

Information session for Member States 25 March 2022



2) Public health dimensions of the world drug problem



Update on WHO work for improving access to controlled medicines while preventing misuse and diversion

Gilles Forte
Head, Special Projects
Access to Medicines and Health Products Division



Public health dimension of the world drug problem

The Seventieth World Health Assembly, having considered the report of the Secretariat on the public health dimension of the world drug problem,¹ decided:

- (1) to welcome the progress made in strengthening and expanding existing cooperation on the public health-related aspects of the world drug problem, including the signing of the Memorandum of Understanding between WHO and UNODC in February 2017;
- (2) to recognize the need for intensified efforts to support Member States, upon request, in addressing and countering the world drug problem in accordance with a comprehensive, integrated and balanced approach;
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- (4) to further request the Director-General to report on the implementation of this decision to the Seventy-first, Seventy-third and Seventy-fifth World Health Assemblies, and to continue to keep the Commission on Narcotics Drugs, considering its treaty-based mandates, appropriately informed of relevant programmes and progress.

Access to Medicines and Health Products Division (MHP)



- MHP has two key areas of work relating to the world drug problem:
 - WHO work mandated by the International Drug Control Conventions for placing harmful psychoactive substances under international control
 - Improving access to controlled medicines

This work seek to:

- 1) ensure access to psychoactive substances that are needed for medical and scientific purposes
- 2) while preventing their diversion, misuse, and harms to health

WHO role within the International Drug Control Conventions

1961 Single Convention on Narcotic Drugs
*as amended by the 1972 protocol

1971 Convention on Psychotropic Substances

- WHO is mandated to review and assess psychoactive substances to determine if they should be controlled under the Conventions; if their level of control should be changed
- Assessments are undertaken by the Expert Committee on Drug Dependence (ECDD)
 - Assess risks of abuse, dependence and harm to health
 - Considers if the substance has medical or scientific use

International drug control process

ECDD substance prioritisation process - Evidence of prevalence, persistence and harm



Scientific reviews by WHO ECDD



Vote by the United Nations Commission on Narcotic Drugs



Mandatory national controls, reporting, and monitoring
(overseen by International Narcotics Control Board)

WHO process of substance review based on scientific evidence

- Peer-reviewed published scientific data in relevant fields (e.g. potential for abuse, dependence, toxicology)
- WHO health-related databases on adverse reactions to medicines (Vigibase), substandard and falsified medicines (GSMS)
- Published and unpublished data from UNODC (EWA, ToxPortal), INCB and EMCDDA
- Member State and stakeholders data
 - ECDD Member State Questionnaire sent to all countries to gather information on prevalence, harms and current national control measures
 - ECDD information session with reports from Member States, Private Sector, Civil Society
- The collection of robust data on abuse, dependence and harm for the most prevalent and harmful New Psychoactive Substances (NPS) remains a challenge
- A special WHO website established to publish critical reviews of ECDD and collect public comments

Substances recommended for International control by 43rd and 44th ECDD

- **Synthetic cannabinoids**

CUMYL-PEGACLONE

MDMB-4en-PINACA

- **Synthetic opioid:**

Isotonitazene

- **Benzodiazepines:**

Clonazolam

Diclazepam

Flubromazolam

- **Dissociatives**

3-methoxyphencyclidine (3-MeO-PCP)

Diphenidine

- **Novel synthetic opioids**


- Brorphine

- Metonitazene

- **Cathinones/stimulants**

- Eutylone (bk-EBDB)

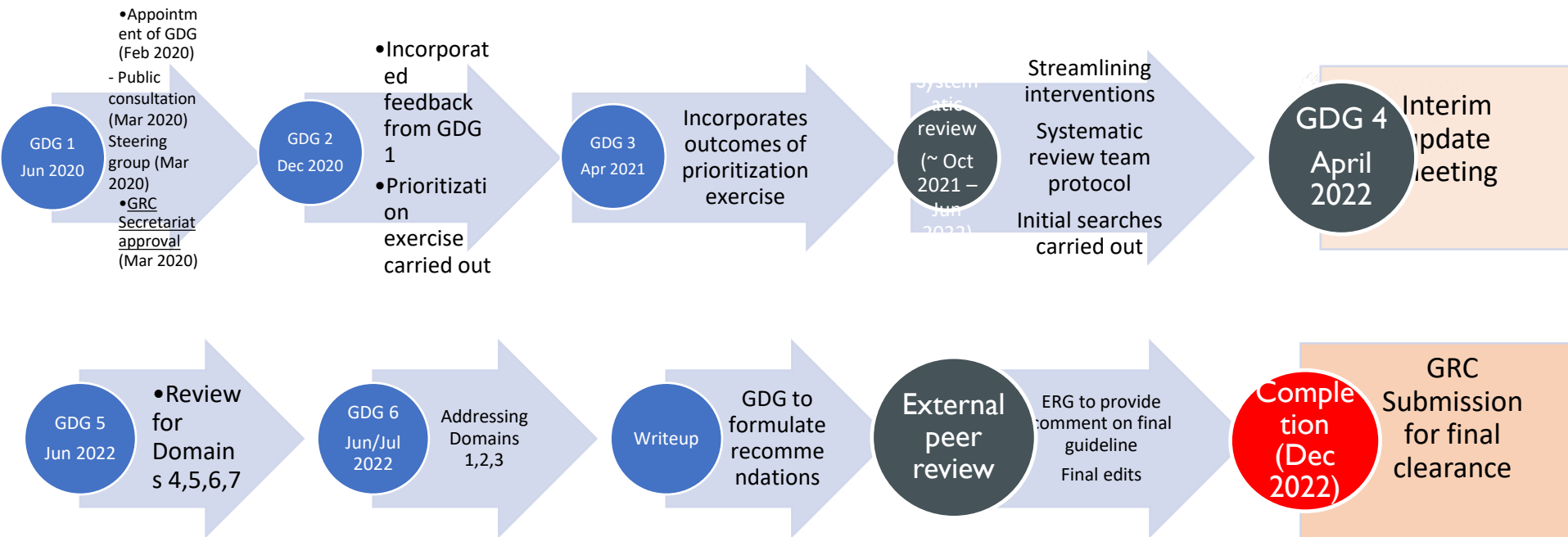
WHO work for improving access to controlled medicines

