WHO's role, mandate and activities to counter the world drug problem: A public health perspective

Introduction

The world drug problem[1] continues to constitute a serious threat to public health and to the safety and well-being of humanity – particularly children, young people and their families *(1)*.

In 2009, the high-level segment of the fifty-second session of the Commission on Narcotic Drugs (CND) 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 recommended that the United Nations General Assembly hold a special session to address the world drug problem and that, in 2014, the Commission should conduct a high-level review of Member States' implementation of the Declaration. In early 2016, a United Nations General Assembly Special Session (UNGASS) on the World Drug Problem will review progress in implementation of the Political Declaration. All relevant institutions in the United Nations system are invited to contribute fully to the preparations for this special session and to submit specific recommendations on the issues to be addressed by the General Assembly at that session. During the preparatory process there have been calls for the public health perspective to be given greater consideration in drug policy.

In 2014 the Joint Ministerial Statement of the high-level review by the Commission of the implementation by Member States of the 2009 Political Declaration and Plan of Action: called for "continued cooperation between Member States, the International Narcotics Control Board and the World Health Organization to ensure the adequate availability of narcotic drugs and psychotropic substances under international control, including opiates, for medical and scientific purposes, while concurrently preventing their diversion into illicit channels, pursuant to the international drug control conventions, and to provide recommendations on the scheduling of substances"; considered to further "promote and strengthen effective national drug control strategies based on scientific evidence, with components for drug demand reduction that include primary prevention, early intervention, treatment, care, rehabilitation, recovery and social 2 reintegration, as well as measures aimed at minimizing the public health and social consequences of drug abuse"; reaffirmed "the need to further strengthen public health systems, particularly in the areas of prevention, treatment and rehabilitation, as part of a comprehensive and balanced approach to demand reduction based on scientific evidence".

1. Purpose

The main purpose of this document is to describe WHO's role, mandate and current activities related to the 2009 Declaration and Plan of Action and to the preparations for the UNGASS in 2016. Several health ministers and civil society representatives who attended the meeting of the Commission in 2014 stressed that they would welcome a greater contribution from WHO on this issue.

[1] In the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, the drug problem is described as "the illicit cultivation, production, manufacture, sale, demand, trafficking and distribution of narcotic drugs and psychotropic substances, including amphetamine-type stimulants, the diversion of precursors and related criminal activities".

Furthermore, the United Nations Secretary-General's Policy Committee has called upon the United Nations Task Force on Transnational Organized Crime and Drug Trafficking to develop a strategy to provide input to UNGASS 2016.[1] As a Task Force member, WHO has been asked to provide an analysis of the impact on its work of the world drug problem, including drug policy within the framework of international drug control conventions.

This document summarizes WHO's role, mandates, programmes and activities in several areas, namely: prevention of drug use and treatment of drug use disorders;[2] prevention and management of drug-related bloodborne infections, including HIV and viral hepatitis; and improved access to controlled medicines, with a special focus on WHO's role on the basis of international drug control conventions. The document is not intended as an outline of WHO's future activities in these areas.

2. Public health aspects of the world drug problem

2.1 Drug use and drug use disorders

Because of their psychoactive and dependence-producing properties, psychoactive substances, including narcotic drugs,[3] have the potential to harm individuals' health and lead to societal harm. The nature and severity of the harm relate to many factors, including the properties of the psychoactive substance itself, the form and mode of administration used, the characteristics of the person taking the substance, and the social context in which it is taken.

2.1.1 Illicit drug use

The international drug control conventions do not distinguish between licit and illicit drugs. It is the production, possession or trafficking that can be either licit or illicit. In this document the term "illicit drugs" is used to describe the psychoactive substances which are under international control and are produced, trafficked and/or consumed illicitly. In the drug control conventions, these substances are referred to as either "narcotic drugs" or "psychotropic substances" depending on the international convention under which they have been scheduled. The term "illicit drugs" in this document does not refer to alcohol or tobacco, even though these may be produced, trafficked and/or possessed illicitly in some situations.

