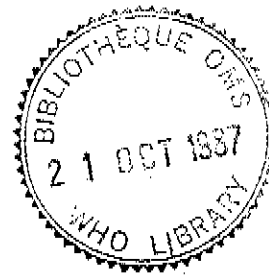




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SUMMARY OF WHO POLICY, STRATEGIES, AND PROGRAMME ACTIVITIES
ON DRUG DEPENDENCE AND ITS RESPONSIBILITIES UNDER THE
INTERNATIONAL DRUG CONTROL TREATIES

Arif, A., Consultant, & Khan, I., Senior Medical Officer,
Division of Mental Health,
World Health Organization, Geneva, Switzerland

The policy and strategies of WHO are exemplified in its programme activities with respect to drug dependence and its responsibilities under the international drug control treaties. WHO must continue to cooperate with countries in the development of their national programmes and to work for further international cooperation.

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1. Introduction and policy basis

The WHO global programme on drug dependence and WHO activities in respect of international conventions on narcotic and psychotropic substances are an integral part of the overall WHO mental health programme.

A resolution adopted by the World Health Assembly in 1980 outlined WHO's policy and gave directives for the development of the global programme to combat health problems related to drug abuse. It reaffirmed previous Assembly resolutions concerning the epidemiology of drug dependence (1973) and stressing the need for action by WHO and Member countries to prevent drug dependence and establish treatment and rehabilitation procedures (1975). It also endorsed a United Nations General Assembly resolution (1979) urging stronger action by WHO and other United Nations agencies. In response to these resolutions, WHO has developed a global programme on drug dependence.¹ The present report, provides a summary of activities undertaken by WHO since 1980 and relates to work included in the Organization's Seventh General Programme of Work under objective 10.2.²

2. Situation analysis and assessment of the problem

The analysis of trends in the frequency and severity of drug abuse and drug dependence has revealed a general increase in the problem in most countries. Although different drugs are predominant in particular cultures, there is a general trend towards wider diffusion of patterns of drug use across national boundaries. There is an increasing trend to multiple drug use and to drug use in conjunction with consumption of alcohol.

Cannabis is the most widely abused drug in the world. Although people of all ages are at risk, two groups in particular are affected: adult smokers in rural areas of Africa, Asia, and the Middle East, and the young in urban and semi-urban areas of the Americas, Europe and the Western Pacific. A new trend in Africa is the increasing use of psychotropic substances in addition to traditional cannabis use.

Abuse of raw opium is limited to a smaller number of countries in the Middle East, South-East Asia, and the Western Pacific, particularly rural poppy growing areas, while in urban areas heroin use is increasing, particularly among the young.

Heroin use is spreading through European countries. However, on the North American continent, although still a serious problem, heroin abuse appears to have stabilized, or even declined. On the other hand, the recent upsurge of heroin use in Pakistan, India, Sri Lanka, and Afghanistan, particularly among the young generation, reveals a trend that is of great concern.

Cocaine, despite its high cost to the consumer, is becoming the preferred drug of an increasing number of affluent drug-using populations in Europe and North America. Increased production of cocaine and a consequent fall in price have brought cocaine within the reach of a large number of users. In the Andean area, traditional coca leaf chewing continues among rural populations, with the new phenomenon of the smoking of coca-based paste spreading rapidly among the young generation in urban areas. Abuse of hallucinogenic drugs (including LSD, peyote, psilocybine and phencyclidine) affects young urban populations in North America and - to a lesser extent - in Europe and Australia.

Amphetamines, barbiturates, sedatives and tranquillizers are consumed in most countries and their abuse, as well as multiple drug abuse, is increasing throughout the world, parallel with their increasing availability on both licit and illicit markets. The sniffing or inhaling of volatile solvents is also spreading in a number of countries, particularly among pre-adolescent and early adolescent urban populations.

3. Objectives of the WHO Medium-term Programme

The objectives of the WHO Medium-term Programme concerning drug dependence and its control are to cooperate with Member States in (a) preventing and controlling problems of drug abuse and (b) developing appropriate technologies for the prevention, treatment, and management of drug dependence problems.

4. Approaches and strategy of the programme

In developing and implementing the global programme, WHO simultaneously uses at least three complementary approaches:

- (a) cooperation with countries to assess the nature of their problems and to formulate policies and programmes for their resolution;
- (b) development of the technology necessary for programme implementation;

- (c) application of such technology, accompanied by appropriate evaluation, in order that that it can be further developed when necessary.

