

WHO events addressing public health priorities

Strengthening the public health response to drug use in the Region

Introduction

It is estimated that in 2012 between 162 million and 324 million people globally (i.e. between 3.5% and 7.0% of the world's population aged 15–64 years) had used an illicit drug – mainly a substance belonging to the cannabinoids, the opioid, cocaine or amphetamine-type stimulant groups – at least once in the previous year¹. The number of those with problematic use/drug use disorders is estimated at between 16 million and 39 million¹. Globally, cannabis is the most widely used drug followed by opioids, amphetamine-type stimulant and cocaine. In the last 10 years there has been an unprecedented increase in the number of new synthetic psychoactive substances in use.

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 close links between illicit drug use, crime, sexual abuse and interpersonal violence. 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)².

The Region is particularly vulnerable to the problem of drug use given that there is a significant youth bulge and the major production and trafficking routes for opioids lie within the Region. Overall, in countries of the Region, cannabis is the most common drug used in the age group 15 to 64 years with a regional median annual prevalence of 3.6%³. The annual prevalence of opioids use in Afghanistan, Pakistan and the Islamic Republic of Iran is among the highest in the world (more than 2%) and less than 0.5% in the other countries in the Region. In addition, the Region is witnessing

an increasing trend of amphetamine-type stimulant and new synthetic psychoactive substances use as well as that of prescription drugs like tramadol and benzodiazepines.

Despite the magnitude of the problem, the public health response to this issue has been inadequate, and drug policy response has been traditionally considered within the realm of drug control and law enforcement. Following the United Nations General Assembly Special Session on Drugs (UNGASS) in 1998, the Commission on Narcotic Drugs in 2009 adopted the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem. The declaration had a clear focus on a better balance between supply and demand reduction strategies and recommended the General Assembly hold another special session on drugs, 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 took place. The Joint Ministerial Statement from this review explicitly reaffirms that drug dependence is a health problem and the need is to further strengthen public health system responses to drug-related problems.

In this context the WHO Regional Office for the Eastern Mediterranean organized an inter-country meeting in Cairo, Egypt from 14 to 16 April 2015 to discuss how Member States can strengthen public health responses to drug problems and enhance their capacity to engage in the dialogues on drug policy and public health at all levels. The meeting brought together focal points on substance use from Member States of the Region and a select group of civil society organizations, sister UN organizations (UNODC and UNAIDS), and international and regional experts who had, in preparation for the meeting, been engaged in developing evidence briefs on priority areas to guide the development of a regional framework for strengthening public health response to the problem of drug use and its disorders. The meeting had four specific objectives.

1. Present the regional situation of substance use, capacities and resources for the prevention and treatment of substance use disorders.
2. Identify best policy options and interventions to reduce the public health burden attributable to drug use.
3. Agree on a regional framework for action to scale up the public health response to drug use problems.
4. Establish a platform for effective regional collaboration to strengthen the public health response to drug use problems

¹ United Nations Office on Drugs and Crime. World Drug Report 2014. Vienna: United Nations; 2014 (https://www.unodc.org/documents/wdr2014/World_Drug_Report_2014_web.pdf, accessed 3 August 2015).

² Health statistics and information systems. Global health estimates [online database]. Geneva: World Health Organization; 2013 (http://www.who.int/healthinfo/global_burden_disease/en, accessed 3 August 2015).

³ Assessment of the situation and response of drug use and its harm in the North Africa 2012. Beirut: Middle East and North Africa Harm Reduction Association; 2013.

Box 1 Strategic interventions for strengthening the public health response to substance use in the Region

Governance

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

Health sector response

- Integrate screening and brief interventions for substance use disorders and related health problems in primary health care interventions 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 services for harm reduction
- Provide for 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 in the management of substance use disorders
- Develop and organize capacity building and training for personnel in health and social welfare sectors responsible for prevention, treatment, care and rehabilitation
- Adjust/set up regulatory systems to minimize misuse of prescription medicines
- Facilitate and promote the establishment of self-help and mutual aid groups
- Develop/strengthen research capacity for generation and utilization of evidence

Promotion and prevention

- Embed universal substance use prevention programmes in the 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 work place 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 system for national substance use monitoring and surveillance 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

in the Region and contribute to the global dialogue on drug policy within the public health context in the lead up to UNGASS 2016.

Over the first two days of the meeting, the participants reviewed the currently available capacities and resources for the prevention and treatment of substance use disorders in

Member States; the evidence underpinning the Regional framework for strengthening the public health response to the problem of drug use; and the priority areas, proposed strategic interventions and indicators of the Regional framework. This led to the revision of the framework on the third day which was followed by discussion on UNGASS 2016. A special session on khat was also organized to coincide with the meeting.

Overarching challenges identified

- Civil unrest and instability in several countries of the Region which is affecting their capacity to exert their authority in parts of their territories coupled with the increasing diversion of resources from the social sectors towards security
- National policies and legislations skewed towards supply reduction with little emphasis on public health orientation resulting in resource constraints
- Limited reach and capacities of substance use treatment services to provide acceptable quality of services
- Lack of a control system that both ensures an adequate availability of controlled substances for management of

substance use disorders and simultaneously prevents an increasing misuse of psychotropic medicines

- Relative lack of engagement across sectors, especially the between public sector entities and civil society
- Paucity of research and research capacity in countries of the Region to inform policies and strategies in the Member States
- Weak monitoring and surveillance systems unable to provide valid, reliable, comparable and timely information to inform current policies regarding interdiction, prevention and treatment
- Limited engagement of the health sector in the current international debate about the UNGASS 2016

Next steps

Based on the three days of discussions with the Member States, the Regional framework was modified to capture their inputs; the strategic interventions are presented in Box 1. The following recommendations were made to strengthen the public health response to the substance use problem.