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, or the opioid, cocaine or amphetamine-type stimulant (ATS) groups – at least once in the previous year. The number of regular drug users and those with drug use disorders or dependence is estimated at between 16 million and 39 million. The United Nations Office on Drugs and Crime (UNODC), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the World Bank and WHO, drawing on the most recent data available, jointly estimate that some 12.7 million people inject drugs (range: 8.9-22.4 million). That estimate corresponds to a prevalence of 0.27% (range: 0.19-0.48%) in the population aged 15-64 years *(2)*.

Globally, cannabis is the most widely used drug (in 2012 an estimated 177.6 million people aged 15-64 years used cannabis in the past year), followed by opioids, ATS and cocaine *(2)*. In the last 10 years there has been an unprecedented increase in the number of new synthetic psychoactive substances (NPS) in use.

2.1.2 Health consequences of illicit drug use

Illicit drug use results in a broad range of substance-induced disorders and is a preventable risk factor for some neuropsychiatric disorders. It is 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 *(3)*.

In 2010, drug use[2] was estimated to account for approximately 1% of all disability-adjusted life years (DALYs) (all causes) and 157 800 deaths (all causes). New figures from WHO *(4)* reveal that drug use disorders accounted for 0.55% of the total global burden of disease (GBD) (0.70% for men and 0.37% for women).

The sharing of used injecting equipment makes people who inject drugs particularly vulnerable to HIV, viral hepatitis B and C and other blood-borne infections. It is estimated that, on average, 13.1% of all people who inject drugs are living with HIV. UNODC, the World Bank, WHO and UNAIDS estimate that globally 1.7 million (range: 0.9-4.8 million) people who inject drugs are living with HIV. It is estimated that more than half of the people who inject drugs are living with hepatitis C *(2)*.

These figures are most probably underestimates as information on drug use and its health consequences is lacking in many parts of the world.

2.2 Psychoactive substances for medical use

WHO estimates that 5.5 billion people (83% of the world's population) live in countries with low or non-existent access to controlled medicines for the treatment, for example, of moderate-to-severe pain *(5)*. Each year in these countries tens of millions of patients do not have access to adequate treatment – including an estimated 1 million people with advanced HIV disease, 5.5 million terminal cancer patients, 0.8 million patients suffering injuries caused by accidents and violence, patients 4 recovering from surgery, women in labour (110 million births each year) and paediatric patients with painful conditions.

Equally, despite strong evidence of efficacy *(6)*, treatment of opioid dependence with long-acting opioids – known as opioid maintenance therapy (OMT)[3]– is frequently unavailable.

2 The others are the United Nations Secretary-General, INCB and CND.

To ensure the availability and appropriate use of controlled medicines, WHO recommends that governments should enable and empower health-care professionals to prescribe, dispense and

[2] This figure includes only the use of drugs and not use of alcohol and tobacco.
[3] Also known as opioid substitution therapy (OST) or opioid agonist treatment (OAT).

administer them in keeping with WHO policy and treatment guidelines, according to the individual medical needs of patients, and ensuring that a sufficient supply is available to meet those needs. While misuse of controlled substances poses a risk to society, the system of control is intended neither to be a barrier to availability for medical and scientific purposes nor to interfere with their legitimate medical use for patient care. WHO provides guidance and support to countries to assist them in achieving balance in national policies on controlled substances and in ensuring availability and accessibility of controlled medicines *(7)*.

