

Summary report on the

Intercountry meeting on strengthening the public health response to substance use

WHO-EM/MNH/197/E

Cairo, Egypt
14–16 April 2015



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Organization**

Regional Office for the Eastern Mediterranean

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Contents

1.	Introduction.....	1
2.	Summary of discussions	4
3.	Strategic interventions	7
4.	Recommendations.....	9

1. Introduction

The global burden of disease attributable to alcohol and drug use combined is higher than the burden attributable to any other risk factor, and in the Eastern Mediterranean Region this burden is largely attributable to drug use. Globally, it is estimated that in 2012, between 162 million and 324 million people had used an illicit drug – mainly a substance belonging to the cannabinoid, opioid, cocaine or amphetamine-type stimulant (ATS) groups – at least once in the previous year. Cannabis is the most widely used drug (in 2012 an estimated 177.6 million people aged 15–64 years had used cannabis in the past year), followed by opioids, ATS and cocaine. In the last 10 years there has also been an unprecedented increase in the number of new psychoactive substances (NPS) in use.

The number of those with problematic use/drug use disorders is estimated at between 16 million and 39 million. Most estimates indicate that some 12.7 million people inject drugs (range: 8.9–22.4 million). New figures from WHO reveal that drug use disorders account for 0.55% of the total global burden of disease (0.70% for men and 0.37% for women).

Globally, 1.7 million (range: 0.9–4.8 million) people who inject drugs are living with HIV, and more than half are living with hepatitis C. In addition, illicit drug use results in a broad range of substance-induced disorders and is a preventable risk factor for some noncommunicable diseases and neuropsychiatric disorders. It is also associated with numerous social consequences for individual drug users and for their families, friends and work colleagues. Several studies show a close link between illicit drug use, crime, sexual abuse and interpersonal violence.

Overall, in the countries of the Region, cannabis is the most common drug used (among the population aged 15 to 64), with a regional median annual prevalence of 3.6%. The annual prevalence of opioids

use, in Afghanistan, Islamic Republic of Iran and Pakistan is among the highest in the world at more than 2%, and less than 0.5% in the other countries in the Region. In addition, the Region is witnessing an increasing trend in use of ATS and NPS, besides that of prescription drugs such as tramadol and benzodiazepines.

Despite the magnitude of the problem, the public health response to has been inadequate, and the drug policy response has been traditionally within the realm of drug control and law enforcement. Following the United Nations Special Session (UNGASS) on the world drug problem in 1998, the Commission on Narcotic Drugs adopted the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem in 2009. The Political Declaration had a clear focus on a better balance between supply and demand reduction strategies, and recommended that the UN General Assembly should hold another special session on drugs. This was originally scheduled for 2019, but is now scheduled for April 2016.

In March 2014, a high level review by the Commission on Narcotic Drugs on the implementation of the Political Declaration led to a Joint Ministerial Statement that reaffirmed that drug dependence is a health problem and that there is a need to strengthen the public health system response to drug-related problems. The preparations for UNGASS 2016 constitute an ideal political and technical framework for the contribution of the health and social welfare sector to the response to the global drug problem. In order to benefit optimally, the role of ministries of health in shaping policy and programme responses should be strengthened in coordination and collaboration with civil society, professional organizations and international partners and agencies.

In this context, WHO organized a three day intercountry meeting in Cairo, Egypt, on 14–16 April 2015, to discuss how countries in the Region can strengthen their public health response to drug problems

and their capacity to engage in dialogue on drug policy and public health at all levels. The meeting brought together substance use focal points from countries of the Region and a select group of civil society organizations, United Nations (UN) organizations such as United Nations Office on Drugs and Crime (UNODC) and UNAIDS, and international and regional experts, who had, in preparation for the meeting, developed evidence briefs on priority areas to guide the development of a regional framework for strengthening the public health response to the problem of drug use and its disorders.

