



# **DRUGS: GLOBAL HARM REDUCTION IN ACTION**

**EURO/ EMRO**

**REGIONAL GUIDE**

**2021 REGIONAL  
CONFERENCE**

University of Oklahoma

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# INTRODUCTION

Harm reduction is gaining acceptance as a strategic approach in the Eastern Mediterranean Region (EMR). After the pioneer large scale harm reduction programme implemented in the Islamic Republic of Iran, OST and NSP are implemented at smaller scales in Afghanistan, Lebanon and Morocco. Other countries have implemented NSP and are exploring means to introduce OST. At the political level, all the Ministers of Health of the EMR countries have unanimously adopted 3 resolutions related to harm reduction in their 52nd and 56th Regional Committee meetings. These resolutions urge member states to introduce and scale up harm reduction as measures for preventing HIV and viral hepatitis as well as for controlling substance dependence. through adopting resolutions in that regard during the 52nd Session of the WHO Regional Committee.

Countries in the Eastern Mediterranean Region include: Afghanistan, Bahrain, Djibouti, Egypt, Islamic Republic of Iran, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Pakistan, Palestine, Qatar, Saudi Arabia, Somalia, Sudan, Syrian Arab Republic, Tunisia, United Arab Emirates, and Yemen.

Drug use is a prevalent problem in the EURO region. Data on share of population with drug use disorders and death rate from various illicit drugs indicates that the eastern EURO region, the UK, and Scandinavia suffer more from drug use disorders and overdose compared to most of the world. The rest of the EURO region has relatively similar rates compared to the rest of the world. Russia, in particular, has the highest rates of the EURO region in most data categories. The negative side effects of drugs are not the only consequences of drug use.

The EURO Region consists of 53 countries on the Eurasian landmass and in the Mediterranean basin. It is composed of Europe, Russia, Israel, Kazakhstan, Kyrgyzstan, and Tajikistan. It is a region with a massive diversity of languages, cultures, and public health challenges to be overcome.

As a delegate in the World Health Assembly, your role is to identify the most pressing health issues and develop sustainable solutions to harm reduction caused by substance abuse.



# MENTAL HEALTH

The term mental health and psychosocial support describes any type of support that aims to protect or promote psychosocial well-being and/or prevent or treat a mental disorder. WHO's Eastern Mediterranean Region is host to some of the world's biggest emergencies and protracted crises. Ongoing political conflict in a number of countries in the Region has resulted in increased population movement due to forced displacement and migration. Countries neighboring those in conflict are also severely affected by the large numbers of displaced people seeking refuge there. Conflict impacts the health of displaced populations and their host communities and increases the need for mental health services. However, the limited availability of mental health specialists, shortages in psychotropic medicines and overall disruption to health systems in emergencies are creating barriers to people accessing services where they are most needed.

Mental disorders are one of the most significant public health challenges in the WHO European Region, as they are the leading cause of disability and the third leading cause of overall disease burden. With mental disorders being so prevalent, it is understandable that nearly all the countries in the EURO region had a stand-alone or integrated mental health policy or plan as of 2017. The most common mental disorders in the region are depression and anxiety. In high-income countries, there is a well-established link between alcohol use disorders and depression. In the WHO European Region, alcohol is the most commonly used psychoactive substance. Tobacco is used twice as commonly among those with mental health conditions as in the general population. Finding a way to reduce drug abuse can therefore lead to less mental disorders.



# PHARMACEUTICAL INNOVATION

Europe's pharmaceutical industry is steadily growing and contributes much to the market but is steadily being outgrown by other regions. Out of the €755 billion (\$852 million) global pharmaceutical market in 2017, North America accounted for 48.1% of sales compared to 22.2% in Europe, 7.7% in Japan, 5.1% in Latin America and 17% for Asia, Africa and Australia. There has been rapid growth in the market and research environment in emerging economies such as Brazil, China and India, leading to a gradual migration of economic and research activities from Europe to these fast-growing markets.

Intellectual property rights granted to promote scientific innovation are one cause of the high prices of medicines. In high-income countries, 60% of research and development investment is from the private sector and 40% is from public and non-profit-making sources. However, for diseases that heavily affect the poor, the public sector provides approximately two thirds of research and development investment and the private sector only finances about 10% of research into these diseases.