- WHO regularly updates WHO Model Lists of Essential medicines including for the effective and safe use of controlled medicines 
- Joint INCB, UNODC, WHO statement issued in 2021 calling the international community for appropriate measures to mitigate risks of shortages of controlled medicines in the context of Covid-19
- WHO is conducting a study on the international availability of morphine

WHO Guidelines to improve access to and safe use of controlled medicines

- WHO is in the process of revising the Guidelines for access to and safe use of controlled medicines, expected to be completed in 2022.
- The Guidelines priority domains of interventions are:
 - Quantification, procurement and supply
 - Medicines regulations and control
 - Prescribing dispensing and administration
 - Education, knowledge and attitudes
- These new guidelines will assist policymakers, programme managers, and experts in countries in the formulation and implementation of balanced policies that:
 - ensure access and safe use of controlled medicines
 - while preventing their diversion, misuse, and harm to health

Guideline milestones



ADDRESSING PREVENTION AND MANAGEMENT OF DRUG USE AND DRUG USE DISORDERS: AN UPDATE FROM WHO

Vladimir Poznyak

Unit Head

Alcohol, Drugs and Addictive Behaviours
Department of Mental Health and Substance
Use



**World Health
Organization**

WHO Department of Mental Health and Substance Use (MSD)

- MSD has the following key areas of work relating to the world drug problem:
 - Treatment and care of people with substance use disorders, also in emergencies and humanitarian settings
 - Prevention of substance use, raising awareness and reduction of vulnerability and risks
 - Monitoring and evaluation
 - ❖ In its activities covers alcohol, psychoactive drugs and addictive behaviours
- MSD activities seek to:
 - 1) provide normative guidance and support for evidence-based treatment and care for people with substance use disorders within the context of Universal Health Coverage, including drug overdose
 - 2) promote prevention, early identification, early interventions and evidence-based and ethical treatment and care with a focus on health systems
 - 3) monitor trends in alcohol- and drug-attributable disease burden, service capacity and treatment coverage for substance use disorders.



WHO Forums on Alcohol, Drugs and Addictive Behaviours, Geneva, 2017-2019-2021-2023...

WHO Forum on alcohol, drugs and addictive behaviours

Enhancing public health actions through partnerships and collaboration

26-28 June 2017

WHO headquarters
Geneva, Switzerland



"The World Health Organization (WHO) Forum on alcohol, drugs and addictive behaviours is a new initiative that will strengthen international partnerships and collaboration in order to tackle some of the most pressing issues of our time. Harmful use of alcohol as well as drugs and addictive behaviours have devastating effects on individuals, families and their communities and have serious socioeconomic impacts at national and global levels. We have a shared responsibility to prevent and reduce this burden."

Dr Qing Chen
Assistant Director-General
Noncommunicable Diseases
and Mental Health
World Health Organization

Second WHO Forum on alcohol, drugs and addictive behaviours

Achieving SDG 2030 health targets through enhanced partnerships and collaboration

27-28 June 2019

WHO headquarters
Geneva, Switzerland



"Building upon the success of the first World Health Organization (WHO) Forum on alcohol, drugs and addictive behaviours held in 2017 in Geneva, the Second Forum is envisaged to bring a new impetus to international activities led or implemented by WHO in reducing the health and social burden associated with substance use and addictive behaviours."

Against a rapidly changing global health landscape and increasing convergence among international collaboration and partnerships are needed to address the harmful use of alcohol and public health consequences of drug use and addictive behaviours. Health Coverage for people suffering from diseases due to substance use and addictive behaviours."

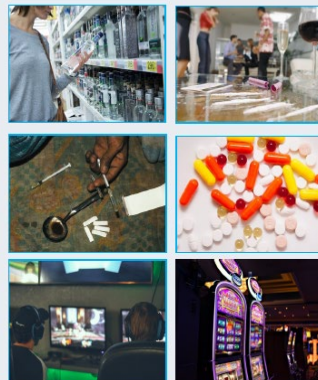
Dr Ren Minghui
Assistant Director-General
Universal Health Coverage/Communicable
and Noncommunicable Diseases

Third WHO Forum on Alcohol, Drugs and Addictive Behaviours (FADAB)

Accelerating public health actions and addressing new challenges during the pandemic

22-25 June 2021

Web-based from
Geneva, Switzerland



"Built upon the success of the first and second WHO Forums on Alcohol, Drugs and Addictive Behaviours held in 2017 and 2019 in Geneva, the Third Forum is envisaged to boost international activities led or implemented by WHO in reducing the health and social burden associated with substance use and addictive behaviours."

