Annex 3

List of legislation reviewed

Afghanistan

Algeria
Executive Decree No. 92-151 of 14 April 1992 establishing the National Commission for the Control of Dependence Producing Drugs and Drug Dependence [IDHL, 1993, 44 (2)].

Argentina
Section 9 of Law No. 20,771 of 9 October 1974.


Australia (Australian Capital Territory)
The Drugs of Dependence Ordinance 1989 [IDHL, 1990, 41 (3)].

Australia (New South Wales)
Intoxicated Persons Act.

Mental Health Act.

Australia (Queensland)


Austria

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1 Much of the legislation listed here is not included in Annex 2. For the sake of concision, *International digest of health legislation* has been abbreviated throughout to IDHL. Similarly, United Nations Document Series E/NL has been abbreviated to E/NL.


Decree of 14 September 1981 of the Federal Minister of Health and Environmental Protection on Drug-Addiction Counselling.

Federal Chancellery Regulation GZ 61.51/14-VI/14/87 of 25 September 1987, as amended by Regulation GZ 61.551/20-VI/A/7a/90 of 8 January 1991 concerning oral substitution therapy for intravenous drug addicts, in conformity with the provisions of Section 5 of the Narcotics Law.


**Bahrain**

State of Bahrain Centres of Health Psychiatric Hospital, Working Policy for Drug and Alcohol Unit, dated 1 July 1987.


Decretal Law No. 4 of 1973 On Controlling The Use And Circulation of Narcotic Substances And Preparations, dated 27 February 1973 [E/NL. 1985/2].

**Bangladesh**


**Belize**

The Misuse of Drugs Act, 1990 [IDHL, 1991, 42 (3)].

**Belgium**

Order of 12 October 1988 of the Flemish Executive on the authorization of mental health services and on the granting of subsidies to such services [IDHL, 1992, 43 (3)].
Bolivia


Supreme Decree No. 22099 of 28 December 1988 [IDHL, 1994, 45 (2)].

Supreme Decree No. 23015 of 20 December 1991 [IDHL, 1994, 45 (2)].

Brazil
Law No. 6368 of 21 October 1976 enacting measures for the prevention and suppression of illicit traffic in and abuse of narcotic drugs or substances that cause physical or psychic dependence and other provisions.

Brazil (Rio Grande do Sul).

Canada (Federal)
The Canadian Centre on Substance Abuse Act [IDHL, 1989, 40 (3)].

The Controlled Drugs and Substances Act of 20 June 1996, An Act (Chapter 19) respecting the control of certain drugs, their precursors and other substances and to amend certain other acts and repeal the Narcotic Control Act [IDHL, 1996, 47 (4)].

Canada (Alberta).

Canada (British Columbia)
Heroin Treatment Act, 1979 (Chapter 166 of the Revised Statutes of British Columbia).

Canada (Nova Scotia)
Narcotic Drug Addicts Act, dated 1924.

Canada (Prince Edward Island)
Cape Verde
Regulation governing the Commission for Coordinating the Fight Against Drugs [E/NL 90/9, dated 29 May 1990; IDHL, 1992, 43 (3)].

Chile


Act No. 18.403 of 14 February 1985 Punishing the Illicit Traffic in Narcotic Drugs and Repealing Act No. 17.934 [E/NL. 1986/34].

Decree No. 2298 of 10 October 1995 [Adopting Regulations On Establishments That Provide Rehabilitation For Persons Dependent On Psychoactive Substances Through Community Care [IDHL, 1998, 49 (2)]]

China
Pharmaceutical Administration Law of the People's Republic of China, adopted at the Seventh Meeting of the Standing Committee of the Sixth National Peoples Congress, promulgated by Order No. 18 of the President of the People's Republic of China on 20 September 1984, and effective as of 1 July 1985.

Measures for the Control of Narcotic Drugs (promulgated by the State Council of the People's Republic of China on 28 November 1987).

Measures for the Implementation of the Pharmaceutical Administration Law of the Peoples Republic of China (approved by the State Council on 7 January 1989 and promulgated by the Ministry of Public Health by Decree No. 1 on 27 February 1989).

Measures for the Control of Psychotropic Drugs (approved by the twenty-fifth Executive Meeting of the State Council on 15 November 1988 and promulgated by Decree No. 24 of the State Council of the People's Republic of China on 27 December 1988 and effective as of the date of promulgation).

Resolution of the Standing Committee on the National People's Congress Concerning Prohibition Against Narcotic Drugs, 1990.


Decision of the Standing Committee of The National People's Congress on Drug Ban.
Basic Law of the Hong Kong Special Administration Region of the People’s Republic of China, dated 4 April, 1990


**China (Hong Kong Special Administrative Region)**

**Dangerous Drugs (Amendment) Ordinance 1981.**


Drug Addicts Treatment and Rehabilitation Ordinance (Chapter 326 of the Revised Edition 1989 Ordinance No. 34 of 1960).

*The Hong Kong Bill of Rights Ordinance 1991 [(IDHL, 1991, 42 (4)].*


Drug Addiction Treatment Centres Regulations (Chapter 244 of the Subsidiary Legislation as amended to 4 December 1992).


*The Dangerous Drugs (Amendment) Regulation 1996 of 7 May 1997 [(IDHL, 1996, 47 (4)].*

**China (Macao Special Administrative Region)**


**Colombia**

Law 30 of 1986 (31 January) Adopting the National Narcotic Drugs Statute and enacting other provisions [E/NL. 1986/12].

Decree No. 3788 of 31 December 1986 Regulating Law No. 30 of 1986 (31 January) Adopting the National Narcotic Drugs Statute and enacting other provisions [E/NL. 1987/70].

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**Congo**


**Costa Rica**

Decree No. 17659-5 of 29 July 1987 promulgating General Regulations on the Institute on Alcoholism and Drug Dependence [IDHL, 1988, 39 (1)].

Decree No. 19407-S of 20 December 1989 [IDHL, 1992, 43 (3)].

Law No. 7233 Governing Narcotic Drugs, Psychotropic Substances, Drugs of Unauthorized Use and Related Activities [E/NL. 1991/29].

**Côte d'Ivoire**

Decree No. 88-1095 of 23 November 1988 prescribing the organization of the Ministry responsible for Drug Control [IDHL, 1989, 40 (4)].

**Cyprus**

The Narcotics Drugs and Psychotropic Substances Law, 1977.

**Czech Republic**

Law of 28 March 1989 on the Protection Against Alcoholism and Other Toxicomania.


**Denmark**

Law No. 349 of 14 May 1992 on the detention of drug-dependent persons undergoing treatment [IDHL, 1993, 44 (1)].


Law No. 482 of 1 July 1998 on patients rights [IDHL, 1999, 50 (1)]

**Dominica**

Ecuador
Order No. 5238 of the Minister of Public Health of 7 May 1990
[IDHL, 1994, 45 (2)] [provides for the establishment of the Action Group on Mental Health, Alcoholism and Drug Dependence].

Law No. 108 of 7 August 1990 on Narcotics and Psychotropic Substances.

Regulations No. 2145A of 29 January 1991 for the application of Law No. 108 of 7 August 1990 on Narcotics and Psychotropic Substances
[IDHL, 1992, 43 (2); E/NL. 1991/63].