3. WHO's roles and mandates under its Constitution and guidance provided by its governing bodies

WHO is the directing and coordinating authority for health within the United Nations system and is responsible for providing leadership on global health matters. In its work, WHO takes international law into consideration in its entirety. In addition to the international drug conventions, WHO 's work related to narcotics and psychoactive substances is guided by the WHO Constitution and by the Organization's governing bodies – chiefly through resolutions of the World Health Assembly and WHO's regional committees. WHO's activities are implemented in accordance with the core functions set out in the Organization's Twelfth General Programme of Work and aim to:

• Articulate ethical and evidence-based policy options;

• Provide leadership on matters critical to health and to engage in partnerships where joint action is needed;

• Set norms and standards, and promote and monitor their implementation;

• Shape the research agenda and stimulate the generation, translation and dissemination of valuable knowledge;

• Provide technical support, catalyse change and build sustainable institutional capacity;

• Monitor the health situation and assess health trends.

4. WHO's role and mandates under the international drug control conventions

WHO is one of the four treaty bodies to the international drug control conventions.[4]

The ultimate goal of the Single Convention on Narcotic Drugs, 1961, as amended by the 1972 Protocol, and the Convention on Psychotropic Substances, 1971, is to protect the health and welfare of humankind. Parties to the conventions consider that "co-ordinated and universal action" is required. 5 The conventions also envisage the use of public health measures to prevent and reduce

[4] The others are the United Nations Secretary-General, INCB and CND.

health and social harm due to abuse[5] of drugs. Special attention should be given to "all practicable measures for the prevention of abuse of drugs and for the early identification, treatment, education, after-care, rehabilitation and social reintegration of the persons involved". As far as possible, personnel should be trained in treatment, after-care, rehabilitation and social reintegration.

Implementation of the conventions should aim to fulfil the "dual obligation of governments to establish a system of control that ensures the adequate availability of controlled substances for medical and scientific purposes, while simultaneously preventing abuse, diversion and trafficking" *(7)*.

Furthermore, the Single Convention on Narcotic Drugs and the Convention on Psychotropic Substances entrust WHO with the responsibility of reviewing and assessing substances to determine whether they should be controlled under the conventions.[2] A request for such a review can be initiated by parties to the conventions or by WHO itself. WHO's review of selected substances is carried out by the WHO Expert Committee on Drug Dependence. The Expert Committee's functions are to review information available on the substances being considered for international control or exemption, and for which the level of control has to be changed, and to advise the Director-General of WHO accordingly. WHO forwards the results of this review to the Commission on Narcotic Drugs which has the responsibility to decide whether to schedule substances under the provisions of the conventions.

The advice of the Expert Committee is based on the best available scientific, medical and public health evidence and must comply with the criteria established in the conventions. Specific rules and procedures for the evaluation of substances are published in *Guidance on the WHO review of psychoactive substances for international control (8)*. The science of substance evaluation has evolved over time and the methods of the Expert Committee are continuously adapted to embrace newly emerging insights *(9)*.

WHO is the only treaty body with a mandate to carry out medical and scientific assessment on substances. According to the Convention on Psychotropic Substances (Article 2, paragraph 5), the CND, taking into account the information received from WHO "whose assessment shall be determinative as to medical and scientific matters, and bearing in mind the economic, social, legal, administrative and other factors it may consider relevant" makes a scheduling decision with regard to the substance. The official commentary to the Single Convention on Narcotic Drugs states that the CND should in principle accept the pharmacological and chemical findings of WHO and should be guided by other considerations such as those of an administrative or social nature when it does not follow WHO's advice.

Through the Expert Committee, WHO has reviewed more than 400 substances since 1949. Between 1948, when WHO was established, and 1999 the number of narcotic drugs under international control increased from 18 to 118, and the number of psychotropic substances from 32 to 111. 6

[5] The term "abuse" is used in the United Nations conventions. When the term is used in this document it is used within the context of a quotation from the conventions or other United Nations documents. 2 See Guidelines for the WHO Review of Psychoactive Substances for International Control, as approved by the 126th session of the WHO Executive Board.

WHO's mandate also includes the nomination of candidates for three seats (out of 13) on the International Narcotics Control Board (INCB).