Against the background of the evolving COVID-19 pandemic, we need to accelerate public health actions through enhanced international collaboration and partnerships. There is no other way to advance achievement of the relevant SDG 2030 targets, including SDG target 3.5 that calls for strengthening prevention and treatment of substance use and substance use disorders."

Dr Ren Minghui
Assistant Director-General,
Division of Universal Health Coverage/Communicable
and Noncommunicable Diseases,
World Health Organization



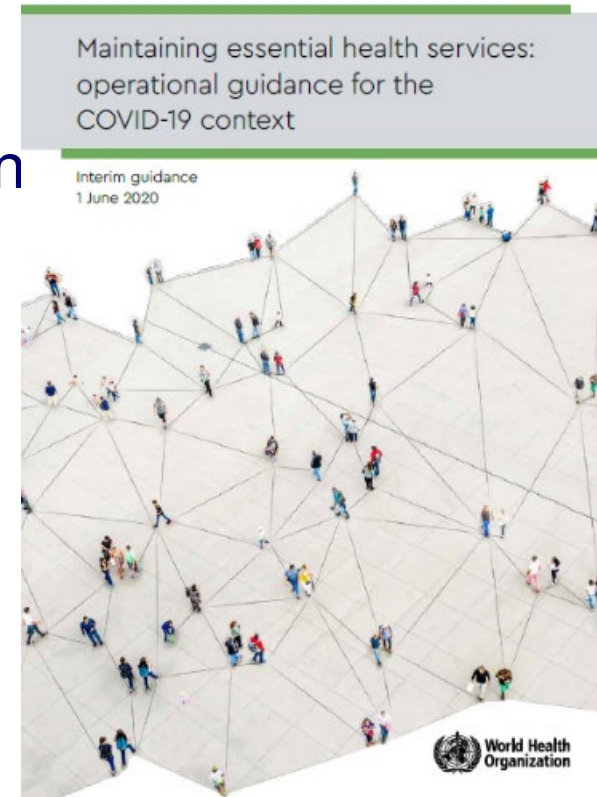
World Health Organization



World Health Organization

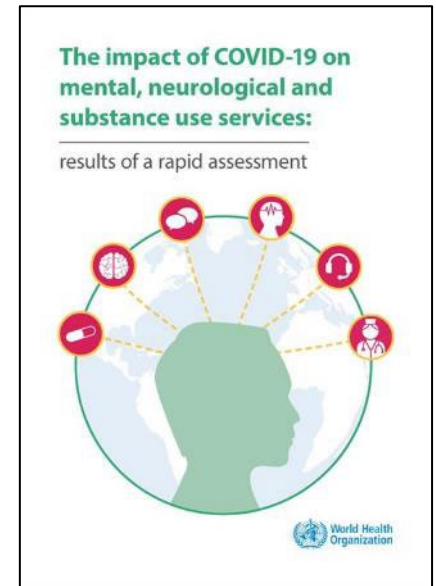
Maintaining essential health services: operational guidance for the COVID-19 context interim guidance

- WHO recommends that mental health services (including for alcohol and drug use disorders) be enhanced and strengthened in the pandemic context, including:
 - emergency and acute care
 - treatment and care in outpatient settings
 - care provided in specialized inpatient or residential facilities (e.g. alcohol and drug rehabilitation)
 - cross-sectoral service delivery (via schools, social services, criminal justice system)
 - mental health promotion and prevention



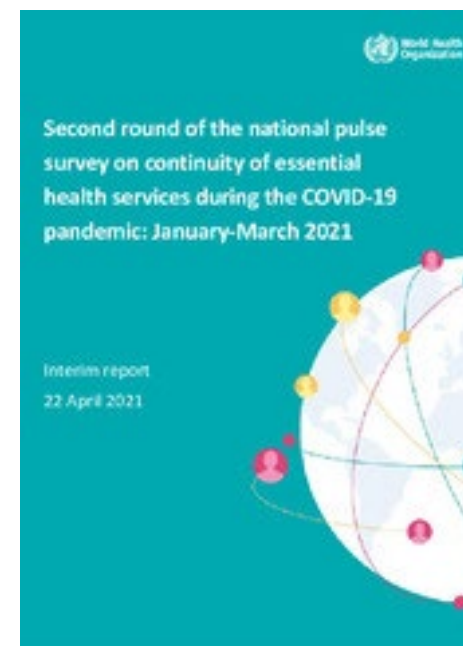
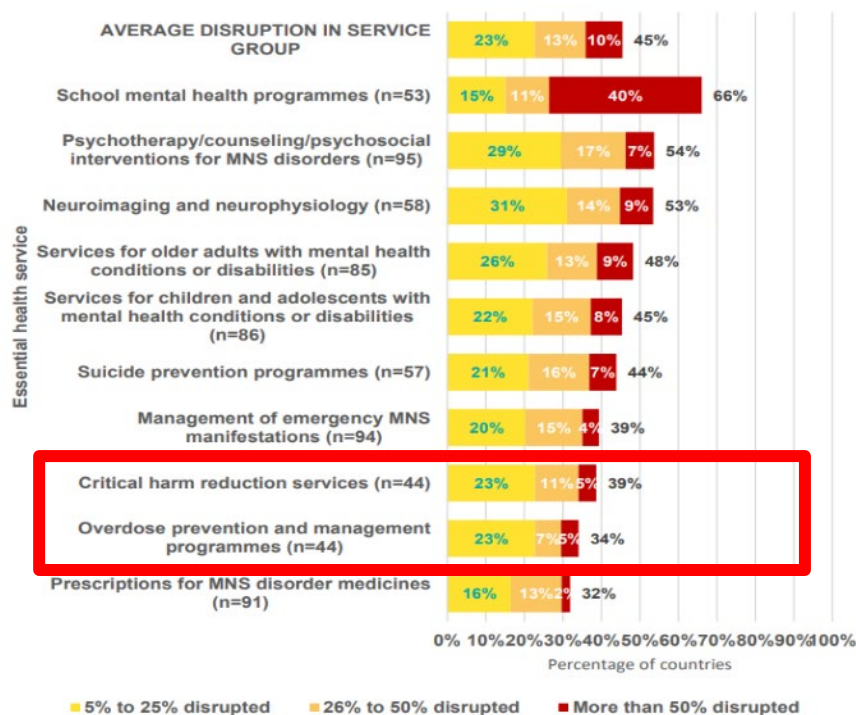
Disruptions of services for people with substance use disorders (2020)