The specific objectives of the meeting were to:

- present the regional situation of substance use, and capacities and resources for the prevention and treatment of substance use disorders;
- identify best policy options and interventions to reduce the public health burden attributable to drug use;
- agree on a regional framework for action to scale-up the public health response to drug use problems; and
- establish a platform for effective regional collaboration to strengthen the public health response to drug use problems in the Region and contribute to the global dialogue on drug policy, within the public health context, in the lead up to UNGASS 2016.

Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean, in his opening message to the meeting emphasized that the Region is particularly vulnerable to the problem of substance use given the significant youth population bulge and the major production areas and trafficking routes for opioids within it. He further highlighted the need for adoption of cost-effective, affordable and feasible policy responses across the spectrum of prevention, early intervention, treatment, harm reduction, care, rehabilitation, recovery and social reintegration, with the engagement of stakeholders from multiple sectors and disciplines

to generate greater political and societal support for policies that are both context-specific and in conformity with international approaches.

The meeting reviewed the capacities and resources for the prevention and treatment of substance use disorders in countries, the evidence underpinning the regional framework for strengthening the public health response to drug use problems, and the priority areas, proposed strategic interventions and indicators of the regional framework. This led to the revision of the framework and discussion on UNGASS 2016. A special session on khat was also organized to coincide with the intercountry meeting.

2. Summary of discussions

A summary of the major discussion points is outlined below under the different areas of focus.

Governance

There is a need to develop balanced and integrated substance use policies that incorporate public health perspectives. National policies and legislation are often skewed towards supply reduction, with little emphasis given to a public health approach, resulting in resource constraints in the sector. Substance use treatment services therefore tend to have the insufficient reach and capacity required to provide an acceptable level of service. Furthermore, the current conflict, civil unrest and instability in the Region has reduced the efficacy of some states in parts of their territory, while diverting increasing resources from the health and social sectors towards the security sector.

National intersectoral coordination mechanisms are required to ensure the development, operationalization, implementation and evaluation of substance use policies and legislation. National plans of action for

substance use need to be developed and updated, based on the regional framework for action, that detail responsible entities, timeframes and targets in order to scale-up the public health response to drug use problems.

Health and criminal justice systems need to coordinate and collaborate on establishing treatment as an alternative/or in addition to incarceration for drug offenders. In addition, legislative and regulatory provisions need to be reviewed to explore the possibility of decriminalizing “minor” drug offences. Nongovernmental organizations need to be promoted and empowered so that they can contribute to the formulation of policies and legislation, and in implementing prevention, treatment and rehabilitation interventions.

Health sector responses

There is a need to promote and enhance the implementation of evidence-based harm reduction measures such as needle and syringe exchanges, opioid substitution programmes, voluntary HIV counselling and testing, and antiretroviral therapy. Standards of care and protocols for the management of substance use disorders across all domains need to be improved. The embedding of the prevention of substance use within age- and setting-specific health promotion and prevention policies and programmes across the life course is also needed.

Education and training facilities for health and social services professionals for the prevention, treatment and care of substance use and substance use disorders need to be improved. The capacities of personnel in the primary health care system need to be enhanced so that they can perform screening and brief interventions for substance use. The capacity of specialized services for providing holistic and integrated services across the health and social sectors needs to be strengthened, and the capacities of health and social sector personnel to deliver psychosocial interventions enhanced.

There is a lack of systems that ensure the adequate availability of controlled substances for the management of substance use disorders, while preventing the misuse of psychotropic medicines. The registration and availability of essential medicines for the management of substance use disorders (such as methadone, buprenorphine and naltrexone) needs to be ensured, with the proper safeguards and training put in place. In addition, systems for the monitoring and surveillance of the prescription of psychoactive drugs need to be developed and maintained.

Monitoring, surveillance and research

Limited research capacities exist in countries to inform policies and strategies. Weak monitoring and surveillance systems are unable to provide the valid, reliable, comparable and timely information required to inform policies on the prohibition, prevention and treatment of substance use. Substance use monitoring and surveillance systems are therefore needed using standard internationally-comparable indicators for the collection of required data, such as those used in the Lisbon consensus.