These approaches are examined in more detail below:

- (a) Problem assessment and policy formulation. A valid assessment of the nature and parameters of drug abuse problems and issues is essential for effective policy formulation. WHO is collaborating in this process with countries that identify specific needs in terms of technology development. Problem assessment includes epidemiological estimations of the size and nature of problems; exchange of information; development of mechanisms capable of monitoring changes and trends in the drug abuse situation in the country; utilization of knowledge provided by agencies and institutions outside the health sector; and collaboration with decision-makers in sectors other than health. An important approach for interregional and global action will be the development of adequate technical information support capacity and the technologies necessary for policy formulation at national, regional, and global level.

Some of this technology has already been developed and will be used in the application of this programme approach: for example, knowledge available in some countries on the effects of important reforms of drug abuse programmes - decentralization of services or the effects of legal controls on drug or alcohol abuse - will be conveyed to other countries considering such policy options.

- (b) Research and technology development. The development of the technology needed for programme implementation involves effective information transfer and research. WHO has coordinated efforts in this area, and helped bridge the gap between advances in science and the needs of the population. Coordination of research involved studies on the development of effective methods of prevention, treatment and treatment evaluation. Particular emphasis was given to the development of technology that can be used at the primary care level and to the incorporation of techniques of prevention and treatment of drug dependence into general health care.

- (c) Assessment, adaptation and promotion of appropriate technology. New technologies are useless unless they are adapted and presented in a way that fits the particular culture, country, or region. A priority function of WHO is to collaborate with countries in adjusting technologies to their needs. This involves organizing workshops and seminars and disseminating information about existing treatment, methods of diagnosis and training techniques.

In developing the programme, WHO collaborated very closely with the United Nations agencies involved in drug abuse control, coordinating the work so as to ensure that maximum benefit is provided through adequate programmes for people adversely affected by problems related to drugs throughout the world. The United Nations Fund for Drug Abuse Control, the United Nations Division of Narcotic Drugs, the International Narcotics Control Board, WHO, and other specialized agencies concerned continue to meet regularly to coordinate their programme activities.

WHO works very closely and effectively with WHO-affiliated nongovernmental organizations and with the WHO designated Collaborating Centres for Research and Training in Drug Dependence.

5. Collaboration with countries to promote policy and programme development

5.1 Interregional, regional, and intercountry activities

The resources and expertise available in any one country are rarely sufficient to meet all its needs in planning and implementing programmes to control drug dependence. In addition, some countries have drug abuse problems in common and, for geographical or cultural reasons, provide a natural grouping for cooperative action. Such collaboration has been fostered by interregional, regional, and intercountry workshops, seminars and meetings on the prevention, treatment, and epidemiology of drug dependence and on the safe use of dependence-producing drugs.

Seven interregional and regional workshops have been held with the objective of promoting awareness of the means of preventing and controlling drug misuse among decision-makers and people working in this field. These workshops were attended by country representatives, who discussed drug abuse in their countries, its nature and extent, and their experiences in prevention and treatment programmes, as well as in

policy formulation and in coordinated activities involving collaboration between neighbouring countries. The reports of these workshops reflect the situation in the countries represented and contain various recommendations. The workshops have increased participants' awareness of WHO's activities in training and in the prevention of drug dependence.

The following workshops have taken place so far:*

- (1) The Interregional Workshop on Prevention, Treatment and Rehabilitation of Drug Dependent Persons (Alexandria, Egypt, September 1978), with the participation of countries from the South-East Asia and Eastern Mediterranean Regions.
- (2) The Interregional Workshop on Prevention, Treatment and Rehabilitation of Drug Dependence (Bangkok, November 1979), with the participation of countries from the South-East Asia and Western Pacific Regions.
- (3) The Interregional Workshop on Epidemiological and Intervention Programmes for Rural Opium-using Populations (Chiang Mai, Thailand, November 1979), with the participation of countries from the South-East Asia, Eastern Mediterranean and Western Pacific Regions.
- (4) The Workshop on Prevention and Treatment of Drug Dependence for English-speaking African Countries (Lagos, November 1980), in collaboration with the United Nations and the International Council on Alcohol and Addictions (ICAA).
- (5) The Workshop on Prevention and Treatment of Drug Dependence for French-speaking African Countries (Dakar, 1980), also held in collaboration with the United Nations and ICAA.
- (6) The Inter-American Seminar on Medical and Sociological Aspects of Coca Chewing and Cocaine (Lima, July 1979), with the participation of countries from North and South America.

* Workshops that took place before 1980 (i.e. in 1978 and 1979) are listed because the series was planned as a continuous activity, in which results from earlier work have been used in a cumulative manner.