- **Opioid Agonist Maintenance Treatment**
 - completely disrupted in 27%
 - partially disrupted in 18% countries;
- **Overdose prevention and management programs**
 - completely disrupted in 21%
 - partially disrupted in 32% countries;
- **Critical harm-reduction services**
 - completely disrupted in 30%
 - partially disrupted in 35% countries;
- **Inpatient services for substance use disorders**
 - partially closed: 30%
 - fully closed: 12%



(WHO, October 2020)

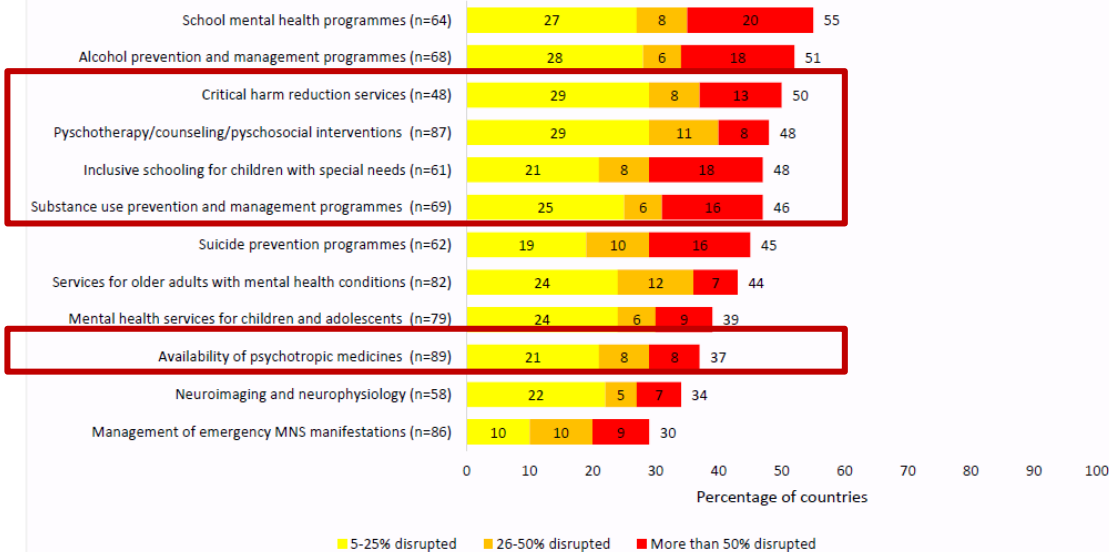
Disruptions of services for people with substance use disorders (2021)



(WHO, 2021)

Disruptions of services for people with substance use disorders (Feb 2022)

Percentage of countries reporting disruptions in mental, neurological and substance use disorders (MNS) services in Q4 2021



Values may vary due to rounding.

Source: Round 3 Global pulse survey on continuity of essential health services, Nov-Dec 2021 (reflecting situation during previous 6 months)



(WHO, 2022)

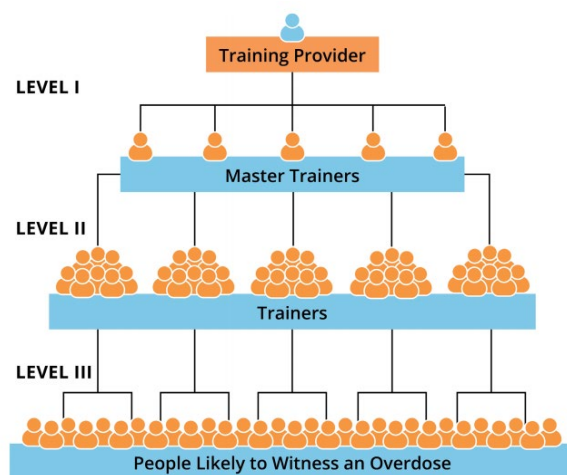
SOS (Stop Overdose Safely) project implemented jointly with UNODC (2016-2021)

