

WHO intervention at the plenary session of the Ministerial segment of the 62th session of the Commission on Narcotic Drugs.

Vienna, Austria, 15 March 2019

Mister Chair,
Excellencies,
Distinguished Delegates,
Ladies and Gentlemen:

The World Health Organization, as the UN public health agency, promotes a public health approach to the world drug problem. During the last ten years WHO has continued to set norms and standards, monitor and assess health trends and provide policy guidance and technical support to countries.

In recent years our collaboration with UNODC, INCB and other partners on drug-related matters has been strengthened significantly. WHO is fully engaged in the implementation of the operational recommendations of the outcome document of UNGASS 2016 to advance the SDG 2030 health goals.

Currently, under the leadership of WHO Director-General Dr Tedros, the World Health Organization is undertaking unprecedented efforts to transform itself into a more effective and relevant organization for the world we live in. Last May the World Health Assembly endorsed a new 5-year strategy with its mission to: promote health, keep the world safe and serve the vulnerable.

The impact of drug use and drug disorders on health and well-being of individuals, families, communities and populations cannot be overestimated. According to WHO's latest estimates for 2017, psychoactive drug use is responsible for about half a million deaths per year, with most caused by drug use disorders and overdoses, drug-related infectious diseases such as hepatitis B and C and HIV, road traffic accidents and suicides. In some jurisdictions the opioid overdose epidemics have changed trends in mortality and life expectancy in whole communities. WHO has an important task in monitoring health trends and ensuring that a comprehensive and agile monitoring and surveillance system of health consequences of drug use is integrated in health information systems.

The world drug problem has been increasingly recognized as a global public health issue, and responses to the problem should prioritize public health

strategies and interventions which respect human rights of people, put health of people at the centre of responses and ensure that no one is left behind.

“Health is a human right. No one should get sick or die just because they are poor, or because they cannot access the services they need.” These words of WHO Director-General Dr Tedros are particularly applicable to people who use drugs. They are marginalized and stigmatized in most communities, creating significant inequities in access to health services and in their health status. People with drug use disorders are also usually exposed to multiple health risks and experience multiple health and social adversities throughout their lives.

To ensure healthy lives and well-being for all at all ages WHO has three strategic priorities: advancing universal health coverage; addressing health emergencies; and promoting healthier populations.

The concept of Universal Health Coverage (UHC), central to the WHO strategy. When applied to the drug problem, means that all people who use drugs, people with drug use disorders, and people at risk of drug overdose and drug-related infectious diseases should have equal access to preventive, curative, rehabilitative and palliative health services and medicines they need, without experiencing financial hardship. Unfortunately, in many countries these services are simply not available, or unaffordable for those who need them most. The WHO-UNODC program on drug dependence treatment and care aims to advance Universal Health Coverage for people with drug use disorders worldwide.

In line with its treaty-based mandate, WHO has significantly intensified the work of the WHO Expert Committee on Drug Dependence that keeps psychoactive substances under constant review. In recent years the Expert Committee reviewed dozens of psychoactive substances, paying particular attention to synthetic opioids, and provided recommendations on appropriate levels of international control. The most recent and first ever review of cannabis and its preparations by the Committee resulted in recommendations that take into account the scientific advances in our understanding of the composition of cannabis. It also considered the risks and potential benefits of cannabinoids, which were simply not known 50 years ago when the first drug treaties were developed.

Ensuring access to controlled substances for medical and scientific purposes as part of a balanced national drug policy is an essential element of several World Health Assembly resolutions. WHO works in collaboration with UNODC and the International Narcotics Control Board to provide training and support to countries to maximize access to controlled medicines.

In the area of primary prevention WHO joined forces with UNODC on producing the second edition of the International standards on prevention of

drug use. WHO works on increasing competencies of health professionals in identifying early stages of drug use and providing effective prevention and treatment interventions through screening, brief interventions and referrals.

WHO considers “harm reduction interventions” as a critical public health element in a comprehensive public health response to drug problems. This is particularly important for prevention and management of drug-related infectious diseases such as HIV, hepatitis B and C, and tuberculosis. WHO promotes a set of interventions for people who inject drugs that includes needle and syringe programmes, opioid substitution therapy for people dependent on opioids, as well as testing and treatment of people who use drugs living with infectious diseases.

The World Health Organization will continue to work on public health dimensions of the world drug problem in collaboration with UNODC, INCB and other partners to support countries in achieving SDG health targets and implementing operational recommendations of UNGASS 2016.