(7) The Interregional Workshop on Prevention and Treatment of Drug Dependence (Brussels, September 1983), organized by WHO in collaboration with the European Economic Community, the Belgian Government, and the WHO Collaborating Centre on Psychosocial Factors and Health, Brussels.

5.2 Country-level activities

A series of programmes dealing with the prevention and control of drug abuse and its consequences have been carried out in Afghanistan, Bolivia, Burma, China, Colombia, Egypt, Ecuador, Pakistan, and Thailand. WHO, with financial support from the United Nations Fund for Drug Abuse Control (UNFDAC), acted as an executive agency for health aspects of these comprehensive drug abuse control programmes, collaborating with national authorities, the United Nations, and other United Nations agencies (such as the International Labour Organisation (ILO) and the United Nations Educational, Scientific, and Cultural Organization (UNESCO)). WHO has also facilitated countries' efforts in training their scientists in laboratory investigations.

In addition to cooperation in the formulation of national policy regarding drug abuse, a main objective of these activities was to increase the effectiveness of the health and social services dealing with drug abuse problems and to incorporate relevant activities in those of the existing health facilities and in primary health care. The elements of these country programmes include epidemiological assessment of drug abuse, the organization of training activities within the country, the provision of fellowships for the training of national staff within the region and the introduction and systematic evaluation of treatment methods.

The country projects resulted not only in an improved service delivery but also increased knowledge concerning the etiology and nature of the problem. The progress of country programmes is regularly evaluated by the countries in collaboration with WHO, as well as by independent missions sent to the countries by the United Nations Fund for Drug Abuse Control.

6. Development of technology

The development of the technology needed for programme implementation involves effective information transfer and research. WHO-coordinated efforts in this area aim at bridging the gap between the advances of science and their application to meet the needs of the community.

In research, particular emphasis has been given to the development of technology that can be used at the primary health care level, in order to facilitate the incorporation of activities for the management and treatment of drug dependence in general health care programmes. Three main directions of research have been pursued so far: (1) the development of the technology necessary to monitor the magnitude and nature of drug dependence problems and their changes, whether spontaneous or as a consequence of service interventions; (2) improvement of technology for the prevention of drug abuse; and (3) improvement of treatment technology. In addition to developing new techniques, a special focus of the programme has been the adaptation of the many potentially valuable technologies that have recently become available in the drug dependence field; for example, epidemiological methods, diagnostic techniques and methods of training. WHO collaborating centres have played a particularly valuable role in these activities and in disseminating information about techniques of diagnosis and treatment, teaching methods, legislation, and so on.

6.1 Monitoring the problem

In a resolution adopted by the World Health Assembly in 1975, the Director-General was requested inter alia to accelerate the development of the reporting programme on the epidemiology of drug dependence and to develop further activities related to the monitoring of adverse side-effects of psychoactive drugs in relation to their risk of abuse and dependence potential. All those responsibilities were confirmed and re-emphasized in a further Assembly resolution in 1980. The activities undertaken in implementation of these resolutions include the development of methods of data collection and the preparation of critical reviews of available knowledge and country experience. Monitoring of adverse effects of psychoactive drugs has gained importance in recent years in parallel with the increased responsibilities of WHO under the Convention on Psychotropic Substances, 1971. WHO has therefore developed a set of guidelines for the review of dependence-producing psychoactive substances for international control, as envisaged in a resolution adopted by the WHO Executive Board in January 1984.³ These guidelines are now being applied.

In the period under review the following activities have taken place:

(a) Development of core data for epidemiological studies of nonmedical drug use

The specific objective of this activity, in which WHO has worked closely with other governmental and nongovernmental agencies concerned, was to define the core data that should be collected in epidemiological studies and in institutions to permit comparison of data between studies and services. In a multicentre study investigators in nine countries examined the feasibility of obtaining information about key issues and agreed on a data set that was relevant to programme development and could be obtained and used in international comparisons in a reliable way. The output of this study is a WHO publication which contains minimum standardized core data for use by Member States.⁴

(b) Development of methodology for a survey of student drug use

The aim was to develop methods for the assessment of student drug use in different sociocultural settings. Teams in seven countries developed and tested a "self-administered drug use questionnaire", i.e., a questionnaire that may be filled in by the young people themselves. The validity and reliability of the questionnaire was assessed and found satisfactory. It was shown to be usable at low cost and for a variety of purposes, including surveys of incidence and prevalence of drug use, follow-up studies, and studies evaluating treatment programmes.⁵