Project countries

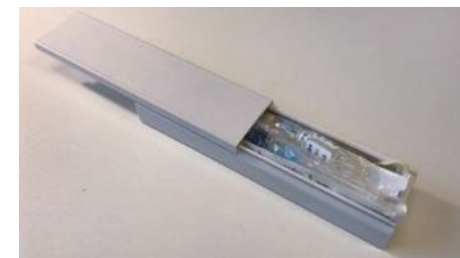
- Kazakhstan
- Kyrgyzstan
- Tajikistan
- Ukraine



>14,000 potential witnesses
of opioid overdose trained



>14 000 Naloxone kits
purchased and distributed



“A film about life”



<https://www.youtube.com/watch?v=qsi1PwghNXU&feature=youtu.be>

Need for scaling up activities to prevent and effectively manage opioid overdose

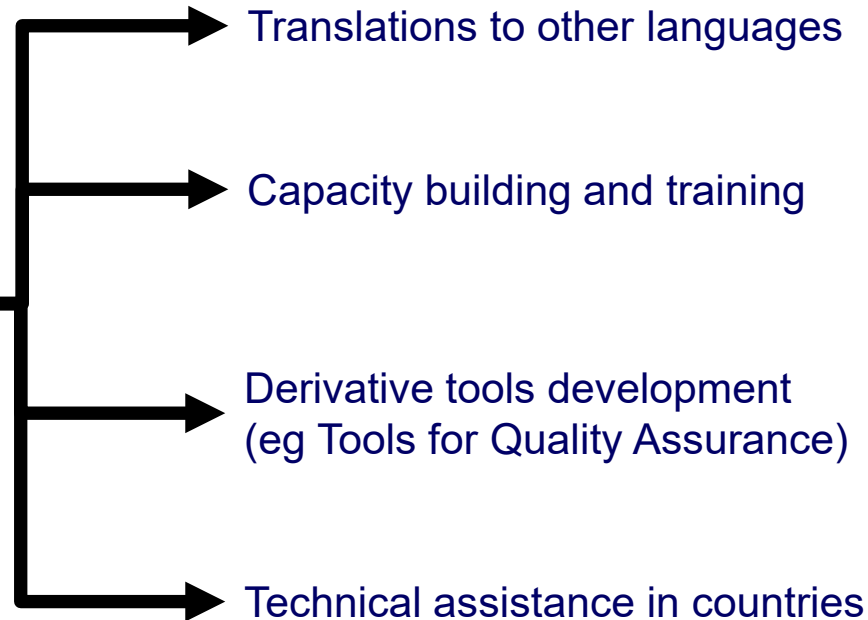
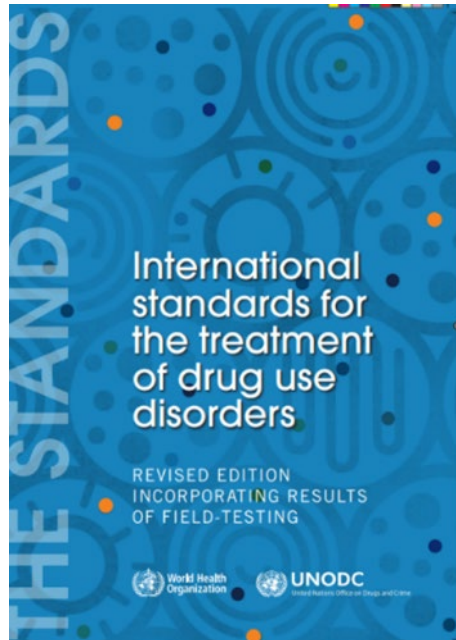
WHO-4-LIFE

4 - **Four** elements of drug overdose prevention:

- L –limit availability of opioids to appropriate use for medical and scientific purposes
- I – increase access to treatment and harm-reduction services
- F -facilitate implementation of overdose prevention programs at community level with take-home naloxone
- E -evaluate and monitor overdose prevention activities



WHO/UNODC Standards for treatment of drug use disorders: dissemination & implementation



The health and social effects of nonmedical cannabis use (WHO, 2016): un update (to be released in 2022)

- WHO Technical Expert Meeting to discuss an update of 2016 publication (Geneva, December 2019)
- Commissioned background papers and reviews
- The most recent update of the evidence from published literature (October 2021-March 2022)
- Planned for release in the middle of 2022



The health and social effects of
nonmedical cannabis use



New opportunities for monitoring substance-related morbidity with expanded list of substances in ICD-11 (introduced on 1st Jan 2022)

- Alcohol (6C40)
- Opioids (6C43)
- Cannabis (6C41)
- Sedatives, hypnotics or anxiolytics (6C44)
- Cocaine (6C45)
- Caffeine (6C48)
- Stimulants including amphetamine, methamphetamine or methcathinone (6C47)
- Hallucinogens (6C49)
- Nicotine (6C4A)
- Volatile inhalants (6C4B)
- MDMA and related drugs, including MDA (6C4C)
- Dissociative drugs including ketamine or PCP (6C4C)
- Synthetic cannabinoids (6C42)
- Synthetic cathinones (6C47)
- Other specified psychoactive substances (6C4E)
- Multiple specified psychoactive substances (6C4F)
- Unknown or unspecified psychoactive substances (6C4G)



WHO-UNODC Collaboration on Drug Dependence Treatment and Care

Launch (February 2022) of the Interagency Technical Working Group on drug prevention, treatment and care co-led by WHO and UNODC

Objectives:

- a. Global advocacy for increased investment
- b. Reducing stigma and eliminating discrimination in access and provision
- c. Documenting and disseminating good practices of multisectoral collaboration
- d. Normative guidance and, upon request, technical support



**World Health
Organization**

What next?