The capacity of institutions to undertake operational research needs to be strengthened, as does the evidence-base on the health and social consequences of khat use, in order to guide policy advice at the national and international level.

International cooperation

There is limited engagement of the Region's health sector in the current international debate on the forthcoming UNGASS in 2016. Furthermore, there is a lack of engagement across sectors, especially between the public sector and civil society.

3. Strategic interventions

Based on the discussions, the regional framework for action to scale-up the public health response to drug use problems was adjusted and the resulting strategic interventions are presented below.

Governance

- Develop/update national substance use policies ensuring a strong public health component in consultation with stakeholders from the public, private and civil society sectors.
- Develop/update substance use-related legislation in line with international covenants, treaties and conventions, and in consultation with stakeholders from public, private and civil society sectors.
- Establish an intersectoral coordination mechanism to facilitate the implementation and monitoring of policies and legislation.
- Secure appropriate specific budget allocation within the health and welfare sectors to address substance use disorders.
- Develop programmes offering alternatives to incarceration for drug offenders.

Health sector responses

- Integrate screening and brief interventions for substance use disorders and related health problems into primary health care intervention packages.
- Strengthen/expand specialized services for holistic and integrated management of substance use disorders, including psychosocial interventions.

- Develop/strengthen drop-in, outreach and low threshold harm reduction services.
- Provide services for special groups in the population such as women and young people.
- Develop/update national standards of care for substance use disorders.
- Ensure availability of essential medicines for the management of substance use disorders.
- Develop and organize capacity-building training for health and social welfare sector personnel responsible for prevention, treatment, care and rehabilitation.
- Adjust/establish a regulatory system to minimize misuse of prescription medicines.
- Facilitate and promote establishment of self- help and mutual aid groups.
- Develop/strengthen research capacity for the generation and utilization of evidence.

Promotion and prevention

- Embed universal substance use prevention programmes within broader health policies and strategies based on rigorous local needs and resource assessments.
- Design and implement age-specific substance use prevention programmes in community, school and workplace settings.

Monitoring and surveillance

- Identify a standard set of comparable core indicators (guided by the Lisbon consensus) to monitor the substance use situation.

- Develop a national substance use monitoring and surveillance system to collect and report on a core set of indicators using standard data collection tools and methodologies.

International cooperation

- Promote active participation of public health professionals and civil society organizations in national and international policy forums on substance use.

4. Recommendations

The following recommendations were made to strengthen the public health response to drug use problems in the Region.

To Member States

1. National focal points on substance abuse should engage with their counterparts in relevant ministries, as well as with their permanent missions in Geneva and New York, to ensure that the public health perspective is reflected in the ongoing dialogue around the forthcoming UNGASS on Drugs in 2016.

To WHO

2. The draft regional framework for action to scale-up the public health response to drug use problems should be finalized over the next four weeks in consultation with national counterparts, civil society and UN sister agencies.

3. Continued advocacy should be undertaken to ensure “buy-in” at the highest possible level of national policy/decision-making for the regional framework for action.
4. In collaboration with UN sister agencies, continued advocacy should be undertaken to ensure “buy-in” for the regional framework for action at the highest possible level of regional policy/decision-making fora, such as the League of Arab States and the Gulf Cooperation Council.
5. In collaboration with UN sister agencies, the capacity of substance use agencies to engage in policy dialogue and support implementation of the regional framework should be enhanced.
6. In collaboration with UN sister agencies, the active engagement and participation of public health representatives in the ongoing national and international dialogue on the upcoming UNGASS on Drugs 2016 should be facilitated, including briefings for the health representatives of countries in the permanent missions in Geneva and New York.
7. Avenues for setting up and maintaining a regional network for strengthening the public health response to substance use should be explored.



World Health Organization
Regional Office for the Eastern Mediterranean
P.O. Box 7608, Nasr City 11371
Cairo, Egypt
www.emro.who.int