Egypt

Finland
Narcotics Ordinance (No. 282) of 15 April 1981 [IDHL, 33 (3)].


Law No. 556 of 9 June 1989 on the National Register of Persons for Health Care Purposes; [IDHL, 1990, 41 (3)].


Law of 17 August 1992 on the status and rights of patients [IDHL, 1992, 43 (4)].

Act on the Rehabilitation Allowance.

France
Law No. 70-1320 of 31 December 1970, as amended, relating to the health measures for the control of drug dependence and the suppression of traffic in, and illicit use of, poisons.

Circular of 24 November 1983 on the preparation of national, regional and departmental health information and education campaigns, designed to provide enhanced protection against the hazards entailed by the excessive consumption of beverages containing alcohol [IDHL, 1984, 35 (3)].

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Circular of 12 May 1987 [concerns cooperation between the judiciary, health and social authorities for the application of Law No. 70-1320 of 31 December 1970].

Circular DGS/1555/2 D of 4 December 1987 on families acting as hosts for drug-dependent persons [IDHL, 1988, 39 (3)].

Law No. 1729 of 3 August 1987 on the control of traffic in narcotics and the protection of adolescents and laying down other provisions [IDHL, 1988, 39 (3)].

Law No. 87-1157 of 31 December 1987 on the suppression of traffic in narcotics and amending certain provisions of the Penal Code [IDHL, 1989, 40 (1)].


Order of 30 June 1989 on the establishment of a statistical database providing indirect personalized data on drug-dependent persons seeking assistance from the care system [IDHL, 1991, 42 (2)].

Decree No. 89-560 of 11 August 1989 amending Decree No. 72-200 of 13 March 1972 regulating trade in and the importation of syringes and needles for parenteral injections [IDHL, 1990, 41 (2)].


Order on the establishment of a statistical data base providing indirect personalized data on drug dependent persons seeking assistance from the care system [IDHL, 1991, 42 (2)].


Decree of 23 July 1992 setting the model of the type of article related to specialized treatment centres for substance-abusers of associative status.

Decree of 26 August 1992 setting the model of the type of clause (article) related to specialized treatment centres for substance-abusers managed by a public health establishment.

Circular DGS/SD No. 56 of 6 October 1992 concerning Decree No. 92/590 of 29 June 1992 on specialized centres for the care of drug-dependent persons [IDHL, 1993, 44 (4)].


Circular No. CRIM.93-3/SDIC.15.02.1993, NOR.JUS.D.93-30007 C [this Circular refers to the Circular of 12 May 1987, noted above, and concerns the subject of therapeutic injunctions].

DGS Circular No. 45 of 17 June 1993 related to the reinforcement of State action in the area of HIV infection.

Order on family reception networks for drug-dependent persons run by officially recognized specialized centres for the care of drug-dependent persons. 18 August 1993 [IDHL, 1994, 45 (1)].

Decree of 18 August 1993 related to the networks of welcoming families for substance-abusers managed by national specialized treatment centres for substance-abusers.

Decree of 15 September 1993 setting the model of a conventional additional clause related to therapeutic specialized treatment centres for substance-abusers with an associative status.

Order of 7 March, 1995 on the conditions for implementing preventive activities to facilitate the availability of sterile syringes outside the pharmaceutical dispensing network. [IDHL, 1995, 46 (3)].

Circular DGS-DH No. 15 of 7 March 1994, on beds reserved for detoxification cures in hospital departments and the development of municipal/hospital networks for the management of drug-users.

Decree No. 96-350 of 24 April 1996 on the Inter-Ministerial Committee for the Control of Drugs and Drug Dependence and the Inter-Ministerial Mission for the Control of Drugs and Drug Dependence [IDHL, 1996, 47 (3)].

Decree No. 98-1229 of 29 December 1998 on the centres referred to in Article L.355-1-1 of the Public health Code [IDHL 1999, 50 (1)] [Outpatient Centres for treatment of alcohol dependence]
Decree No. 95-255 of March 1995 amending Decree No. 72-200 of 13 March 1972, regulating trade in and the impact of syringes and needles for potential injections, with a view to controlling the spread of drug dependence. [IDHL, 1995, 46 (3)].

Letter DGS-DIV-SIDA No. 95-1320 of 15 October 1995 on the prevention of AIDS in intravenous drug users and the recovery of used syringes [IDHL, 1996, 47 (2)].

Circular DAS/DH No. 96/239 of 3 April 1996 on policies with regard to the assumption of care of drug-dependent persons in 1996 [IDHL, 1996, 47 (4)].

**Germany**


Notice promulgating the revised version of the Narcotics Law of 1 March 1994. [IDHL,1994, 45 (2): 190] [notice issued by the Federal Minister for Health; a consolidated version of the Narcotics Law, incorporating all amendments, including those in a Law of 28 February 1994].

**Germany (Bavaria)**

Law on the hospitalization of the mentally ill and their care (Hospitalization Law) of 20 April 1982.

**Ghana**

The Narcotic Drugs (Control) Board Instrument, 1990, dated 17 October 1990 [IDHL, 1992, 43 (1)].

**Greece**

Law No. 1729 of 3 August 1987 on the control of traffic in narcotics and the protection of adolescents and laying down other provisions [IDHL, 1988, 39 (3)].

Decision No. A2b/ik.3981 of 7 October 1987 on counselling, support, and treatment programmes.

Decision No. A2b/ik. 3982 of 7 October 1987 laying down approved scientific criteria applicable to diagnosis of dependence.

Decision No. A2b/ik. 3984 of 7 October 1987 laying down the conditions applicable to the pharmacological test for the syndrome of withdrawal from drugs.

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Law No. 2161 of 26 August 1993.

**Hungary**
Instruction 7/1975 of the supreme prosecutor on the supervision of the lawfulness of the placement to psychiatric divisions, or alcohol detoxification divisions, and on the tasks of the prosecutor for ensuring the allowance for the child of the alcoholic or drug addicted person.


Resolution No. 1016 of 1 June 1983 of the Council of Ministers on the National Commission for the Control of Alcoholism [*IDHL*, 1984, 35 (2)].

Recommendation of 10 June 1985 of the National Commission for the Control of Alcoholism concerning works programmes aimed at promoting a healthy and sober lifestyle and limiting the consumption of alcoholic beverages [*IDHL*, 1986, 37 (2): 277].

Directive No. 30429 of 1986 of the Ministry of Health on the functions of chief medical officers in the field of alcoholism, responsible for the control of professional activities [*IDHL*, 1987, 38 (1)].

Act XI of 1991 on the National Public Health Service, as amended by Act LIII of 1998

Joint Ordinance No. 2 of 15 December 1988 of the Minister of Interior and Minister of Social Affairs and Health on the conveyance of drunken persons to a detoxification centre [*IDHL*, 1989, 40 (3)].


Penal Code [E/NL. 1980/11], Criminal Code, Amendments of 15 May 1993, adding Section 282 and Section 282A.


Act III of 1993 on the Social Administration and Social Care.

Law XX of 1996 on the identification methods and codes entering into effect instead of the personal identity numbers.

Government Decree 113/1996 on the licensing of health care services.

Government Decree 161/1996 on the licensing of operation of the social care institutes.

Act CLIV of 1997 on health care.

Decree 21/1998 of the Minister of Welfare on minimal professional conditions of the health care services.