- Global report on progress achieved with attainment of SDG health target 3.5 (2022)
 - New global data on alcohol and health
 - New global data on service capacity for substance use disorders in WHO Member States
- Global advocacy for Universal Health Coverage for people who use drugs and with substance use disorders
 - Addressing stigma and discrimination
- Updating and developing new WHO recommendations on prevention and management of disorders due to substance use, including opioid overdose



Harm Reduction: Essential services for people who use drugs

Annette Verster

Technical Officer, WHO Global HIV, Hepatitis and STI Programmes
Member States Briefing, 25 March 2022



Fotos from Sparsha, Nepal



Department of Global HIV, viral hepatitis and STI programmes (HHS)

- HHS has one key area of work related to the world drug problem:
 - Reduce the harms related to drug use and in particular the incidence of infectious diseases of HIV and viral hepatitis B and C
- HHS activities seek to:
 - Synthesise the evidence of harms related to drug use in WHO guidance
 - Advocate for implementation of an evidence based public health response including harm reduction
 - Reduce the proportion of infections attributable to injecting drug use

Global Health Sector Strategies on HIV, viral hepatitis and sexually transmitted infections

- Discussed in the Executive Board session and considered for adoption at the 75th World Health Assembly
- Promotes shared interventions across the three disease areas including a comprehensive essential public health package for people who inject drugs
- Based on our continued review and synthesis of the scientific evidence for a public health response to injection and other drug use in the context of HIV and viral hepatitis

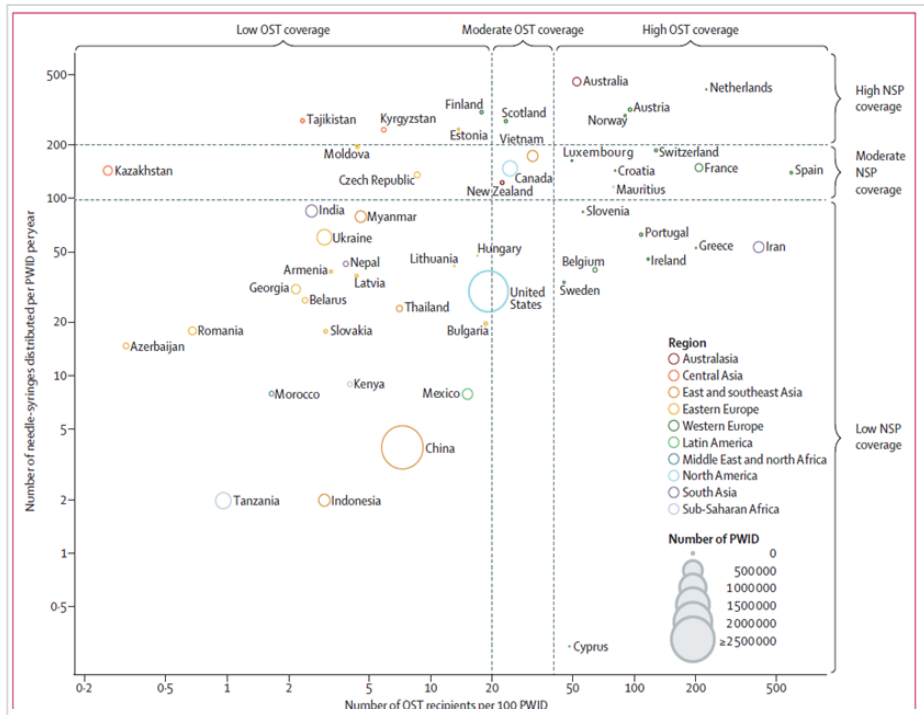
Vision, goals and strategic directions



A common vision	End epidemics and advance universal health coverage, primary health care and health security		
Disease goals	End AIDS and the epidemics of viral hepatitis and sexually transmitted infections by 2030		
Strategic directions <i>with shared and disease-specific actions</i>	HIV Strategy	Viral hepatitis Strategy	Sexually transmitted infections strategy
	1. Deliver high-quality, evidence-based, people-centred, services		
	2. Optimize systems, sectors and partnerships for impact		
	3. Generate and use data to drive decisions for action		
	4. Engage empowered communities and civil society		
	5. Foster innovations for impact		
Drivers of progress	<ul style="list-style-type: none"> - Gender, equity, and human rights - Financing - Leadership and partnerships 		



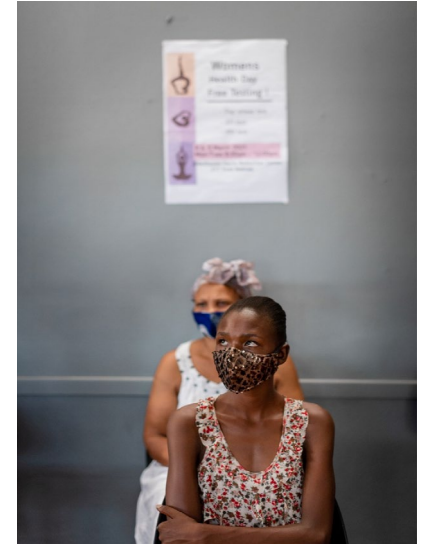
People who inject drugs



- At **high risk of mortality and morbidity** through overdose and infectious diseases such as **HIV, TB and viral hepatitis**
- WHO recommends **harm reduction services to mitigate these risk** as an **evidence based public health response**
- Access to harm reduction services is too low to have an impact on HIV and viral hepatitis goals - pre COVID-19: **<1% have sufficient access**
- COVID-19 has further impacted these risks and reduced access