As part of the United Nations system, WHO's role under the conventions is to protect individuals and societies from harm due to drug use and to promote public health interventions to reduce harm. WHO focuses on prevention of drug use, treatment of drug use disorders (including both harmful use and dependence), and prevention and management of associated health and social conditions and public health problems in order to reduce the health and social burden attributable to drug use. WHO supports a balanced and mutually reinforcing approach to reduction of supply and demand. The Organization views drug control measures as means to protect the health and welfare of humankind, as required by the preambles to the conventions, and works towards improving access to controlled medicines for medical and scientific needs in line with the objectives of the conventions.

5. Other relevant United Nations conventions, declarations and resolutions

Measures to counter the world drug problem have an impact on a broad range of WHO's areas of work on psychoactive substances. In addition to the international drug control conventions, WHO's work is guided by a number of other United Nations conventions and resolutions that relate to the Organization's work on mental health, substance use and substance use disorders, HIV and other bloodborne infections, noncommunicable diseases, family, women and children's health, health security and environment, violence and injury prevention, health systems and medicines.

The United Nations conventions, declarations and resolutions that are most relevant to WHO's work on psychoactive substances include:

Convention on the Rights of the Child (1989)

In addition to the international drug control conventions, other conventions relate to the drug problem. The Convention on the Rights of the Child emphasizes the need to protect children from the illicit use of narcotic drugs and psychotropic substances, as defined in the relevant international treaties, and to prevent the use of children in the illicit production and trafficking of such substances. This is also relevant to WHO as it provides guidance on maternal, newborn, child and adolescent health.

World Health Assembly resolution WHA43.11 on reduction of demand for illicit drugs (1990)

The resolution requests the WHO Director-General "to intensify WHO's action to reduce drug abuse in line with […] objectives identified by him […], namely:

- Preventing the spread of drug abuse in individuals, families, communities, and countries;
- Developing effective approaches to the treatment of drug dependence and associated diseases;

- Collaborating in controlling the supply of licit psychoactive substances".

World Health Assembly resolution WHA58.22 on cancer prevention and control (2005)

This resolution urges WHO Member States "to ensure the medical availability of opioid analgesics according to international treaties and recommendations of WHO and the International Narcotics Control Board and subject to an efficient monitoring and control system".

World Health Assembly resolution WHA67.22 on access to essential medicines (2014)

This resolution urges Member States to carry out selection of medicines using evidence-based methods and to develop and implement their national medicines policies with regard to regulation, 7 financing, procurement, distribution, pricing, reimbursement and use in order to ensure access to safe, effective and quality-assured essential medicines.

World Health Assembly resolution WHA67.19 on palliative care (2014)

This resolution urges Member States "to assess domestic palliative care needs, including pain management medication requirements, and promote collaborative action to ensure adequate supply of essential medicines in palliative care, avoiding shortages" and "to review and, where appropriate, revise national and local legislation and policies for controlled medicines, with reference to WHO policy guidance,[6] on improving access to and rational use of pain management medicines, in line with the United Nations international drug control conventions". The resolution further requests the Director-General of WHO "to continue, through WHO's Access to Controlled Medicines Programme, to support Member States in reviewing and improving national legislation and policies with the objective of ensuring balance between the prevention of misuse, diversion and trafficking of controlled substances and appropriate access to controlled medicines, in line with the United Nations international drug control conventions".

World Health Assembly resolution WHA63.19 on development of the Global Health Sector Strategy on HIV/AIDS (2011-2015)

The resolution endorses the Global Health Sector Strategy on HIV/AIDS, which recommends countries to provide harm reduction services for people who use drugs within the context of HIV prevention, diagnosis, treatment and care, in all settings where people use drugs. A comprehensive and high-quality package of services should include: needle and syringe programmes, opioid substitution therapy and other drug dependence treatment, HIV-testing and counselling, antiretroviral therapy, prevention and treatment of sexually transmitted infections, targeted information, education and condom programming for people who use drugs and their sexual partners, and diagnosis and treatment of viral hepatitis and tuberculosis *(10)*.