Government Decree 187/1998 (XI.13) on implementation of the National Statistical Data Collection System.

Law XLVII of 1994 on the handling and protection of personal data in the health care.


India (Federal)

Narcotic Drugs and Psychotropic Substances (Execution of Bond by Convicts and Addicts) Rules, 1985.

Ministry of Finance (Department of Revenue) Notification No. S.O. 96(E), dated 17 March 1986.

The Mental Health Act, 1987. Act (No. 14 of 1987) to consolidate and amend the law relating to the treatment and care of mentally ill persons, to make better provision with respect to their property and affairs and for matters connected therewith or incidental thereto [IDHL, 1988, 39 (4)]

The Narcotic Drugs and Psychotropic Substances (Amendment) Act, 1988 (Act No. 2 of 1989) [E/NL. 1989/10].

An Act (No. 1 of 1996), assented 1 January 1996, to give effect to the Proclamation on the Full Participation and Equality of the People with Disabilities in the Asian and Pacific Region. [IDHL, 1999, 50 (1)]
India (Bihar)
Bihar Narcotic Drugs and Psychotropic Substances Rules, 1985.

Indonesia
Law No. 9 of 1976 on narcotics, [E/NL. 1980/31].

Iran (Islamic Republic of)

Iraq
Regulations No. 1 of 8 January 1981 on the Medical Centre for the Treatment of Alcoholism and Drug Dependence, Ibn Rushd Hospital.

Ireland
Mental Health Act, 1945.


Israel

Penal Law, as amended by the Dangerous Drugs Ordinance (Amendment No.3) Law, 5749-1989.

The Authority for the War Against Drugs Law, 1988 [IDHL, 1990, 41 (2)].

Italy

Law No. 135, of 5 June 1990, establishing a programme of urgent interventions for the prevention and control of AIDS [IDHL, 1991, 42 (1)].


Decree No. 444 of 30 November 1990 promulgating Regulations on the determination of the composition and the modalities governing the organization of drug-dependence service set up in local health units.
Italy (Marches)
Regional Law No. 30 of 6 August 1982 prescribing provisions for the prevention, treatment and rehabilitation of drug dependence and other forms of intoxication. [IDHL, 1983, 34 (3)].

Law No. 162 of 26 June 1990 updating, amending, and consolidating Law No. 685 of 22 December 1975 on the control of narcotics and psychotropic substances, and the prevention, treatment, and rehabilitation of associated cases of drug dependence. [IDHL 1991, 42 (1)].

Japan
The Mental Health Law (Law No. 123 of 1 May 1950), as amended [IDHL, 1989, 40 (2)].

Narcotics and Psychotropics Control Law (Law No. 14 of 17 March 1953), as amended.

Jordan
Law on Narcotic Drugs and Psychotropic Substances (Law No. 11) of 1988 [E/NL. 1990/1; IDHL, 1990, 41 (3)].

Kenya
The Mental Health Act, 1989 [IDHL, 1991, 42 (2)].

Kuwait
Law No. 74/1983 of 18 April 1983 on narcotics and their utilization and marketing.

Latvia
Decision No. 7 of 14 June 1990 of Board of Health Protection Ministers on strengthening the medical and social support for alcohol, drug and toxic substances dependent patients.

Lithuania

Malaysia

Malta

Medical and Kindred Professions Ordinance (Cap. 51) Drugs (Registration of Addicts) Regulations, 1986 [E/NL. 1987/3 ].

Mauritius

Mexico
Regulations of 7 January 1981 for the control of substances which are psychotropic when inhaled [E/NL. 1981/3; IDHL, 1982, 33 (1)].

Order of 31 March 1981 establishing the National Council for the Control of Alcohol Abuse [IDHL, 1982, 33 (1)].


Penal Code for the Federal District as regards the Court of Equity and for the Republic as a whole as regards the Federal Court.

Technical Standard No. 197 for the provision of health services to alcoholics and persons with alcohol-related problems.

Technical Standard No. 198 for the provision of health services to drug dependents.

Decree of 16 June 1993 establishing The National Institute for Drug Control as a decentralized technical body under the Attorney-General of the Republic [IDHL, 1996, 47 (3)]

Myanmar

Netherlands
New Zealand


The Mental Health Act of 1961, as amended.

Law No. 42 of 8 June 1979 amending Law No. 7 of 12 December 1958 on prisons.

Act No. 81 of 13 December 1991 relating to Social Services.


Norway
Mental Health Act of 1961, as amended.

Act No. 8 of 13 December 1991 relating to Social Services, of 1 January 1993.


Pakistan
An Ordinance (No. XCIV of 2 November 1996) to consolidate and amend the laws relating to narcotic drugs and psychotropic substances, (The Control of Narcotic Substances Ordinance, 1996) [IDHL, 1997, 48 (2)].

Papua New Guinea

Paraguay
Law No. 1340 of 27 October 1988 amending and updating Law No. 357/72 aimed at the prevention of illicit trafficking in narcotics and dangerous drugs and other similar offences and establishing preventive and rehabilitative measures aimed at drug-dependent persons [E/NL. 1987/63; IDHL, 1990, 41 (3)].

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Peru
Decree Law No 22095 of 21 February 1978 [drugs].

Ministerial Resolution No. 172-95-SA/DM of 27 February 1995
[IDHL, 1998, 49 (3)].

Penal Code, D. Leg. 635.

Sanitary Code, Articles 140 to 142 [alcohol].

Philippines
The Dangerous Drug Act of 30 March 1972, as amended by Batasang Pambansa (B.P.)
Blg. 179, dated 2 March 1982.

Dangerous Drug Board Regulation No. 3-B, series of 1984, consolidating all existing
Regulations governing treatment and rehabilitation facilities for drug-dependents
[IDHL, 1986, 37 (2)].

Regulations issued by the Dangerous Drugs Board (pursuant to Section 36, RA6465, as

Poland

Law of 26 October 1982 on education for sobriety and control of alcoholism, as

Law No. 15, of 31 January 1985, on Prevention of Drug Abuse.

Ordinance of the Minister of Justice of 12 July 1985 on detailed rules and procedures
with respect to the treatment, rehabilitation and resocialization of minors dependent on
narcotic drugs or psychotropic substances, placed in correction institutions.

Ordinance of the Minister of Justice of 12 July 1985 on detailed rules and procedures
with regard to the treatment, rehabilitation and resocialization of persons addicted to
narcotic drugs and psychotropic substances placed in penal institutions, under
investigative arrest or in special readaptation centres.

Ordinance of the Minister of Health and Social Welfare of 3 August 1985 on the
organization and principles of functioning of treatment, rehabilitation and readaptation
institutions for drug-dependent persons.
Ordinance of the Minister of Health and Social Welfare of 3 August 1985 on detailed rules and procedures with respect to the treatment of dependent persons sentenced for offences related to narcotic or psychotropic substances.

Ordinance of the Minister of Health and Social Welfare of 31 August 1985 concerning detailed conditions for the issuance of permits for the conduct of rehabilitation and resocialization of drug-dependent persons by voluntary organizations, churches and other religious institutions as well as persons.

Ordinance of the Minister of Education of 29 March 1986 on special forms of preventive and educational activities for youth exposed to addiction.

**Portugal**
Decree Law No. 430/83 of 13 December 1983.

Governmental Decree N. 71/84, 7 September 1984.