COVID-19

- Caused **additional challenges** to accessing life saving services for people who use drugs
- But, also contributed to a **lower threshold** in accessing care through
 - **Task shifting** from health care providers to social workers and community-led initiatives
 - Change in **eligibility criteria for take-home** doses of OAT and multi-months dispensing of medications for the treatment of opioid dependence, HIV or HCV
 - **Remote and online platforms and integration** with other services
 - **Resilience** from harm reduction services and communities in ensuring continued harm reduction service provision, providing PPE and supporting access to COVID-19 testing and vaccination.



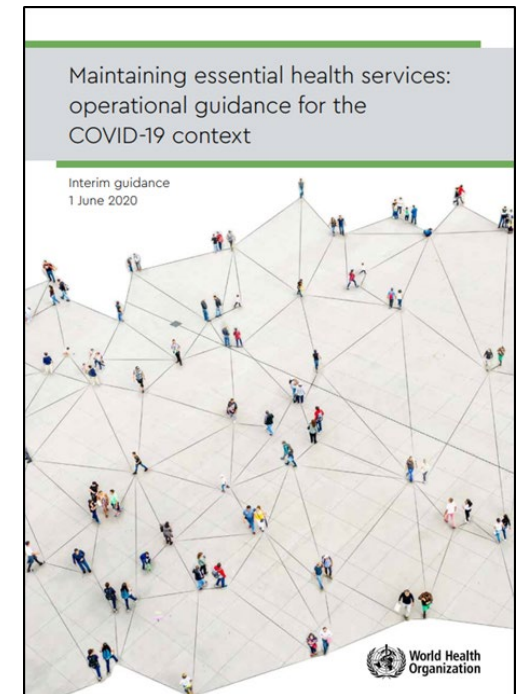
WHO guidance

Harm reduction services are **essential health services** that must be continued during emergency situations

Life saving services include:

- Needle and syringe programmes
- Opioid agonist maintenance therapy
- Naloxone to manage opioid overdose
- Testing and treatment of HIV, TB and viral hepatitis

In the context of emergency crisis in Ukraine WHO is working with partners to continue access to these services



https://www.who.int/publications/i/item/WHO-2019-nCoV-Comm_health_care-2020.1

Equitable access to health services

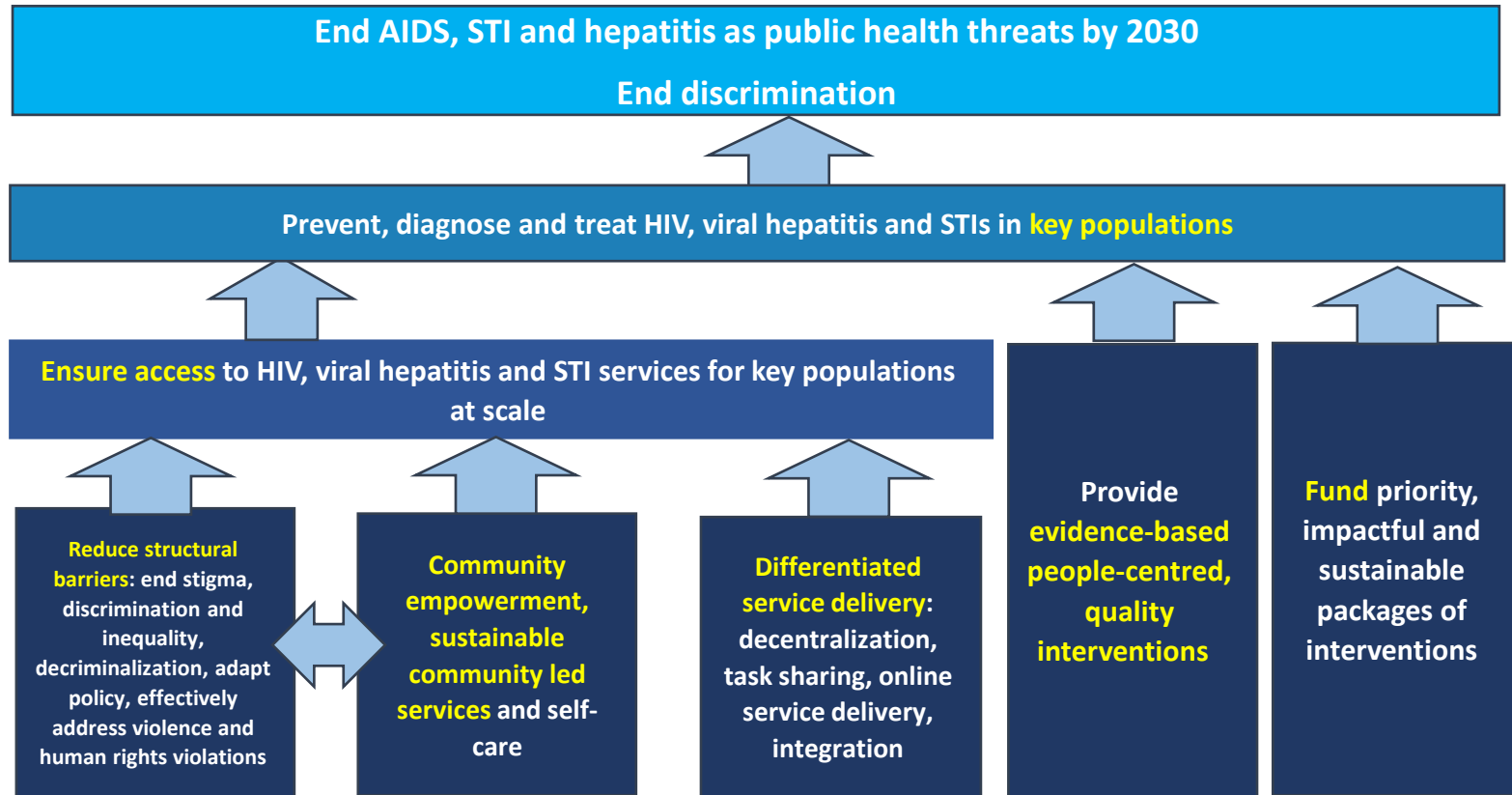
Defined by the International Network of People who Use Drugs (**INPUD**):