World Health Assembly resolution WHA67.6 on viral hepatitis (2014)

[6] Ensuring balance in national policies on controlled substances: guidance for availability and accessibility of controlled medicines. Geneva: World Health Organization; 2011 *(7)*.

Harm reduction is included as an evidence-based approach to reducing transmission of bloodborne viruses (including hepatitis B and C) and mortality among people who inject drugs (PWID) and WHO Member States are urged to implement comprehensive evidence-based hepatitis prevention, treatment and care services (including needle and syringe programmes and opioid substitution therapy), improve access to hepatitis C treatment, and promote an enabling environment for such services, noting that an estimated 67% of PWID are infected with hepatitis C. Most new infections occur among PWID, yet access to sterile injection equipment and other hepatitis C prevention tools is inadequate, reaching only a tiny percentage of those who need it. Low coverage of these key public health services allows the epidemic to continue spreading.

United Nations General Assembly Declaration on the Guiding Principles of Drug Demand Reduction (1998)

United Nations Member States pledged "a sustained political, social, health and educational commitment to investing in demand reduction programmes that will contribute towards reducing public health problems, improving individual health and well-being, promoting social and economic integration, reinforcing family systems and making communities safer".

6. WHO's areas of work

WHO is concerned with the public health consequences of drug use in their entirety. WHO is therefore providing leadership, guidance and a solid evidence base to strengthen the public health approach to counter the world drug problem. WHO's contribution focuses on the following areas: prevention and treatment of substance use disorders, the review and assessment of substances by the Expert Committee on Drug Dependence, prevention and treatment of bloodborne infections (such as HIV and viral hepatitis) to reduce the harms related to injecting drug use, improved access to health services (including access to controlled medicines) in order to fulfil the universal health coverage agenda and ensure equitable access to all as a human rights principle, and provision of support to prevent injuries, violence, tobacco use and the harmful use of alcohol.

6.1 Prevention of drug use and treatment of drug use disorders

Both WHO and UNODC have constitutional mandates to address issues related to drug use and dependence. At the core of WHO's contribution to drug demand reduction are its activities in the prevention of drug use and the treatment of drug use disorders.

WHO supports its Member States by collecting, analysing and disseminating evidence-based policy in primary prevention, early intervention, treatment, rehabilitation and social reintegration, as well as by supporting efforts in monitoring and evaluation. Within these areas, WHO provides normative guidance, relevant information and technical support to reduce the burden of drug use and drug use disorders at all levels.

In line with the CND Political Declaration, a key aspect of WHO's work is to reduce the demand for drug use. WHO works with Member States and civil society to:

- Develop (using the best available evidence) a comprehensive approach to prevention that targets risk and protective factors;
- Help people, particularly young people, not to initiate drug use, or, if they have already started to use drugs, to prevent progression to drug use disorders;
- Strengthen the evidence base for primary prevention and disseminate the latest available evidence to policy-makers and experts active in the health, social and educational sectors.

WHO has developed, and is continuing to develop, guidance on how to prevent the onset of all substance use, including tobacco, alcohol and drugs.

Persons with substance use disorders deserve the same level of care as patients with any other disease or health condition. Health services need to be available for the identification and treatment of drug use disorders and associated health conditions. Such services should include programmes for screening and early identification, brief interventions for non-dependent drug use disorders, and comprehensive treatment for the management of dependence (including psychosocial support, opioid maintenance therapy for the treatment of opioid dependence, and the management of associated health problems such as HIV, tuberculosis, hepatitis and overdose). Various WHO programmes are undertaking work in each of these areas.

The UNODC-WHO Programme on Drug Dependence Treatment and Care is a long-term collaborative effort of WHO and UNODC to support the development of comprehensive, integrated health-based approaches to drug policies that can reduce demand for illicit substances, relieve suffering and decrease drug-related harm to individuals, families, communities and societies. This 9 long-standing collaboration on drug dependence treatment and care has resulted in joint activities in more than 15 countries during 5 years. The UNODC-WHO Programme on Drug Dependence Treatment and Care is closely linked to the Mental Health Gap Action Programme (mhGAP), which was set up by WHO in November 2008 to identify strategies for scaling up care for mental, neurological and substance use disorders. This includes disorders due to illicit drug use as one of eight priority conditions.