Resolution 17/90 of the Council of Ministers, 21 April 1993 [*IDHL*, 1990, 41 (1)].

**Qatar**
Law No. 9 of 1987 to control narcotic drugs and dangerous psychotropic substances and to regulate their use and trade therein [*IDHL*, 1990, 41 (1)].

**Russian Federation**
Decree of 25 August 1972 on the compulsory treatment and labour rehabilitation of drug-dependent persons who evade treatment or continue to take narcotics after initial treatment.

Decree of 1 March 1974 on the compulsory treatment and occupational rehabilitation of chronic alcoholics.

Decree of the Council of Ministers of the USSR 7 May 1985 on Measures on Overcoming Alcohol Abuse and Eradicating Bootlegging.

Decree of 16 May 1985 of the Presidium of the Supreme Soviet of the USSR on the strengthening of measures to combat drunkenness and alcoholism and elimination of home brewing and distillation of alcohol [*IDHL*, 1985, 36 (4)].

Law of 2 July 1992 of the Russian Federation on psychiatric care and the safeguarding of citizens' rights in the dispensing of such care
[IDHL, 1993, 44, (2)].


[IDHL, 1994, 45 (1)].

**Saint Lucia**

**San Marino**

Law No. 43 promulgating the Charter of Patients' Rights and Duties.
[IDHL, 1993, 44 (3)].

**Senegal**

Law No. 75-81 of 9 July 1975 repealing and amending Section 8 of Law No. 72-24 of 19 April 1972 on the prevention of contraventions in the field of narcotics, as amended.

Decree No. 87-415 of 3 April 1987 establishing a National Commission on Narcotics.

Order No. 6244 M.INT.- D.G.S.N.- D.P.H. DAI of 6 June 1990 establishing Regional Committees for the control of drug dependence [IDHL, 1991, 42 (3)].

**Seychelles**
[IDHL, 1991, 42 (2)].

**Singapore**
The Misuse of Drugs Act of 16 March 1973 (No. 5 as amended) to provide for the control of dangerous or otherwise harmful drugs and for the purposes connected therewith.

The Drug Trafficking (Confiscation of Benefits) Act, of November 1993.
Slovakia
Law No. 419/1991 of 24 September 1991 of the National Slovak Council amending various provisions in the field of health [IDHL, 1992, 43 (3)].

South Africa

Spain (Federal)
Order of 20 May 1983 regulating treatment with methadone [IDHL, 1986, 37 (1)].
Crown Decree No. 1677/1985 of 11 September 1985 on interministerial coordination for the implementation of the National Plan on Drugs [IDHL, 1987, 38 (1)].
Order of 31 October 1985 regulating detoxification treatment with methadone for persons dependent on opiates [IDHL, 1987, 38 (1)].
Agreement on Cooperation in the Field of Drug Control between the Kingdom of Spain and the Kingdom of Morocco, dated 21 January 1987 [IDHL, 1989, 40 (1)].

Spain (Andalusia)
Decree No. 162/1990 of 29 May 1990 regulating treatment with opiates of opiate-dependent persons [IDHL, 1992, 43 (1)].

Spain (Asturias)
LP August 12 [IDHL 1991, 42 (3)].
Decree No. 3/90 of 25 January 1990 regulating the conditions and requirements to be fulfilled by centres for social and health care for drug-dependent persons, and standards for the accreditation of such centres [IDHL, 1991, 42 (3)].

Spain (Basque Autonomous Community)
Decree No. 175/1989, of 18 July 1989, approving the Charter of the Rights and Obligations of Patients and Users of the Basque Health Service [IDHL, 1992, 43, 1].
Order of 19 June 1990 of the Counsellor for Health and Consumer Affairs formulating the systems for the provision of information, and for the handling of suggestions, requests, and complaints on the part of patients and users of the Basque Health Service [IDHL, 1992, 43 (1)].

**Spain (Castile and León)**

**Spain (Catalonia)**

**Sri Lanka**
The Poisons, Opium and Dangerous Drugs (Amendment) Act, No. 26 of 1986 [IDHL, 1987, 38 (2)].

**Sweden**
Act on Correctional Treatment in Institutions (SFS 1974:203) as amended.

Decree containing certain regulations regarding the implementation of the Act on Correctional Treatment in Institutions (SFS 1974: 248), dated 26 April 1974.


Regulations No. 2 of 31 January 1983 of the National Board of Health and Welfare concerning the prescribing of opiates for the indication of drug dependence [IDHL, 1983, 34 (4)].

Law No. 12 of 10 January 1985 on the control of intoxicants in hospitals [IDHL, 1986, 37 (2)].


Regulations No. 16 of 15 June 1990 of the National Board of Health and Welfare on methadone maintenance treatment and the prescribing of opiates on the grounds of the indication of drug dependence [IDHL 1991, 42 (1)].


**Switzerland (Federal)**

Federal Law on Narcotics, dated 3 October 1951, as amended.

Ordinance of 21 October 1992 on the evaluation of projects aimed at preventing drug dependence and at improving the living conditions of drug-dependent persons [IDHL, 1994, 44 (1)].

Ordinance on the evaluation of projects aimed at preventing drug dependence and improving the living conditions of drug-dependent persons (Amendment of 21 February 1996) [IDHL, 1996, 47 (3)].

**Switzerland (Geneva)**


**Switzerland (Zurich)**

Ordinance of 28 August 1991 on the rights and obligations of patients in public hospitals and hospitals subsidized by the State [IDHL, 1992, 43 (2)]

**Syrian Arab Republic**

Law No. 2. of 12 April 1993 [IDHL, 1994, 45 (1)] [provides for the establishment of the National Committee on Narcotic Affairs].

**Thailand**

Narcotics Act, B.E. 2522 [1979].

Notification No. 96 of the Ministry of Public Health on criteria for applications to set up clinics under the Harmful Habit Forming Drugs Act, 1979 [IDHL, 1991, 42 (3)].
Emergency Decree on prevention of use of evaporated substance, 1990


Penal Code.

Togo
Order No. 37-MJ-CT1 of 30 September 1985 establishing an interministerial commission responsible for the implementation of the international treaties on narcotics and psychotropic substances [IDHL, 1987, 38 (3)].

Tonga
The Mental Health Act 1992 [IDHL, 1993, 44 (3)].

Trinidad and Tobago

Tunisia
Law No. 69-54 of 26 July 1969 prescribing regulations concerning poisons.

Decree No. 86-3 of 7 January 1986 prescribing the duties and organization of the National Bureau of Narcotics [IDHL, 1986, 37 (3)].

Law No. 95-94 of 9 November 1995 amending [IDHL, 1996, 47 (2)].

Law No. 92-52 of 18 May 1992 on narcotics [IDHL, 1993, 44 (2)].


Turkey

Ukraine
Decree of the Supreme Soviet of Ukraine, dated 17 August 1966, as amended.

United Arab Emirates
Federal Law No. 6 of 1986 on the Control of Narcotic Substances and Like Substances [IDHL, 1990, 41 (1)].
Ministerial Decree No. 1444, 1993.

United Kingdom (England and Wales)
The Mental Health Act 1959, as amended [IDHL, 1983, 34 (3)].
The Misuse of Drugs (Supply to Addicts) Regulations 1977.
The Mental Health Act 1983.
The Drug Trafficking Offences Act 1986 [IDHL, 1987, 38 (3)].


