



DRUGS: GLOBAL HARM REDUCTION IN ACTION

WPRO/ SEARO REGIONAL GUIDE

**2021 REGIONAL
CONFERENCE**

University of Oklahoma

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INTRODUCTION

The Western Pacific Region and South East Asia Region include 48 member countries, seven time zones, and more than one fourth of the world's population. Much growth has taken place in terms of health outcomes and harm reduction, yet significant challenges remain.

The WPRO/SEARO region is advancing in terms of harm reduction and drug policy. At the Internal Capital Adequacy Assessment Process in 2009, the WHO Regional office for South East Asia and WHO Regional Office for the Western Pacific Region, among other groups, came together to showcase a symposium on expanding harm reduction services towards universal access in Asia with an emphasis on models of good practice. This session presented innovative work to solidify and grow harm reduction services, including active involvement of drug users in policy making processes. This session serves as an internationally recognized example for global collaboration in overcoming barriers to implementation of harm reduction programs.

However, countries of the WPRO/SEARO region continue to face significant challenges in the field of harm reduction. Over half of the world's opiate-using populations are in Asia, and an estimated 30% of people who inject drugs in South and South East Asia are HIV positive. Efforts such as establishment and growing of needle and syringe programs, methadone maintenance treatment, education programs, and sufficient care for people who inject drugs are essential for combating the evolving HIV epidemic that continues to evolve in most Asia Pacific countries.

As a delegate in the World Health Assembly, your role is to identify the most pressing health issues related to harm reduction and develop sustainable solutions to prevent drug-related deaths for a better community of worldwide collaboration and support.



MENTAL HEALTH

The World Health Organization recognizes mental health conditions as significant risk factors for opioid overdose. Mental health conditions are rising globally, with a 13% increase in mental health conditions and substance use disorders taking place from 2010 to 2017. Approximately 10% of all children and adolescents globally have a mental health condition, and about 1 in 5 people in post-conflict settings have one. People with mental health conditions often experience human rights violations, discrimination, stigma, and inequalities in access to quality care, which means that limited populations are able to receive proper treatment. Mental health challenges are closely linked to substance abuse disorders, as more than 1 in 4 adults with serious mental health conditions also experiences substance abuse disorders. One of the most important issues surrounding mental health and substance use disorders is accessibility of treatment, particularly in nations with largely rural populations. In addition, education programs about symptoms of mental health conditions and signs of substance use disorders are essential in preventing the worsening of such health challenges. Strengthening global understanding of mental health and providing people access to proper care can greatly help reduce rates of overdose and suicide.

The 2013 “Comprehensive Mental Health Action Plan for 2013-2020” from the World Health Assembly supports the goal of strengthening and promoting mental health. This plan emphasizes protection and promotion of human rights, empowering civil society, and improving community-based care, all of which are of utmost importance in the WPRO/SEARO region. More specifically, the plan centers around promoting mental well-being, preventing mental disorders, providing holistic care, and reducing mortality for persons with mental disorders. Addressing substance use disorders and overdose is essential when considering mortality for those with mental disorders, as these often go hand in hand.



PHARMACEUTICAL INNOVATION

As countries in the WPRO & SEARO regions continue to combat the spread of COVID-19, distribution of the vaccine has proven to be a challenge. With scarcity in the global vaccine supply requiring distribution to focus on countries experiencing large scale outbreaks, countries in this region that initially successfully suppressed the virus were not prioritized. In early August, all countries in the WPRO region had received enough doses to protect all healthcare workers, and distributing vaccines to priority groups, such as older and immunocompromised people, is the next challenge. The Delta variant contributes additional urgency to this task, as over 160 countries, territories, and areas have reported cases of the Delta. The best way to prevent the spread of Delta is with the use of all available tools, including vaccines and public health and social measures.

Global collaboration is essential in promoting equitable distribution of vaccine resources. For instance, the United States has partnered with the Covid-19 Vaccines Global Access (COVAX) facility in the Philippines to support distribution of the vaccine throughout the country. On October 7, 2021, an additional 5,575,050 vaccines were delivered, which has contributed to the overall delivery of over 21.6 million vaccine doses to the Philippines via COVAX. These vaccinations will help to limit the spread of COVID-19 throughout the country, and their arrival marks a significant moment of international cooperation.



ESSENTIAL MEDICINE

Although access to essential medicines has improved substantially in the last decade in the SEARO/WPRO region, availability continues to be lower in the public sector than in the private sector. In addition, availability is lower in health centers than in hospitals and is more of a problem for medicines for noncommunicable diseases than for those for communicable diseases. Paying out of pocket for medications is the primary force behind impoverishment due to healthcare spending in the SEARO region, and it affects at least 65 million people, especially when they are sick. Possible changes to be implemented for improving access to medicines include expansion of production, improvement of drug formulations so they can more easily reach wider populations, improved procurement and pricing policies, improvement of distribution to rural areas, and development of effective strategies to protect patients from financial burdens. For improvement of medication prices, greater transparency of information on price and inclusion of more recently developed medicines in national lists of essential medicines are key. Effective regulation is also important for ensuring quality and safety of generic and patented medications. Education about rational use of medicines and the function of antibiotics are also helpful for supporting equitable access to essential medicines⁸.

One example of inequities in access to essential medicines is the distribution of medicines throughout Malaysia. Although the nation as a whole demonstrates an average availability of key medicines in public health clinics of 95.4% and an average availability of key medicines in the public district drug stores of 89.2%, the average availability of essential medicines in certain rural regions drops to less than 80%. These statistics emphasize how access to essential medicines is variable across regions and even within countries.



LEGALITY OF SUBSTANCES

In some countries, policies determining certain substances as illegal serve to establish systems of mass incarceration focused less on rehabilitation and more on systems that prove harmful to those imprisoned or fined for use of illegal substances. 386.5 million adult smokers reside in the WPRO region, and nearly half of adult men are current tobacco smokers. Tobacco use is one of the world's leading preventable causes of death, and it is also a preventable risk factor of noncommunicable diseases like cancer, lung diseases, and heart diseases. Tobacco kills up to half of its users, and over 8 million people die each year as a direct result of tobacco use. Other drugs, such as various opioids, also are the cause of high rates of death annually, largely due to overdose or diseases directly resulting from use. Education and rehabilitation programs are essential for supporting public health efforts and preventing detrimental health effects from drugs. Altering the legality of substances is another tool often employed in harm reduction.

Smoke-free legislation and policies in the WPRO region aim to provide for and promote smoke-free environments. In July 2007, the WHO FCTC Conference of the Parties (COP) adopted guidelines leading to implementation of Article 8 of the WHO FCTC, which centered around protection from exposure to tobacco smoke. Such guidelines worked to prevent negative effects on health from second-hand tobacco smoke. Penalties for people failing to comply with strong guidelines include significant fees, administrative sanctions, and sometimes criminal penalties like prison time. The involvement of communities to enhance local support and increase awareness is also essential for ensuring equitable enforcement of legislation altering the legality of substances¹¹. As long as enforcement of such policies is just and equitable, strict guidelines about the legality of substances can help to decrease use of substances and curb negative effects of substances on health within a region.



VULNERABLE POPULATIONS

Drug abuse causes a myriad of stressors within a community, including financial instability, ignored responsibilities, lack of stability, and a sense of hopelessness. The number of women abusing drugs in the SEARO/WPRO region is increasing, as it ranges up to 17% of lifetime abusers. In addition, women who use drugs are often more marginalized from society than men. In addition, drug use in men often results in damaging behaviors towards women. For instance, in the SEARO/WPRO region, a 2009 survey revealed that 36% of addicts manifested unwanted behavior and over 80% of addicts indulged in domestic violence. Substance use disorders among other members of a community result in deterioration of women's health. In addition, women who use drugs may face greater difficulties in accessing educational and health resources to support them in gaining control over their situations. In addition, gender norms in some countries discourage and prevent the use of sexual and reproductive health services by unmarried young women. As a result, adolescent girls face barriers limiting access to healthcare for diseases, such as HIV, that can be spread through unsanitary drug use practices.

In 2019, Myanmar launched its first National Sexual and Reproductive Health and Rights Policy, which advanced efforts to expand the coverage of services, promoting high quality of care, and urging reform of laws, policies, and practices to make sexual and reproductive health and rights equitable for all people. This policy was designed to help overcome challenges like high rates of maternal mortality, unmet contraceptive needs, widespread gender-based violence, and illegal and unsafe abortions. This policy also provided technical assistance to the Maternal and Reproductive Health Division from 2015 to 2017. Through similar policy encouraging accessible educational and health tools for women, substance use disorders and diseases stemming from misuse of drugs can be curbed throughout the SEARO/WPRO region and around the world.





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