- Equitable access to health care for people who use drugs means that we can enter, continue and exit services in the same ways **as the general public**: of our own choice, agency and volition
- We are able to access affordable, quality services **irrespective of our drug use status**
- We do **not have to avoid seeking health services** due to criminalisation, fear of stigma and judgement, and are provided with accurate health education and information
- We are **empowered to make informed decisions** about our own bodies, which are taken seriously by health care providers



AHRN - COVID-19 prevention measures in Nepal, April 2020

Upcoming new WHO Guidelines for HIV, viral hepatitis and STIs for key populations



New!!

**WHO
recommended
package for
people who
inject drugs**

Essential for impact: enabling interventions

Address violence

Reduce stigma and discrimination

Community empowerment

Remove punitive laws, policies and practices

Essential for impact: health interventions

Harm reduction (needles and syringes, opioid agonist therapy, naloxone)

Comprehensive condom programming

Addressing Chemsex

PEP for HIV and STIs

HCV testing and linkage to treatment

HBV testing and linkage to treatment

HBV vaccination

STI case management

HIV testing, linkage and retention in treatment, including TB/HIV

Prevention of vertical transmission (HIV, HBV, syphilis)

HIV PrEP

Essential for broader health: health interventions

Mental health screening and treatment

Screening and treatment for hazardous or harmful alcohol and other substance use

Tuberculosis prevention, screening, diagnosis and treatment

Safe abortion

Conception and pregnancy

Contraception

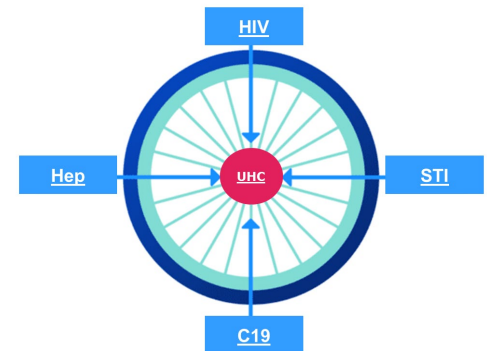
Prevention, assessment and treatment of cervical cancer



What's next for HHS?



- **WHA review of the Global Health Sector Strategies**
 - Country level National strategic plans
- **New Consolidated Key Populations guidelines** release in 2022
 - Person centred – integration of HIV, viral hepatitis and STI services
 - Prioritized packages
 - More emphasis on critical enablers
 - Service delivery: virtual, community based, peer-led, lay providers, self-testing,
- Continue to work with UNODC, UNAIDS, donors, governments and CSOs to **advocate for inclusion of people who inject drugs** and the WHO recommended package in **national strategies**
- **Strengthen working with KP communities** in many settings
- Continue to **improve measuring progress** in coverage of KP along prevention, testing and treatment and uptake of WHO recommendations
- **Incorporate lessons learned for reaching KP during COVID-19 and other emergency settings**



Collaboration with UNODC

Statement at CND based on Technical Consultation with representatives from UN, academia and community



Prof Dr Adeeba Kamarulzaman,
President International AIDS Society

*...I urge the Member States to fulfil the **commitments made under the 2021 United Nations Political Declaration on HIV/AIDS**, which sets strict targets to reduce restrictive legal and policy frameworks, lessen gender-based inequalities, and decrease stigma and discrimination....*

In conclusion

- **Harm reduction services are essential public health interventions** and pivotal in reaching people who use drugs
- **Emergency situations** provide additional challenges to ensure access to life-saving services
- **Adaptations for COVID-19** in delivery of harm reduction and treatment for HIV and hepatitis can **increase access** to services and **should remain** in place
- **Greater involvement of the community** of people who use drugs is critical to understand their needs and increase access to and retention in services





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Thank you

Further information:

<https://www.who.int/teams/mental-health-and-substance-use/alcohol-drugs-and-addictive-behaviours>

<https://www.who.int/health-topics/alcohol>

https://www.who.int/health-topics/drugs-psychoactive#tab=tab_1

<https://www.who.int/groups/who-expert-committee-on-drug-dependence>

<https://www.who.int/teams/global-hiv-hepatitis-and-stis-programmes/populations/people-who-inject-drugs>



World Health
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