# ESSENTIAL MEDICINE

The WHO essential medicines and pharmaceutical policies program works with member states to improve equitable access to affordable medicines of assured quality. It aims to ensure that medicines are prescribed and used appropriately. The objectives of the program in the Eastern Mediterranean & European Regions include:

- conducting national pharmaceutical sector studies and developing guidelines
- advising on the development of national medicines policy and intellectual property rights
- developing and reviewing national essential medicine lists and national formularies
- strengthening national medicines procurement, storage and supply systems
- regulating the retail sale of medicines
- strengthening the role of national drug regulatory authorities and quality control laboratories
- promoting regional initiatives for pharmacovigilance and ensuring safety of medicines.

Medicines are not affordable for those who need them in many low- or middle-income countries, and many new medicines are too expensive even for the health systems of high-income countries. Pharmaceuticals are the main contributor to out-of-pocket health payments in the European Region. Improving access to and addressing shortages of medicines are crucial for the management of infectious diseases such as HIV, tuberculosis and viral hepatitis, among others. Ensuring that quality essential medicines and health technologies are available in sufficient quantities and affordable to the population requires functioning regulatory and procurement systems as well as legal provisions for universal health coverage, governance and efficient management of resources. Improving access to medical products will further require tackling common barriers to access which can be financial, geographical, organizational, and sociological.



# LEGALITY OF SUBSTANCES

According to the WHO ATLAS globally 3.5%–5.7% of 15–64 year olds reportedly use illicit drugs. Between 10% and 15% of these people are estimated to develop dependence or a pattern of harmful use. In the Eastern Mediterranean Region prevalence of drug use disorders is estimated to be 3500 per 100 000 population and that of injecting drug use is 172 per 100 000 accounting for a loss of 4 disability-adjusted life years (DALYs) and 9 deaths per 1000 population, compared with the loss of 2 DALYs and 4 deaths per 1000 population globally.

The WHO mental health and substance abuse programme provides technical support to Member States to develop evidence-informed policies, plans and legislation; promote the most effective prevention, care and treatment services for substance use disorders, including long-term maintenance programmes which replace opioids with opioid-like (or agonist) substances, and integrate these services into primary care health systems.

The laws regulating the use and possession for use of drugs vary from one EU country to another. This results in varied national drug policies ranging from Sweden's strict enforcement to Portugal's decriminalization. Over the last five years, similar laws and guidelines have been emerging from EU countries showing more lenient measures towards personal drug use. Police action against illicit use and possession of drugs, although differing within and between countries, is generally increasing in the EU. Prosecutors in most EU countries now lean towards non-criminal sanctions for drug use and possession offences but firm action, including imprisonment, is still the usual outcome for addicts who sell drugs or commit property crime, especially when they are reoffenders. Solutions for drug abuse should involve a partnership between justice and health authorities. Research has shown that it can be cost-effective in reducing relapses into crime and drug abuse.



Ukraine has used laws to combat the widespread use of tobacco, cigarettes in particular. In the period of 2008–2018, the Ukrainian Government increased the average excise tax on cigarettes from 0.58 to 15.5 Ukrainian hryvnia (UAH) per pack, resulting in a 12-fold increase in tobacco

# VULNERABLE POPULATIONS

The WHO recognizes that the health of women and girls is of particular concern because, in many societies, they are disadvantaged by discrimination rooted in sociocultural factors. Violence can negatively affect women's physical, mental, sexual, and reproductive health, and may increase the risk of disordered substance use among women. Women with substance use disorders are twice as likely to have been imprisoned for a drug offence as incarcerated men. Similarly, HIV prevalence is higher among incarcerated women in the region. Women who use drugs can face substantial barriers to accessing services, including HIV services. Serious attention should be paid to implementation of non-custodial sentences for women, particularly during pregnancy and those with young children.

In Western and Central Europe, men are two to three times more likely than women to use drugs. In some European countries for which data was available, the non-medical use of tranquilizers is higher among women than men on average. Trafficking is one way in which women can become involved with drugs. In Europe, groups from Turkey or the Balkan countries are known to be involved in trafficking in drugs, trafficking in persons and trafficking in women for the purposes of sexual exploitation. Similarly, in Belgium, groups from Albania use local "madams" to control women who have been trafficked for sexual exploitation and to ensure that they carry drugs. The organized crime group Solntsevskaya, from the Russian Federation, has also played a major role in trafficking in drugs and persons from the former States of the Soviet Union into Eastern Europe. From 2012 to 2016, the largest numbers of women brought into contact with the criminal justice system for drug trafficking offences were reported in East and South-East Asia and Western and Central and Eastern Europe.







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