The opioid crisis represents a global challenge due to the high morbidity and mortality associated with this complex phenomenon. In North America, the key factors associated with the current opioid overdose problem include inadequate opioid prescription practices for management of pain, availability of pure, cheap heroin, and a combination of socio-cultural and economic factors that have contributed to this alarming situation. As this could also pose a potential threat to the rest of the world, it represents an opportunity to apply effective prevention interventions, which are particularly urgent considering the rapid emergence of highly potent synthetic opioids.

Given that drug use disorders are chronic and relapsing in nature, access to comprehensive, evidence-based and quality drug treatment services in a continuum of care model is essential. In the case of opioids, treatment with opioid agonist or antagonist medications, in alignment with national legislations, combined with psychosocial support are effective in treating opioid use disorders and preventing overdoses. Furthermore, the strong therapeutic alliance established between the patient and health service
provider, which is key to ensure that the specific needs of each patient are addressed, is one of the most important contributing factors to the effectiveness of drug treatment.

National policies, strategies and guidelines should be in place to promote prevention, quality treatment and care of drug use disorders. This should include the participation of the health care system, and the implementation of prevention and treatment interventions that are tailored to the particular needs of countries.

As there is a high rate of relapse and overdose deaths following prison release, the involvement of the criminal justice system in the provision of drug dependence treatment and opioid overdose prevention measures, during and upon release, is essential. Likewise, relapse and overdose can also occur following abstinence during treatment, therefore a continuum of care model is recommended.

Adequate management of pain in accordance with latest international guidelines should be promoted, acknowledging the scientific evidence supporting that opioids should not be the first line response to non-cancer chronic pain. At the same time, it is important to emphasize that opioids can be essential for the management of acute severe pain therefore, increasing the capacity of
professionals across the health system to ensure proper pain management and to early identify and treat opioids dependence when needed.

Systematic data collection, monitoring and evaluation, and implementation of early warning systems are necessary for countries to prevent and develop strategies to cope with abuse and misuse of opioids, including that of new synthetic emerging opioids.

Treatment of opioid use disorders and overdose prevention include the following:

- Access to medications to treat opioid use disorders, as effective opioid overdose prevention measure. Treatment of opioid use disorders is a protective factor against overdose.

- Access to naloxone, including effective and affordable formulations that prevent overdose deaths, whether with a prescription or over the counter.

- Training of health care professionals and other first responders, including family, peer-users, police, firefighters and social workers, in the administration of naloxone and other life-saving resuscitation techniques.
• Individuals that have experienced an overdose in the past are at greater risk of overdosing again. Thus, motivating them to start voluntary treatment for their opioid use disorder following an overdose is strongly recommended. When available, the initiation of medication-assisted treatment already in the emergency department is recommended.

• Screening for and engagement of individuals with an opioid use disorder in treatment, whether they are at an early or more advanced stage should be done as part of health care procedures, including emergency departments, primary care, obstetricians, infectious disease and STD doctors, and in specialized services such as by pharmacists.

• Ensuring the provision of outreach services in the community so individuals can access treatment when needed.

• Providing integrated treatment to address psychiatric and medical comorbidities including suicidality, HCV and HIV and incorporating other services to reduce the negative health and social consequences of drug use.
• Because certain drug combinations increase the risk of opioid overdoses, such as when combined with alcohol or benzodiazepines, proper overdose reversal strategies in addition to naloxone, and additional treatment might be needed.

*The Informal Scientific Network recommends the following:*

• Considering the chronic and relapsing nature of addiction, increasing access to quality, evidence-based treatment of opioid drug use disorders in a continuum of care model.

• WHO and UNODC to develop a joint strategy together with relevant stakeholders with the objective of ensuring availability of key medicines at affordable price, particularly for countries where price would otherwise constitute a barrier to the access to essential medications for the treatment of opioid use disorders and life-saving medications such as naloxone, for opioid overdose reversal.

• Facilitating research with controlled substances, including synthetic opioids, to generate new knowledge on how to use these substances to revert overdoses or adverse effects. As stated in the UN Conventions, controlled substances should be available for scientific purposes, thus barriers to conducting such research should be removed.
• Inviting WHO to conduct an update of the guidelines for treatment of opioid dependence and initiate the development of new guidelines for the management of chronic non-cancer pain.

• Recognizing the burden caused by the chronic pain condition, there is a need for the provision of adequate pain management to avoid misuse.

The Informal Scientific Network also highlights the importance of comprehensive and evidence-based drug demand reduction strategies that include prevention of drug use, treatment of drug use disorders and recovery.

At the same time, the Network emphasizes the relevance of ensuring that none of these measures limit the proper access to opioids for those who need them.