(c) Drug abuse reporting systems

The objective was to review and make a critical analysis of the existing systems. Three types were assessed. Major issues and problems encountered in developing the systems were examined, their advantages and disadvantages were appraised, and recommendations were made about ways of developing data-reporting systems in the future.⁶

(d) Drug abuse among non-student youth

The objective was to obtain information and to develop methods for the collection of data that would help programmes aimed at preventing drug abuse and providing treatment for those affected. Teams of investigators in five countries

developed a questionnaire and tested it in non-student populations, in a variety of languages and settings. The methodology and the results of the study have been published.⁷

(e) Review of general population surveys of drug abuse

This review summarized a number of general population surveys that have been carried out in the field of drug abuse, giving consideration to relevant technical, administrative and practical issues. The experiences of eight countries that have conducted one or more general population surveys were also reported.⁸

(f) Drug problems in the in sociocultural context

This project reviewed the sociocultural context of drug taking, examining questions such as how society and culture determine who takes which drug and why, how the drug taker perceives himself and is perceived and responded to by others, and how social structure and culture interact with treatment and prevention programmes. This study was implemented in collaboration with 35 investigators who prepared case studies describing the situation in 20 countries.

Three groups of case studies were presented. The first group described the epidemiological spread and patterns of drug abuse in countries of different sociocultural backgrounds. The second group concentrated on countries with different health care approaches to helping drug-dependent persons. The third group of case studies concerned various strategies and policies for reducing the demand for drugs. A chapter on prevention and another on sociocultural perspectives in designing drug control programmes were also included.⁹

(g) Extent of drug abuse: an international review with implications for health planners

A review of data on the extent of drug abuse was prepared using information available to international organizations as well as published reports. The material is organized in six sections. The Introduction is followed by a review of sources of data and of procedures used in gathering, reviewing, and presenting the data. In the third section the findings are summarized for nine major drug types: raw opium, heroin,

other opiates, cocaine, cannabis, hallucinogens, amphetamines, barbiturates (and other sedatives and tranquillizers), and volatile solvents (maps show the global distribution and rates of abuse by drug type). In the fourth section, the data are related to priorities for national and international programmes. The limitations of the data are discussed in the fifth section. In the sixth section the major conclusions, implications and recommendations are presented. A tabular presentation of data by country for each major drug type and a detailed description of the methods used in the review and selection of data are annexed.¹⁰

(h) Adverse health and behavioural consequences of cannabis use

In view of the considerable increase in the use of cannabis during the past ten years and the increasing concern in many countries about its health consequences, a Scientific Group was convened jointly by WHO and a WHO collaborating centre, the Addiction Research Foundation (Toronto, Canada). The Group reviewed existing scientific, clinical, and epidemiological information on the potential and actual hazards to health resulting from the nonmedical use of cannabis and its various psychoactive constituents and preparations.¹¹ A great deal was learned from this study about both the acute and the chronic effects of cannabis use. Acute intoxication with cannabis interferes with many aspects of mental health function, particularly among the young in schools, causing major impediment to their performance. It also affects perception and skilled performance both of which are required for driving and a number of other tasks. Among the common chronic effects of cannabis use are impaired lung function, decreased sperm count and sperm motility, and interference with ovulation and prenatal development. There is also increasing concern about the long-term effect of cannabis use on the development of children and adolescents.

(i) Improvement of methods of diagnosis and classification and of terminology used for drug dependence and alcohol-related problems

A WHO Scientific Working Group met in August 1980 and reviewed the situation in relation to classification and diagnosis in the whole field of health problems related to alcohol and drug dependence. It identified gaps in knowledge and shortcomings in present systems of classification, and made recommendations for changes in classification and further research. These recommendations have contributed to the tenth revision of the International Classification of Diseases and to a reconsideration of future research priorities.¹²

6.2 Prevention

Prevention of health problems linked with drug dependence has high priority in the programme. It concerns prevention of dependence on narcotic drugs as well as prevention of problems arising in connection with the use of psychotropic substances.

(a) Development of a strategy and guidelines for the prevention of drug dependence

This involved the collaboration of investigators in 35 countries, who prepared descriptions of work on the prevention of drug abuse in their country. The second phase of the project will involve the analysis of this material and the preparation of a basic document that will analyse cross-national aspects of prevention policies. The reports of the meetings of an advisory group to the project are available.^{13,14} The final report on this project will be available in 1986.

(b) Rational use of psychoactive substances

A number of seminars have been held in different parts of the world where methods had been discussed to facilitate national efforts leading to the rational use of psychoactive drugs.

