>Coffee/tea break</i>
First session: Policies, practices and lessons learnt at regional and country level	
Chairs: Dr Gilles Forte and Dr Justice Tettey	
11:00–12:30 Salle B	3. Challenges and innovative approaches for tackling the non-medical use of opioids Regional level: Mr Michael Evans-Brown, EMCDDA

	National level: Dr Olivia Boateng, Ghana; Dr Terrence L. Boos and Dr James R. Hunter, USA; Dr Carol Anne Chénard, Canada
12:30–14:00	<i>Lunch break</i>
14:00–15:30	<p>4. Challenges and innovative approaches for tackling the non-medical use of opioids</p> <p>Regional level: Ms Marya Hynes, CICAD</p> <p>National level: Dr Mahmoud M. Elhabiby, Egypt; Mr Alberto M. Guzman, Mexico; Ms Lauren Comber, United Kingdom</p>
15:30–16:00	<i>Coffee/tea break</i>
Second session: Group work	
16:00–17:30	5. Working group sessions
Room M 105	<p>Group I: Identifying successful health related approaches and best practices for tackling challenges of non-medical use of opioids at global, regional and country level</p> <p>Chair: Dr Bruna Brands and co-chair: Dr Pamela Kaduri</p>
Room M 605	<p>Group II: Identifying successful approaches and best practices related to reducing illicit opioid supply at global, regional and country level</p> <p>Chair: Professor Steve Allsop and co-chair: Ms Cejana Passos</p>
Tuesday, 25 September 2018	
09:00–09:30	6. Summary of Day 1 and setting the scene for Day 2
Salle B	Dr Gilles Forte and Dr Justice Tettey
09:30–10:30	7. Working group sessions (<i>continued</i>)
Room M 105	<p>Group I: Identifying successful health related approaches and best practices for tackling challenges of non-medical use of opioids at global, regional and country level</p> <p>Chair: Dr Bruna Brands and co-chair: Dr Pamela Kaduri</p>
Room M 605	<p>Group II: Identifying successful approaches and best practices related to reducing illicit opioid supply at global, regional and country level</p>

	Chair: Professor Steve Allsop and co-chair: Ms Cejana Passos
10:30–11:00	<i>Coffee/tea break</i> (within break-out groups)
11:00–12:00	Group work (<i>continued</i>)
12:00–13:00	<i>Lunch</i>
Third session: Recommendations and way forward – Chairs: Dr Gilles Forte and Dr Justice Tettey	
13:00–14:30 Salle B	8. Integrating health related approaches and reduction of illicit opioid supply Reporting back from working groups (chairs and co-chairs)
14:30–15:00	9. The way forward Dr Gilles Forte, WHO and Dr Justice Tettey, UNODC
15:00–15:30	10. Closure of the meeting

Annex II. List of participants

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Steve Allsop

National Drug Research Institute, Curtin University

Australia

Christine Baker

Drug and Alcohol Unit, Home Office

United Kingdom

Olivia Boateng

Department of Food and Drugs Administration

Ghana

Terrence L. Boos

Drug Enforcement Administration

United States of America

Bruna Brands

Health Canada/University of Toronto

Canada

Heloisa Brogiato

International Association for Hospice and Palliative Care (IAHPC)

Austria

Carol Anne Chénard

Health Canada

Canada

Lauren Comber
Drug and Alcohol Unit, Home Office
United Kingdom
Celso C. Coracini
UNODC
Austria
Rainer Dahlenburg
Federal Criminal Police Office/Bundeskriminalamt (BKA)
Germany
Mahmoud M. Elhabiby
Ain-Shams University
Egypt
Simon Elliot
King's College London
England
Alicia Evans
University of Cape Town
South Africa
Michael Evans-Brown
European Monitoring Centre for
Drugs and Drug Addiction (EMCDDA)
Portugal
Lisa Garin-Michaud
INTERPOL
France

José de Gracia

INTERPOL

France

Alberto Michael Guzman

Comisión Federal para la Protección contra Riesgos Sanitarios [Federal Commission for the Protection against Sanitary Risk] (COFEPRIS)

Mexico

Christopher Hallam

International Drug Policy Consortium (IDPC)

United Kingdom

Ruri Hanajiri

National Institute of Health Sciences

Japan

James R. Hunter

Food and Drug Administration

United States of America

Marya Hynes

Inter-American Drug Abuse Control Commission (CICAD/OAS)

United States of America

Susan Ifeagwu

UNODC

Austria

Tanja Iff

Department of Public Health

Switzerland

Raka Jain

All India Institute of Medical Sciences

India

Pamela Kaduri

University of Toronto, Canada, and

Muhimbili University of Health and Allied Sciences

United Republic of Tanzania

Evgeny M. Krupitsky

Pavlov State Medical University

Russian Federation

Moema Luisa Silva Macedo

ANVISA

Brazil

Elizabeth Mattfield

UNODC

Austria

Peter Mihok

European Commission

Belgium

Tofik Murshudlu

UNODC

Austria

Cejana Brasil Cirilo Passos

ANVISA

Brazil

Katja Pihlainen

Finnish Medicines Agency

Finland

David Correa Piña

Comisión Federal para la Protección contra Riesgos Sanitarios [Federal Commission for the Protection against Sanitary Risk] (COFEPRIS)

Mexico

Rossen Popov

INCB

Austria

Afarin Rahimi-Movaghar

Tehran University of Medical Sciences

Islamic Republic of Iran

Martin Raithelhuber

UNODC

Austria

Justice Tettey

UNODC

Austria

Andrew B. Thompson

Bureau of International Narcotics and Law Enforcement Affairs (INL)

United States of America

Jason White

University of South Australia

Australia

Edwin E. Zwartau

Pavlov State Medical University

Russian Federation

WHO Headquarters staff

Gilles Forte

WHO, Access to Medicines, Vaccines and Pharmaceuticals (MVP)

Jane Galvão

WHO, Access to Medicines, Vaccines and Pharmaceuticals (MVP)

Dzimitry Krupchanka

WHO, Noncommunicable Diseases and Mental Health (NMH)

Dilkushi Poovendran

WHO, Access to Medicines Vaccines and Pharmaceuticals (MVP)

Mariângela Simão

Assistant Director-General for Access to Medicines, Vaccines and Pharmaceuticals (ADG/MVP)

Joanna Tempowski

WHO, Climate and Other Determinants of Health (CED)

Annette Verster

WHO, Communicable Diseases (CDS)

Wil de Zwart

WHO, Access to Medicines, Vaccines and Pharmaceuticals (MVP)

For more information, please contact:

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Dr Justice Tettey
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United Nations Office on Drugs and Crime