In 2014 UNESCO, UNODC and WHO began an inclusive consultative process involving researchers, policy-makers and practitioners from the education and school health-service sectors, governmental and nongovernmental groups, and other global and regional organizations. This international consultative process will consider how to provide national education and public health stakeholders with the best available evidence and standards in preventing and addressing substance use among young people.

Although research continues to show an increased risk of road traffic crashes among persons who drive under the influence of psychoactive drugs, there are still several knowledge gaps, especially regarding the global extent of the problem. WHO has initiated a technical consultation on Drug Use

and Road Safety to review current evidence on, and policy responses to, drug use and driving with the aim of developing recommendations on public health responses and global action that will move forward public health-oriented action on drugs and road safety globally.

Several guiding documents on these issues have been produced by WHO to facilitate early identification and effective management of drug use disorders and associated conditions.

6.2 Prevention and treatment of blood-borne infections including HIV

WHO provides guidance on evidence-based public health approaches to HIV, tuberculosis, viral hepatitis and injecting drug use. The focus of this area of work is on injecting drug use as a major risk factor for these comorbidities.

The WHO, UNODC, UNAIDS *Technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users (10)* (2012 revision) defines a comprehensive package of harm reduction interventions that countries should implement in order to address HIV and injecting drug use. The interventions include: needle and syringe programmes; opioid substitution therapy for the treatment of opioid dependence; prevention, testing, counselling and treatment of HIV, other sexually transmitted infections, viral hepatitis and tuberculosis; and mental health and social welfare services. Since its first publication in 2009, this comprehensive package of interventions has been endorsed widely – by WHO, the United Nations General Assembly *(11)*, the United Nations Economic and Social Council *(12)*, the United Nations Commission on Narcotic Drugs *(13)*, the UNAIDS Programme Coordinating Board *(14)*, the Global Fund to Fight AIDS, Tuberculosis and Malaria *(15)* and the United States President's Emergency Plan for AIDS Relief (PEPFAR) *(16)*.

In addition to this comprehensive package of health-care interventions, WHO recommends the creation of an enabling environment to address structural barriers to the implementation of policies and access to health services. Enabling measures include supportive legislation, policy and financial commitment, considering alternatives to punishment for behaviours such as drug use (in full compliance with the international drug control conventions), addressing stigma and discrimination (in the health sector and beyond), community empowerment, and addressing violence against people from key populations *(17)*. 10 WHO has programmes addressing health in prisons and has published guidance documents together with UNAIDS and/or UNODC. These programmes deal with the different dimensions of health issues in prisons. Prevalence of HIV and other bloodborne diseases is higher among prison populations than in the general population. Combined with the sharing of needles and syringes, this makes prisons a high-risk environment for HIV, hepatitis B and hepatitis C transmission and for multidrug-resistant tuberculosis.

WHO recommends that harm reduction and other health services should be provided in prisons, detention centres and other closed settings, and should be equivalent in scope and quality to services provided in the general community. Inside prisons, preventive measures such as access to sterile injecting equipment and opioid substitution therapy programmes are particularly important for containing bloodborne infections and other adverse events, including drug-related deaths. Other

health services that should be accessible for prisoners include comprehensive condom programmes, HIV-testing and counselling, HIV care and antiretroviral therapy, and tuberculosis infection control.

Several guidance documents on these issues have been produced by WHO, including some in cooperation with other United Nations organizations such as UNODC and UNAIDS.

6. 3 Improved access to controlled medicines

Controlling psychoactive substances and giving patients access to essential medicines which are under international control is a balancing act.

In 2005 the World Health Assembly adopted resolution WHA 58.22 on cancer prevention and control. Subsequently WHO, together with the INCB, assessed the feasibility and relevance of a programme to assist countries in improving access to controlled medicines. As a result, WHO established the Access to Controlled Medicines Programme (ACMP). Through the ACMP, WHO promotes access to medicines under international control and supports countries in making their drug control policies balanced, on the basis of the principle that policies should facilitate access to needed medicines while preventing nonmedical use and the diversion of controlled substances. WHO policy guidance on ensuring such balance provides numerous possibilities for improving patient access without increasing risks of nonmedical or harmful use.

The WHO Model Lists of Essential Medicines are regularly updated using an evidence-based selection approach. The Model Lists serve as a basis for the development and review of national essential medicines lists by countries. At the last review of the WHO Model Lists, an evidence-based approach was used to create special sections on pain management, treatment of mental and neurological disorders and management of substance dependence, including the use of controlled medicines. Effective selection of essential medicines is important for achieving improved access to medicines.

In May 2014, the Sixty-seventh World Health Assembly adopted resolution WHA67.19 on “Strengthening of palliative care as a component of comprehensive care throughout the life course”. This provides strong support to WHO’s work at global and country levels for improving access to, and use of, medicines for palliative care.

As part of its normative role, WHO is developing policy and treatment guidelines for pain management. The Organization assists countries to improve access to controlled medicines, including through review of legislation and policies and through assessing and addressing barriers to the accessibility of these medicines. WHO is also part of a multi-partner project on Access to Opioid 11Medications in Europe (ATOME) (2009–2014), funded by the European Commission and conducted in 12 European countries.

WHO, the Union for International Cancer Control (UICC) and UNODC are carrying out a joint global programme on access to controlled drugs for medical purposes with the objective of coordinating a worldwide response by Member States to improving policies and procedures on access to controlled

medicines, particularly pain medication, for medical purposes. Activities have begun in selected countries. WHO is also collaborating with UNODC on revision of the Model Laws – in particular in relation to access to controlled drugs for medical purposes.

WHO and UNODC have ongoing collaboration to improve information-sharing and align data-collection methodologies on new psychoactive substances in order to ensure that sufficient reliable data are available to inform the review process of the WHO Expert Committee on Drug Dependence.

7. Monitoring and evaluation

The Joint Ministerial Statement of the 2014 high-level review by the CND of the implementation by Member States of the Political Declaration and Plan of Action to Counter the World Drug Problem highlighted the need to improve existing mechanisms for international cooperation and to foster the development of national monitoring systems and statistics in order to allow for the identification of current trends, institutional capacities and the effects of drug control measures.

Surveillance and monitoring of the health consequences of drug use and the nonmedical use of controlled medicines and the production and dissemination of related health statistics are core activities of WHO that are mandated by the Organization's Member States in the WHO Constitution. WHO programmes compile and disseminate a broad range of statistics that play a key role in advocacy for health issues and that support the monitoring and evaluation of health programmes.

To monitor societal responses to substance use disorders, WHO's Global Health Observatory includes the "Global Information System on Resources for the Prevention and Treatment of Substance Use Disorders" that maps and monitors country-level health system responses to health problems due to drug use.

WHO has published data on the adequacy of the consumption of opioid analgesics by country, WHO region and globally for 2006 *(5)* and 2010 *(18,19,20,21,22)*. Together with a number of nongovernmental organizations, WHO has worked on a global inventory of barriers to opioid analgesic use in the Global Opioid Policy Initiative (GOPI) project. Pharmacovigilance data is collected on a regular basis by the WHO Collaborating Centre for International Drug Monitoring in Uppsala, Sweden. These data are used to monitor trends in adverse medicines reactions and to inform the psychoactive substances review process by the WHO Expert Committee on Drug Dependence.

WHO, in collaboration with UNODC, UNAIDS, the World Bank and other partners, provides guidance to countries on setting targets for the implementation of harm reduction services, and collects and analyses data on the availability and coverage of key health services.

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