The WHO Executive Board, in a resolution adopted in January 1982, recognized that extra efforts should be made to improve the prescription of psychoactive drugs and their distribution and utilization. Following up a meeting in Moscow in October 1984, WHO is now in the final stages of producing a publication to be entitled Prescribing psychoactive drugs: how to improve practices.

This publication proposes new directions to be followed for improving the rational use of these drugs. It also stresses the importance of cooperation between the pharmaceutical industry, professionals, and government officials. More work is required on this subject.

6.3 Treatment

Activities concerned with treatment technology have concentrated on the development of techniques for the evaluation of management and treatment, ways of using such techniques in primary health care settings, and legislation concerning treatment.

(a) Review and comparative analysis of legislation on the treatment of drug- and alcohol-dependent persons

Two advisory group meetings held in collaboration with the United Nations agencies concerned have reviewed and analysed, in depth, legislation on the treatment of drug and alcohol dependence in 43 countries. A comparative review and a set of guiding principles and alternative approaches have been drafted to assist countries in developing or updating their legislation. The first phase of the project has been completed and its results have been published.¹⁵ In the second phase, two regional workshops have been held, one in Alexandria (Egypt), for the Eastern Mediterranean Region in October 1984, and the other in Bangkok, for the South-East Asia Region in November 1984. The purpose of these workshops was to convey the knowledge acquired to health professionals and health legislators in the two Regions.

(b) The role of methadone in the prevention and management of opioid dependence

The usefulness of methadone in the treatment of dependence on narcotic drugs has been assessed with the participation of WHO collaborating centres and 22 investigators from 20 countries who have experience in using methadone in their treatment programmes. The investigators prepared papers summarizing their experience and a document bringing together this material will be available in 1986.

(c) Methodology for the evaluation of drug dependence treatment

This study is being carried out in cooperation with a number of WHO collaborating centres, including those in Burma, Hong Kong, India, Indonesia, Malaysia, and Thailand. Various reporting forms containing information relevant to treatment evaluation have been assessed. A publication presenting the forms used and experience obtained in their use is in preparation.

6.4 The role of primary health care

With a view to promoting incorporating the relevant elements of management and prevention drug dependence in primary health care, the Organization is studying the role of such care in the prevention and management of problems related to both drug and

alcohol dependence.* The objective of this project - implemented in collaboration with countries from three WHO regions and with WHO collaborating centres - is to define the primary health care worker's role. Guidelines for the training of primary health care workers in this field have been produced and put into use, on a trial basis, in several developing and developed countries. The draft guidelines and manual have been completed and submitted for publication by WHO.

A WHO workshop on the prevention and management of drug dependence through primary health care was held in September 1985 in Lagos, Nigeria, in collaboration with the Federal Ministry of Health of Nigeria and the Lambo Foundation. The proposal to hold this workshop was also supported by the African Mental Health Action Group at their meeting in May 1985. It was the first workshop on this subject to be held in Africa and it gave particular attention to the role of primary health care workers in the assessment, prevention, and management of drug abuse. Forty-five experts from 17 countries from the African and Eastern Mediterranean Regions attended, discussed their experiences and made plans for collaboration in this field. Training of manpower and research needs were also reviewed. The report of the workshop is in preparation and will be available in 1986.

6.5 Development of manpower and training

The Organization has held a number of seminars, workshops and training courses and developed a manual and guidelines for teaching in medical and health institutions. It has also produced a variety of documents and publications that are being widely used for training purposes. The following activities have taken place in the past five years.

- (a) Manual and guidelines for teaching on problems related to drug and alcohol dependence

A survey carried out in 1983 clearly indicated that there was a need for WHO to develop a manual on drug abuse problems that would be of assistance to teachers of medical students and other health professionals. This task was approached bearing in mind the need to adjust training to local sociocultural and service conditions and to

* An advisory group for the project met at the Regional Office for South-East Asia from 16-20 May 1983. The report of that meeting has been issued as unpublished document WHO/MNH/83.16.16

maximize the use of experience of experts from different countries. The manual was therefore prepared in collaboration with 78 investigators. The draft has been distributed for comments to WHO collaborating centres and members of the WHO Expert Advisory Panel on Drug Dependence and Alcohol Problems. In October 1983 an advisory group reviewed the manual. The manual is at present being edited and will be submitted for publication early in 1986.

(b) WHO interregional training courses on the prevention and treatment of drug dependence

Seven interregional training courses for physicians were held from 1979 to 1984 in Hong Kong and in Thailand.

A total of 185 physicians were nominated from developing countries in the African, South-East Asia, Eastern Mediterranean, and Western Pacific Regions. The participants were trained in methods of prevention and treatment. The courses included practical instruction and field training in methods of epidemiological assessment of drug abuse. Each course lasted three weeks and has been evaluated for effectiveness.

(c) WHO interregional training course on the epidemiological assessment of drug dependence

This course, held in the WHO Collaborating Centre (Penang, Malaysia), from 31 October to 20 November 1983, was attended by 25 nationals of countries in the South-East Asia, Eastern Mediterranean and Western Pacific Regions working in drug dependence programmes. Instruction was provided on methods used in epidemiological studies and on methods of data analysis.

7. Activities related to the international conventions

7.1 Control of narcotic drugs and psychotropic substances

Countries require guidance in their efforts to implement the international conventions so that they may obtain maximum possible benefit from this action. Guidelines based on extensive experience in a number of developing countries have been drawn up by a team of experts and published by WHO¹⁷ The next step is for WHO to try

and cooperate with countries in the application of these guidelines. WHO has collaborated with the People's Republic of China in developing programmes in drug abuse control. China has now ratified the drug control treaties.

7.2 Evaluation of narcotic drugs and psychotropic substances

The most important role assigned to WHO under the 1961 and 1971 treaties is to recommend narcotic drugs and psychotropic substances for international control.

Since 1976, when the 1971 Convention on Psychotropic Substances came into force, WHO has reviewed data on the benefit and risk ratio of a large number of groups of drugs and on individual drugs at the request of Member States and the United Nations Commission on Narcotic Drugs, as well as on its own initiative based on information available to WHO from various sources. Eight reviews and one WHO Expert Committee on Drug Dependence have been held to make recommendations. In 1984, WHO's recommendations regarding control of commercially available benzodiazepam¹⁸ were debated by the United Nations Commission on Narcotic Drugs and it was decided that 33 of them be placed in schedule 4 of the 1971 Convention; in 1985, a list of 28 amphetamine-like substances were reviewed¹⁹ and the recommendation that 17 of these should be placed under control will have been debated in February 1986. In 1986, an expert committee will review 31 barbiturates and in 1987 an expert committee will evaluate a list of 25 non-barbiturate sedatives. In 1988, opioid agonists and antagonists will be reviewed.

WHO has also developed a methodology for the evaluation of psychoactive drugs, with reference to both the problems they give rise to and their usefulness. The twenty-first report of the WHO Expert Committee on Drug Dependence discusses the psychopharmacological evaluation of drugs,²⁰ while a report of the WHO Expert Committee on Implementation of the Convention on Psychotropic Substances, 1971 deals with the assessment of public health and social problems associated with the use of psychotropic drugs.²¹ The role of these drugs in causing traffic accidents has been examined in another WHO publication.²²

A number of methods of assessing the public health and social problems associated with the use of psychotropic drugs have been reviewed in a publication entitled Public health problems and psychotropic drugs by Heikkilä & Khan (1982). Using the methodology outlined in this document, several studies were carried out in developing

countries. In September 1985, a meeting convened by WHO in Pattaya, Thailand, reviewed the experience gained and considered data obtained by law enforcement agencies for use in drug control decision-making processes. A revised version of the document by Heikkilä & Khan is in preparation. This document not only reviews ways and means of studying the problems but also suggests how to make psychoactive drugs safer.

Methods of assessing the therapeutic usefulness of psychoactive drugs were reviewed at a WHO meeting in October 1984.²³

7.3 WHO's new procedures for the review of psychoactive substances for international control

WHO has developed new procedures for reviewing psychoactive substances, which include a yearly Expert Committee on Drug Dependence to make recommendations to the Director-General; a programme-planning working group meets in advance of the Expert Committee and selects substances for future review, as well as helping WHO in planning future work. The new procedures also require WHO to collaborate with organizations and institutions that can contribute data for consideration by the Expert Committee on Drug Dependence, including the International Federation of Pharmaceutical Manufacturers Associations and pharmaceutical companies that produce psychoactive substances.

7.4 Guidelines for review of exempted preparations under the 1971 Convention

WHO considered that further elaboration and refinement of the provisions of the 1971 Convention on Psychotropic Substances are required to assist national authorities in granting exemption to those preparations containing a controlled psychotropic drug. A meeting in Geneva in October 1985 reviewed this subject.²⁴ It concentrated on the extractability of the substances, on the role of a deterrent, and on the ratio of the deterrent to the active principal substance.

WHO has on record about 800 exempt preparations and will carry out further research on this subject to highlight the principles involved and give guidance to national authorities.

7.5 Impact of scheduling on the practice of medicine and pharmacy

Since its inception, WHO has had vast experience in the evaluation of narcotic drugs. Control of narcotic drugs has helped nations to avoid the nonmedical use of these drugs, but they are still available for therapeutic use. Criteria are lacking for the assessment of the effects of scheduling psychotropic drugs. A group convened by WHO recently reviewed the above subject and developed criteria that will help identify gaps in our knowledge in this field. WHO plans to undertake a study of these indicators in selected countries and to make a careful analysis of the data indicating the impact of scheduling drugs.

8. Collaboration with United Nations agencies

In the conduct of WHO's activities concerned with the control of health problems related to drug abuse, close collaboration and coordination have been established with the United Nations Division of Narcotic Drugs, the United Nations Commission on Narcotic Drugs, the International Narcotics Control Board (INCB), the International Labour Organisation (ILO), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the International Criminal Police Organization (Interpol), and the Food and Agriculture Organization of the United Nations (FAO). During the period under review, WHO also made annual global reports, participated in meetings of the United Nations Commission on Narcotic Drugs, and acted as a technical (health) adviser to the International Narcotics Control Board.

Interagency coordination meetings convened by the United Nations Division of Narcotic Drugs have been held regularly twice a year: in February, during the session of the Commission on Narcotic Drugs, and in August. The August 1983 meeting was held at WHO headquarters with the participation of all the United Nations agencies and bodies concerned with the problem of drug abuse. These meetings have proved to be effective in improving coordination of the work of the United Nations agencies.

Each year WHO also prepares, for submission to the United Nations General Assembly, a global report on programme activities concerning drug abuse in response to the request to the specialized agencies contained in General Assembly resolution 34/177 (1979) on International Cooperation in Drug Abuse Control.

9. Establishment of WHO collaborating centres

WHO has designated six collaborating centres.* These are located in the National Institute on Drug Abuse (Rockville, MD, USA); the Addiction Research Foundation (Toronto, Canada); the Mexican Institute of Psychiatry (Mexico); the Universiti Sains Malaysia (Penang, Malaysia); the Institute of Health Research at Chulalongkorn University (Bangkok); and the Spanish Family Guidance Center, Coral Gables, Miami, USA. They are usually based on a leading institution and involve core groups of experts who collaborate with WHO on various projects. They serve as active repositories of skills and methods for use in national and international programmes, as platforms for intersectoral and multidisciplinary workshops and consultations, and as training resources. The centres are playing an important role in research, identified on the basis of countries' needs, and in activities directed to the promotion of national policies concerning drug dependence.

10. Collaboration with nongovernmental organizations

WHO has established a close relationship with the International Council on Alcohol and Addictions (ICAA) which has worked together with WHO in the organization of a number of seminars, workshops, and advisory group and expert committee meetings. Experts who are members of the ICAA have also contributed to WHO activities. The ICAA quarterly newsletter regularly covers WHO activities in the field of drug and alcohol dependence. Regular meetings have been held between ICAA and WHO at secretariat level to plan the joint activities, and a plan of collaboration has been developed covering the next two years.

The collaboration with ICAA has proved to be very useful and productive. On occasion, WHO has also collaborated with other nongovernmental organizations not yet in official relations.

* In addition to the WHO collaborating centres designated to deal specifically with problems related to alcohol and drugs, there are a number of others, dealing in a more general way with mental health problems, which also include activities in the field of drug dependence and alcohol-related problems in their programmes.

Collaboration between WHO, the International Federation of Pharmaceutical Manufacturers Associations (IFPMA), and the International Organization of Consumer Unions (IOCU) has been further strengthened in connection with obtaining data for a review of psychoactive drugs.

11. Emerging programme directions

A number of activities described above require follow-up and continuing effort. To these will have to be added activities dealing with newly emerging issues. These include action to deal with drugs that have created increasing concern in recent years and with the growing problem of the combined use of alcohol and drugs; the usefulness of the risk approach in the field of drug dependence will also be examined.

11.1 Adverse health consequences of the abuse of volatile solvents/inhalants

The abuse of volatile solvents is giving rise to serious problems among children of 8-14 years of age. It produces serious disturbances of consciousness and can cause irreversible physical damage. There is a need to review the types of problem created by the abuse of volatile solvents, the extent of that abuse, its adverse health consequences, and prevention and treatment approaches. Background information is being prepared and an advisory group meeting on the subject is scheduled for 1986. The group's recommendations will guide decision-making on future directions of work.

11.2 Adverse health consequences of cocaine use and coca-paste smoking

In response to a resolution adopted by the World Health Assembly in May 1984, which recognized the dramatic global increase in the abuse of drugs, particularly cocaine, an advisory group meeting was held in Bogotá in September 1984. The objective of the meeting was to review knowledge about health damage caused by cocaine abuse, about its magnitude, and about existing treatment and prevention approaches.

The group then reviewed the WHO draft global plan of action, containing proposals for the formulation of policy, strategy and activities to be undertaken to combat the cocaine problem, and made specific recommendations which will be used in the finalization of the global plan of action in early 1986.

11.3 Identification of high-risk populations as a strategy for dealing with drug-related health problems

In response to a resolution adopted by the World Health Assembly in May 1984 and to two resolutions of the United Nations General Assembly (adopted in 1977 and 1979), the Organization will further examine possible strategies for improving the effectiveness of preventive measures used in drug dependence programmes. One such strategy that will be explored consists of identifying high-risk groups (defined by personality types, or by psychosocial and economic criteria) and concentrating preventive action on such groups. This exploration will be carried out in collaboration with investigators in several countries that differ sharply in their health care organization.

11.4 Development of guidelines for legislation on the treatment of drug and alcohol dependence

The first phase of the project on treatment legislation was completed in 1984 and comprises a review and analysis of legislation on treatment in 43 countries.¹⁵

Work on the second phase of the study began in 1985, the aim being to formulate guidelines for the development of legislation on the treatment of drug and alcohol dependence. A WHO advisory group meeting was convened in December 1985 with the participation of public health workers, psychiatrists, lawyers, and policy-makers from some ten countries, together with representatives from four WHO collaborating centres and one nongovernmental organization. The draft document containing the guidelines, before being presented to the advisory group meeting in December 1985, was reviewed by selected WHO expert advisory panel members and in WHO collaborating centres and institutions. The document is expected to be available in 1986.

11.5 Evaluation of policy and its impact on the reduction of drug-related problems

The objectives of this project are to collaborate with Member States to promote policy formulation, to ascertain the current status of policies and programmes in selected countries in all WHO regions, and to develop methodology, guidelines and indicators for monitoring, in collaboration with countries, and evaluating policies and programmes and their impact on the reduction of the problem of drug dependence.

Two documents were prepared in 1985: (1) a review and analysis of national policies in selected countries of all WHO regions, identifying the processes employed in formulating and evaluating their policies, and (2) preparation of a draft document on guidelines for policy formulation and evaluation of their impact on reduction of the problem. These documents will be finalized at a multidisciplinary meeting to be held in 1986.

11.6 Development of monitoring and guidelines for the assessment of drug abuse

In 1985, WHO initiated work to develop "a guideline for assessment of the drug abuse problem". This guideline will take into consideration previous WHO work and earlier publications, which include: Core data for epidemiological studies of nonmedical drug use⁴, A methodology for student drug use surveys⁵, Drug abuse reporting systems⁶, Drug use among non-student youth⁷, Review of general population surveys of drug abuse⁸, Drug problems in the sociocultural context⁹, Extent of drug abuse¹⁰ and terminology used for drug dependence and alcohol-related problems.¹² It will also review other existing instruments.

11.7 Guidelines for management and treatment evaluation

During the past eight years WHO has conducted several activities regarding the management and treatment of drug dependence and several investigators have collaborated with WHO on the methodology for evaluation.

WHO will review all these experiences and in collaboration with the WHO collaborating centres, develop guidelines for the management and evaluation of treatment.

11.8 Common patterns of alcohol and drug use

International evidence of common patterns in the use of alcohol and of drugs continues to grow stronger. There is, in fact, a correlation between drug dependence and alcohol-related health problems and, in an increasing number of countries in all regions of the world, multiple drug abuse is also becoming a common phenomenon.

Although there are differences between dependence on alcohol and dependence on barbiturates and certain other central nervous system depressants, the dependence syndromes associated with these agents show such significant similarities in regard to causation and treatment that it is frequently useful to consider them under the same heading. The manifestations of intoxication are also quite similar. Since these agents are often used in combination, abusers frequently shift from drugs to alcohol or vice`versa. Simultaneous abuse or continuing transfer between alcohol and drugs, such as barbiturates and amphetamines, are therefore also seen to be increasingly common in both developed and developing countries.

Consequently, WHO is actively exploring the possibility of using common approaches to alcohol and drug related problems. In several ongoing projects the Organization has brought activities concerned with alcohol and those relating to drugs together in the health care context. