

alcohol &  
drugs

# ATLAS on substance use (2010)

Resources for the prevention and treatment  
of substance use disorders



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# FOREWORD

The global burden of disease attributable to alcohol and illicit drug use is significant by any measure; it amounts to 5.4% of the total burden of disease, according to the latest WHO estimates (WHO, 2009a). Another 3.7% of the global burden of disease is attributable to tobacco use. And disorders due to psychoactive substance use – including alcohol, drug and tobacco dependence – are the main underlying conditions ultimately responsible for the largest proportion of the global burden of disease attributable to substance use.

Effective strategies and interventions exist to prevent and treat substance use disorders. However, effective implementation of such strategies and interventions relies on several health system levels, including policy frameworks, the organization of prevention and treatment systems, and provision of prevention and treatment interventions in health care and other settings.

WHO's key functions include monitoring health situations and assessing trends. In recent years the WHO Department of Mental Health and Substance Abuse has produced a series of ATLAS reports on global resources for mental health and neurological conditions. The WHO project ATLAS-SU used a similar methodology to collect, compile and disseminate information from countries on resources that are available for the prevention and treatment of substance use disorders. This report has been developed on the basis of that information and provides a general overview of the availability and organization of prevention and treatment services for substance use disorders around the world, with particular focus on low- and middle-income countries.

The data presented in this report indicate that mental health services are the main providers of treatment for substance use disorders in less-resourced countries. In high-income countries, specialized services play a significant role in service provision for substance use disorders through a broad range of providers. Specialized services are important for consolidating and developing expertise and human resources, but improving the health and well-being of persons with substance use disorders – and their families – requires easily accessible and affordable services for those in need. Besides, in many less-resourced countries, specialization for health professionals in substance use disorders or addiction medicine is not available, or is available on only a very limited scale. In view of this situation, the most feasible way to improve coverage of treatment is to integrate prevention and treatment services for substance use disorders into health and social welfare systems, to make them available and implement them routinely in primary health care and other non-specialized settings as well as in the criminal justice system, and to ensure an appropriate provision of treatment or referral to treatment at different points of entry into the health and social care systems.

Recent initiatives and programmes of WHO, such as the mhGAP programme (WHO, 2008) and the development of the *mhGAP intervention guide for mental, neurological and substance use disorders in non-specialized health settings* (WHO, 2010), or the Joint UNODC-WHO programme on drug dependence treatment and care (UNODC/WHO, 2009),

are expected to improve the coverage and quality of prevention and treatment interventions for substance use disorders in low- and middle-income countries. They are also expected to contribute to bridging the gap between population needs and available services, particularly in health care systems.

Improving the coverage and quality of prevention and treatment interventions for substance use disorders requires well-developed and well-governed health care systems, properly educated and trained human resources, financial resources that are commensurate with population needs, supportive policy and legislative frameworks, and the availability of appropriate essential medicines. This publication is WHO's first attempt to cover all these areas at global level with information collected from 147 countries from around the world, representing 88% of the world population.

The data presented in this report are based on results of the questionnaire survey of focal points identified in WHO Member States, and on the efforts of WHO staff to ensure validity of data. There are many challenges in collecting and presenting this type of information, from the boundaries of prevention and treatment systems in different countries to ensuring a common understanding of the terms and concepts used in the data collection tools. It is acknowledged that these challenges result in limitations to the presented data. However, the focus of the report is on presenting an overall picture of available resources for treatment and prevention of substance use disorders globally, in WHO regions, and in groups of countries with different levels of economic development. In each subsequent round of data collection, all efforts will be made to improve the validity and comparability of the data so that trends can be monitored in the development of prevention and treatment resources for substance use disorders around the world. We hope that this report will be useful to a wide range of stakeholders, particularly those engaged in international efforts to improve the prevention and treatment of substance use disorders in low- and middle-income countries.

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