United States of America (Federal)
Narcotic Addicts Rehabilitation Act of 1966, as amended (Public Law No 89-793).
Public Law 93-282, Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970.
Public Law 94-371, Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act Amendments of 1976.
Public Law 96-181, Drug Abuse Prevention, Treatment, and Rehabilitation Amendments of 1979.

An Act (Public Law 98-24) to remedy alcohol and drug abuse, dated 26 April 1983.
The Alcohol and Drug Abuse Amendments of 1983 [IDHL, 1984, 35 (1)].
Alcohol, Drug Abuse and Mental Health Administration (ADAMHA) Reorganization Act, 1983.


Executive Order 12564 of 15 September 1986 on a drug free workplace [IDHL, 1987, 38 (1)].


Part 291 (Drugs Used for Treatment of Narcotic Addicts) of Title 21 (Food and Drugs) of the United States Code of Federal Regulations, dated 4 January 1993.

Executive Order No. 12696 establishing the President's Drug Advisory Council [IDHL, 1990, 41 (2)].


Methadone in maintenance treatment of narcotic addicts;...human immunodeficiency virus disease counselling. Part 291 of Title 21 [IDHL, 1993, 44 (3)].

United States (California)
Part 2 (State Government's Role to Alleviate Problems Related to the Inappropriate Use of Alcoholic Beverages) of Division 10.5 of the Health and Safety Code [IDHL, 1988, 33 (2)].

United States of America (Connecticut)

Chapter 319 of the State General Statutes, Alcohol and Drug Abuse.

Sections 17a-64b to 17a-658 of Chapter 329 of the General Statutes of Connecticut.


United States of America (Florida)

United States of America (Hawaii)
An Act (Act 280), dated 25 June 1990, relating to a pilot program to reduce the transmission of infectious and communicable diseases [IDHL, 1990, 41 (4)].

United States of America (Massachusetts)


Chapter 123 of the General Laws: treatment and commitment of mentally ill and mentally retarded persons.

Uruguay
Resolution No. 461/988 of 13 July 1988 establishing specialized centres for the guidance and integrated care of drug-dependent persons [IDHL, 1991, 42 (3)].

Venezuela


**Viet Nam**
Constitution of the Socialist Republic of Viet Nam [IDHL, 1993, 44 (4)].

**Zambia**
The Dangerous Drugs (Forfeiture of Property) (Special Organizations) (Drug Enforcement Commission) Regulations, 1989 [E/NL, 1989/26].

**Zimbabwe**
The Inebriates Act, Chapter 64, To make provision for the treatment of inebriates by ordering their detention in inebriate reformatories, dated 4 December 1942.

The Drugs Control Act, Chapter 320, Chapter 320, dated 1 September 1969.

The Mental Health Act, 1976, as amended.


Constitution of Zimbabwe, Section 13, Protection of right to personal liberty.

**Council of Europe**
Recommendation No. R (82) 4 of the Committee of Ministers to member states on the prevention of alcohol related problems especially among young people. Adopted by the Committee of Ministers of the Council of Europe on 16 March 1982 [IDHL, 1982, 33 (3)].

Recommendation No. R (82) 6 of the Committee of Ministers to member states concerning the treatment and resocialization of drug dependents, adopted by the Committee of Ministers of the Council of Europe on 16 March 1982.

Recommendation No. R (98) of the Committee of Ministers to Member States on dependence, adopted by the Committee of Ministers on 18 September 1998 [IDHL, 1999, 50 (1)].

**European Union**
Resolution of the Council and the Ministers for Health of the Member States meeting within the Council of 16 May 1989 concerning a European network of health data on drug abuse [IDHL, 1989, 40 (4)].


\textbf{Organization of African Unity}

\textbf{United Nations}


\textbf{International Conventions}

The Convention on Psychotropic Substances.


Annex 4

Does legislation help or hinder programme development?

We asked respondents in the current survey to say whether, in their opinion, laws and regulations help or hinder the development of programmes for treatment and rehabilitation, and, if so, how. The name and country indicate unpublished survey responses received in 1993 and 1994 to the questionnaire circulated to key contacts by the WHO International Collaborating Centre on Health Legislation at Harvard University.

A4.1 Opinion: Legislation facilitates programme development

A4.1.1 Legislation establishes funding priorities

For example, in Italy, legislation directs funds and planning actions (Italy, G. Costanzo).

A4.1.2 Even with legislation, adequate and appropriate funding and distribution is the key to effective development

In principle, the existing legislation facilitates the development of programmes for treatment and rehabilitation. However, under the changed socioeconomic circumstances, its implementation calls for extra efforts to seek extrabudgetary resources. Consideration is being given to some changes in legislation, with a view to intensifying the treatment of drug-dependent persons (Poland, J. Morawski).

Legislation facilitates the development of treatment programmes. However, it is not fully implemented in practice, mainly because of the shortage of resources. It is estimated that the State budget covers only half of what is needed. For the year 1994, only 13.7% of total State budget spending is to be allocated to health protection (Poland, E. Grudziak-Sobczyk).

Reductions in health service expenditure and the move towards standardized packages of treatment has reduced flexibility to tailor treatment according to individual needs (United Kingdom, J. Waterson).

The transfer of funding through individual income support mechanisms (funded by the Department of Social Security) to local authority social service
departments has in many instances hindered the development of rehabilitation services. Voluntary providers unless contracted to provide a specific volume of facilities and in receipt of a guaranteed income, are unable to respond flexibly to need. Similarly, as local authorities have taken over the role of purchasing services, voluntary agencies have become less innovative and more dependent on winning and securing local authority funding for specific services (United Kingdom, J. Waterson).

To the extent that annual budgets are authorized and set by legislative authority, (Connecticut) state law does affect the amount of treatment and rehabilitation provided (United States, Connecticut).

A4.1.3 Only when legislation is implemented

They facilitate programmes, but in practice there is not full compliance with regulations (Colombia, G. De Vega Pinzón).

Legislation will facilitate treatment or rehabilitation depending on its effective implementation (India, U. Chandrasekaran).

Even though the legislation states that centres must be established for the identification, treatment, after-care and rehabilitation and reintegration of addicts, no attempts have been made to create such centres (India, M. Suresh Kumar).

A4.1.4 By laying down principles but not prescribing details

When legislation and directives only lay down principles but do not prescribe details they serve their purpose, that is to say they do not hinder the development of new programmes. On the other hand, programmes that do not contain minimum principles are not subsidized by the Minister of Health (Austria, I. Erlacher).

A4.1.5 By bringing in economic resources and professional guidelines

Legislation facilitates development by bringing in economic resources and professional guidelines (Israel, J. Gleser).

A4.1.6 By setting requirements, standards and proper directives

Laws and regulations facilitate the development of programmes for treatment and rehabilitation when they set requirements and standards for the provision of high-quality services and unified criteria for the evaluation of their function and cost effectiveness. However, in certain instances regulations may appear to impose limits and restrictions on medical judgement and diagnosis, thus interfering with the

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independent functioning of the medical profession within its strict ethical framework (Greece, C.P. Kokkoris).

Laws and regulations facilitate the development of programmes for treatment and rehabilitation, since they ensure that the standards of the treatment and rehabilitation centres managed by the government and various voluntary agencies are maintained. On the other hand, it is relevant to note that in Hong Kong there are 10 voluntary treatment agencies operating inpatient detoxification and rehabilitation services for drug-abusers based on religious methods. They have not sought registration with the Government under the Drug Addicts Treatment and Rehabilitation Ordinance nor do they receive regular government subvention. Their services provide an option for drug-abusers seeking different forms of treatment programme (Hong Kong, A. Sinclair).

By setting standards for treatment programmes (Israel, J. Gleser), laws and regulations can facilitate the development of programmes. In Mauritius, for example, we have different programmes for rehabilitation based on different models, some of which are not up to the standard and do not meet the needs of the addicts. Laws and regulations to some extent could have laid down the minimal requirements for treatment and rehabilitation centres, especially when public funds are made available to them (Mauritius, P. Jagauanath).

It is also necessary to specify who can provide psychotherapy in state services and who cannot (Slovak Republic).

A4.1.7 When legislation establishes a basis for additional regulations

Laws, because they focus on the prevention of harmful use, provide a good basis for additional specific regulations and the development of programmes for treatment and rehabilitation (Zimbabwe, A. Chidarikire).

A4.1.8 By recognizing the special characteristics of drug and alcohol problems, as compared to other health problems

Laws and regulations have simplified the development of programmes for treatment and rehabilitation (Mexico, A. Velez).

Legislation facilitates the development of addiction care, while it has recognized the special characteristics of addiction problems as compared to other (mental) health and social problems. Addiction care and treatment are a separate division of the care and health system in the Netherlands. Being separate from the general health-care framework also has disadvantages. In particular, the financing of
addiction care is less secure, while it is often the target of political controversy and the scoring of political points (Netherlands, Jellinek Centre).

A4.1.9 **Unifies treatment and rehabilitation policies at country level; for the orderly delivery of services**

The general legislation in the Health Act 1970, backed up by policy documents, administrative action and funding, provides a developmental framework for treatment and rehabilitation programmes. The Misuse of Drugs Acts, 1977–1984, together with administrative action, supplement this by providing the statutory basis for the essential control over the availability of Controlled Drugs in treatment/rehabilitation programmes. Sections 3 and 4 of the 1984 Act constitute a case in point, since medical practitioners may be prohibited from prescribing controlled drugs and thereby encouraged to participate in local health board arrangements for the prescription and dispensing of drugs such as methadone for treatment/rehabilitation. Similarly, as regards the treatment/rehabilitation of alcohol abuse, the general legislation, supported by public policy, facilitates the orderly provision and development of services (Ireland, M. Lyons).

The laws and regulations on treatment promote the opening of new treatment programmes and encourage the work of the existing facilities through supervision and training (Costa Rica).

Laws and regulations facilitate the development of programmes (Ecuador).

The designation of the drug rehabilitation unit as the sole treatment and rehabilitation centre on the island has facilitated the creation of unified treatment and rehabilitation policies at country level. Other benefits are accurate demographic and statistical data and easy accessibility for research purposes (Bahrain).

The Narcotic Control Act 1990 has facilitated the treatment of drug addicts and alcohol-dependents by opening treatment centres, by enacting law and proper directives. Persons responsible for care of dependents (e.g. guardians) developed confidence and hopes that government machineries are involved to treat their dependents on both a voluntary and compulsory basis and free of charge. Ignorance about the Act, however, is still widespread because of the lack of adequate information and the stigma attached to drug addiction (Bangladesh, C. Rabbani).
A4.1.10  By liberal provisions for voluntary treatment, while also
providing for compulsory treatment

The legislation does facilitate treatment because of its liberal provisions for
voluntary treatment. There is no punitive clause for "addicts only" who are not
involved in drug-related crime. At the same time, there is provision for compulsory
treatment but also adequate provision for the legal protection of the client (Bangladesh,
S. Kamaluddin Ahmed).

French law tends to assist rather than punish drug addicts. There seems to be a
trend towards flexibility, as shown by the recasting of the system in the Law of
31 December 1970. Recent drug-substitution programmes (involving methadone) set
up by the State are clearly indicative of society's desire to provide treatment for drug
addicts (France, S. Slama).

The advantage of these laws is that they permit addicts to enter the treatment
programme without criminal offence charge during treatment. On the other hand, due
to the voluntary basis, treated addicts can withdraw from the treatment programme by
their own decision (Thailand, A. Visudhimark). Yes, because the Law will not apply to
any addicts who ask for treatment before conviction (Thailand).

If money and other resources were available, legislation on the work of
prisons could go a long way towards aiding convicted offenders (Zimbabwe, T. Searl).

The Drug Addict Rehabilitation law (1991) has the advantage of helping the
treatment of drug addicts to become more effective since they have to be treated in four
stages. According to the law on compulsory treatment, during the rehabilitation period,
it is accepted that rehabilitated persons are like prisoners. If they escape, they will be
punished under the criminal law. When rehabilitated persons have recovered from
addiction, they will be free. On the other hand, if the result of rehabilitation is
unsatisfactory, they will be sent to the court (Thailand, Ms N. Kanjanaroj).

A4.1.11  By promoting opening new treatment programmes and
encouraging the work of existing facilities through supervision

The laws and regulations on treatment promote the opening of new treatment
programmes and encourage the work of the existing facilities through supervision and
training (Costa Rica).
Providing flexibility e.g. by making methadone maintenance programmes possible, or by recognizing and making different approaches possible within a national scheme

Substitute treatment (maintenance on a methadone treatment) has been available since 1987. Some regulations were considered necessary from the very beginning and the decree was amended in 1991 by introducing stricter rules. In general, substitute treatment can only be given by clinical specialists after a thorough physical examination and taking into account the patient's case history. The substitution drug, not necessarily methadone, must be administered orally in the form of a syrup. The substitution drug must be taken daily under supervision (usually in pharmacies). Strict controls and regular examinations of urine specimens are mandatory. The need to undergo psychotherapeutic and/or psychosocial treatment is stressed (Austria).

Under the Act on the Welfare of Alcoholics and Drug Addicts, services are provided as needed. The present Finnish legislation depends on the individual and the locality, and therefore the access to and the level of services varies in different parts of the country. In principle, however, the state subsidy legislation ensures the equal development of the services. The municipality or the person needing the services defines the service level in relation to the available resources (Finland).

When backed up by policies, administrative actions and funding to develop a framework for treatment

Yes, the laws and regulations facilitate the development of treatment and rehabilitation under Article 2 of Presidential Decree No. 46 of 1991, which was aimed at establishment and organization of a fund to help to combat and treat addiction and abuse. Firstly, it aims at enhancing the programmes and systems in the field of drug control and addiction treatment. These programmes should be provided with the instruments, equipment and apparatus needed in achieving their goal. In addition, Presidential Decree No. 228 of 1990 aimed at establishing and organizing special prisons for those sentenced for drug crimes (Article 6), and required regular medical examinations and tests to ensure that prisoners did not take drugs (Egypt, Alkott).

By establishing and providing guidelines for therapists

Regulations on treatment approaches should provide general guidelines for therapists. Such guidelines will facilitate the monitoring of treatment and the evaluation of treatment effectiveness. Legislation (regulations) on rehabilitation should spell out the requirements of rehabilitation (personnel, materials, equipment, etc.) and thus serve as a model. Such legislation will enhance the monitoring and evaluation of the different components of rehabilitation (Nigeria, A. O. Odejide).
A4.1.15 Promoting community-based programmes

The major movement in treatment has been away from specialist inpatient units towards community-based provision (United Kingdom, D. Cameron).

A4.1.16 To help to create an orderly transition when there is fundamental political and economic change

The legislation is being reformed, but no legislation specifically on the treatment and rehabilitation of drug addicts has been adopted. The development of treatment and rehabilitation projects is complicated by the necessity to overcome the old-fashioned stereotypes in approaches to the issues of drug addicts' rights and compulsory treatment (Russian Federation, V. E. Pelipas).

A4.1.17 Stimulating Self-Help Groups

The current legislation facilitates the development of this kind of programme through the promotion of self-help groups (Costa Rica).

A4.1.18 Making the financing of after-care rehabilitation services possible

There were certain developments as regards after-care for addicts following Presidential Decree No. 46 of 1991 which called for the establishment of a fund to combat and treat addiction and abuse (Article 2) and to promote programmes and after-care for addicts and users after discharge or cure (Egypt, Alkott).

A4.1.19 Establishment of after-care facilities

The State-authorized centres provide rehabilitation for the individual. The Decree of 29 June 1992 provides for two types of approach, one medical and psychological, the other social and educational. Many after-care centres already use both approaches. Similarly, most of the reception centres provide social help and rehabilitation. The laws and regulations therefore seem to favour the preparation of treatment and rehabilitation programmes. State finance, however, does not seem to be adequate (France, S. Slama).

A4.1.20 Serves as a rallying starting point to rally and organize efforts for treatment programmes

Current laws and regulations represent a starting point for the further development of assistance to those with drug-abuse problems. All leading drug-abuse
specialists have the right to make suggestions on these matters to the health-care management within the regional and city administrations. As far as we are concerned, current laws and regulations do nothing to hinder the further development of the service. At present, the development of the treatment programme and especially the rehabilitation programme, has been delayed due to the lack of the necessary financial resources (Kazakhstan, B. Ajdeldjaev).

A4.1.21 By designating other sectors in the delivery of services

The designation of the Department of Social Welfare in the Ministry of Labour, Manpower Planning and Social Welfare as a focal point facilitates the further development of rehabilitative programmes (Zimbabwe, A. Chidarikire).

A4.1.22 Previously hindered, now facilitates

All the orders before 1990 hindered the development of therapy and now each health-care facility can draw up its own individual action plan aimed at improving quality since the payment of medical professionals depends on the effectiveness of therapy. Patients have the right to choose both clinics and physicians. Since the existing Criminal Code provides for criminal or administrative penalties for narcotic drug usage without prescription, legislation still hampers the development of treatment for drug addicts, who usually seek help on anonymous basis. Very severe criminal penalties are imposed for the purchase, production and possession of narcotic drugs, even in small quantities. New legislation on this question is being drafted. Under the existing legislation the State has lost its monopoly on alcohol and there are no restrictions on alcohol sales, alcohol consumption has increased (Latvia).

A4.1.23 Laws and regulations are quite comprehensive and have stimulated the development of programmes; treatment and rehabilitation are given special emphasis

Laws and regulations are quite comprehensive and have stimulated the development of programmes. Treatment and rehabilitation are given special emphasis, special programmes to treat drug addicts are available in the major health institutions, and the Federal Government and local governments have funded specialized treatment centres for drug addicts before a real epidemic developed, focusing their activities on prevention. New centres are continuously being opened, with the aim of extending services, an interesting example being the recently started programme of the Government of the City of Mexico for the establishment of detoxification centres, Youth for health (Jóvenes por la Salud). These centres provide follow-up and treatment for addicts and are located at different strategic points in the city. Traditionally, these services were provided in large hospitals, but since the police investigate all income associated with violence, addicts did not regard them as
alternatives. Since the opening of these centres, a considerable proportion of drug-users have been treated in them (Mexico, E. Medina Mora).

A4.1.24 The separation of alcohol- and drug-treatment facilities together with the establishment of specialized services is important for many reasons, one being that drug addicts do not regard themselves as ill, nor see the need for treatment.

The separation of alcohol- and drug-treatment facilities together with the establishment of specialized services is important: drug addicts, particularly of the type most prevalent in Mexico (without including alcohol), do not regard themselves as ill, nor see any need for treatment. The extremely busy schedule of the general health services do not permit major efforts in community work to identify users and refer them to treatment. On the other hand, specialized treatment centres must undertake this activity in order to justify their existence. In spite of this, many institutions are not making full use of their installed capacity (Mexico, E. Medina-Mora).

A4.1.25 Recently installed referral systems need to be strengthened because, although a variety of alternatives to treatment are available to drug-dependent persons, they do not necessarily receive treatment tailored to their specific needs.

Despite these important programmes, much work is still needed. Unfortunately the most common type of care provided by treatment institutions available in the country is segmented in nature, i.e. there are hospitals where the addict is detoxified, other institutions where pharmacological psychiatric treatment is provided, etc. In many institutions abuse of substances is not identified in a high proportion of cases, reducing the possibility of early treatment. Even more important, although a variety of alternatives to treatment are available, at the moment users are still receiving treatment not necessarily tailored to their specific needs. The recently installed referral system needs to be strengthened (Mexico, E. Medina Mora).

A4.2 Opinion: Legislation hinders programme development

A4.2.1 By restricting methadone services

In my opinion the regulations on methadone treatment are restrictive and hinder the development of treatment programmes, largely due to the fact that they restrict the availability of treatment places and outlets, and medical professionals able
to prescribe. Furthermore, professional groups such as pharmacists have a monopoly on certain functions, such as dispensing takeaway doses, which is written into the legislation (Australia, R. Carbury).

The New South Wales Poisons Act (1966) covers the establishment and maintenance of methadone maintenance units. Rightly or wrongly, many perceive this Act to constrain the provision of methadone maintenance treatment and thereby increase its cost and decrease its availability (Australia, A. Wodak).

At present, regulations enforced by the Department of Health and the Medical Council, while rightly attempting to limit the improper prescribing of opiates by general practitioners, because they do not specify that the prescription of methadone can be appropriate, are limiting doctors freedom and willingness to prescribe substitute medication for addicts (Ireland, B. Sweeney).

Laws and regulations often inhibit innovation and the development of new forms of treatment. For example, state regulations restrict the availability of methadone maintenance (United States of America, Connecticut).

Obviously, the regulations that prohibit methadone maintenance treatment in some states and cities hinder the development of methadone maintenance programmes. Even in states and cities where regulations do permit methadone maintenance, they often reduce the effectiveness of the programmes in terms of the limits on the amount of methadone that can be re-prescribed and on the length of time persons can remain in treatment (United States of America, D. Des Jarlais).

A4.2.2 The punitive nature of the criminal law discourages treatment

Present-day legislation on drug abuse hinders the development of adequate programmes. The punitive nature of the law precludes voluntary treatment for many, and the prison system does not have facilities for treatment and rehabilitation. As regards alcohol, the law does not hinder, but it does not constitute an aid to treatment. As regards drug abuse, although the law makes treatment mandatory, adequate or sufficient facilities to carry out the programmes needed do not exist (Bolivia, M. De La Quintana Rios).

Legislation might hinder the development of programmes for treatment and rehabilitation, since it has overemphasized the illegality of drug abuse and neglected the other factors which might contribute to its onset and development (China, Institute of Mental Health, Hunan Medical University).

The Narcotic Drugs and Psychotropic Substances Act is predominantly punitive in its approach. Even possession of small amounts of drugs warrants
punishment. Reoffending makes diversion to treatment impossible. Section 39 makes it possible to diverge offenders into treatment, but this is a lengthy process (India, P. S. Gopinath).

Unfortunately legislation hinders treatment programmes because, in Turkey, a drug-abuser must be reported before receiving treatment (Turkey, M. Beyazyurek).

The laws and regulations in force hinder the development of treatment programmes because the penal provisions make it impossible to approach drug addicts at health-care services (Madagascar, C. Ralambo).

A4.2.3 Not all sectors adequately implement legislation

Legislation hinders the implementation of projects as it is not observed by other State bodies, which severely limits the possibilities of funding for treatment centres (Bolivia, L.E. Valda Vargas, F. Alcaraz Del C.).

A4.2.4 Legislation is outdated and needs reform

Legislation hinders the development of treatment programmes because it is out of date, only makes clinical treatment compulsory in some cases, and does not offer any other kind of treatment (Brazil, Nur Shuqaira).

A4.2.5 Medical opinion should be considered in drawing up legislation

Legislation will facilitate programme development only when it takes medical opinion into consideration as a guideline in deciding how the addict should be dealt with (United Arab Emirates, El Zein Abbas Omara).

A4.2.6 There are sometimes gaps in regulations

The aim of legislation is to facilitate and promote treatment programmes for drug addicts. As far as Portugal is concerned, there are some gaps in the regulations applicable to such programmes and treatment services (Portugal, J. Barrias).

A4.2.7 Voluntary admission is preferred

Legislation occasionally hinders programme development because of legal or prescribed procedures. Treatment under compulsion is in any case less successful because motivation is lacking (South Africa, A. E. Gangat).
A4.2.8  

Legislation should be specific to drug abuse

The current legislation is very inadequate. It is mainly general in character and not specific to drug abuse (Morocco, inpatient psychiatric unit) (Morocco, magistrates).

There is no legislation specifically on programme development. The lack of such legislation is evidence of the fact that drug abuse was not a problem in Zimbabwe until about 10 years ago. The legislation in existence criminalizes drug and alcohol problems, the bias being more towards the elimination of illicit drug trafficking and consumption (Zimbabwe, P.S. Madzonga).

A4.2.9  

Court review and medical examination are perceived as impediments

Under Article VI of the Dangerous Drug Act of 1972, as amended, whereby two accredited physicians of the Board must examine a drug-dependent, and the need for court orders prior to confinement in rehabilitation centres have been observed to be burdensome to drug-dependents and their relatives. Amendments to rectify this are awaiting approval by the legislative bodies (Philippines).

A4.2.10  

Lack of adequately developed legislative system

The laws and regulations in China on drug treatment are not comprehensive enough for implementation. Many requirements and responsibilities have not been included in these documents (China, Zhang Hong).

A4.2.11  

Regulatory reforms are needed

The regulations do not clearly separate treatment from rehabilitation. The majority of alcohol- and drug-treatment centres also deal with rehabilitation. Specific rehabilitation programmes have not been properly developed under current legislation (Poland, E. Grudziak-Sobczyk).

A4.3  

Opinion: Legislation neither facilitates nor hinders programme development

A4.3.1  

Development of private facilities and commercial insurance

Laws and regulations have little effect on treatment and rehabilitation programmes since the majority of institutions working in this field are private or nongovernmental and have their own regulations (Bolivia, A. Alem Rojo).
In my opinion laws and regulations have had a minimal effect on the development of programmes for treatment and rehabilitation. The rapid expansion of commercial and voluntary treatment agencies outside the statutory agencies, and the lack of regulation to which such agencies are submitted, reflects this. Speaking from outside statutory services, the insurance companies' own internal policies have had more impact on the distribution and mode of delivery of addiction treatments than any governmental policy or regulation (United Kingdom, T. Kidger).

A4.3.2 Legislation facilitates in some areas and hinders in others

Legislation both facilitates and hinders, depending on the need and the particular state involved. In most states, the prohibition legislation results in users being dealt with primarily through the criminal justice system. Others have legislative provisions for diversion into formal helping programmes. All states give power to the courts and the police to divert drug-users into noncriminal justice helping services (Australia, D. McDonald).

A4.3.3 Legislation reflects a discredited medical approach

A4.4 Other opinions

A4.4.1 Differentiation between treatment and rehabilitation creates a barrier to planning and the realities of drug abuse in some countries

I find unhelpful the (undefined) differentiation between "treatment" and "rehabilitation". Doing this erects serious barriers to coherent planning in some countries and ignores the realities of drug use and societies' responses to it. It reflects a discredited medical approach to helping people to resolve problems that include the use of drugs (Australia, D. McDonald).

A4.4.2 Barriers are financial not legal

The predominant constraints are fiscal rather than legal (United Kingdom, D. Cameron).
A4.4.3  *In practice, legislation is almost irrelevant; programmes are more influenced by local councils*

In practice, legislation is (almost) irrelevant. Day-to-day practice and strategic planning is more influenced/supported by the Advisory Council on the Misuse of Drugs etc. (United Kingdom, J. Castleton).

A4.4.4  *Socioeconomic factors determine treatment effectiveness*

Essentially socioeconomic factors determine the effectiveness of any treatment in terms of its lasting nature and impact upon the patient (Zimbabwe, T. Searl).
Annex 5

Bibliography

A.5 Selected further reading

In addition to the references given in the references section, the following sources of information may prove useful to readers. While some are of general interest, others are directly related to the subject matter of individual chapters.

A.5.1 WHO publications and documents


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1 Persons wishing to obtain copies of these documents should write to: Department of Substance Abuse, Social Change and Mental Health, World Health Organization, 20 Avenue Appia, CH-1211 Geneva 27, Switzerland.


World Health Organization Regional Office for Europe (1985) *Alcohol Policies*, European Health for All Series No. 18, Copenhagen.


A5.2 Other books and articles


American Bar Association (1994) Special Committee on the Drug Crises, New Directions for National Substance Abuse Policy.

Andresen, AS (1990) COLLECTIVES - a scandinavian model that works, Mandatory and voluntary long term residential treatment for young drug abusers, Methods and Results, National Directorate For The Prevention Of Alcohol and Drug Problems - 1990, Oslo.


Breaking the Cycle: The Effects of Alcohol on Families (1991) Hearings before the Sub-committee on Children, Family, Drugs and Alcoholism, Senate Committee on Labor and Human Resources, 102nd Cong., 1st Sess. Washington DC.


Swedish National Committee for Family Care (undated) *Family Care of Drug Addicts in Sweden, Care in private homes as an alternative form of care for adult drug abusers*, Stockholm.


United Kingdom (1992) Department of Health and Social Security. Solvents, a parents' guide, the signs, the dangers, what to do. London, HMSO.


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United States (1994) Department of Health and Human Services, Public Health Service, Substance Abuse and Mental Health Services Administration, *Cost of Addictive and Mental Disorders and Effectiveness of Treatment*, Washington DC.


Annex 6

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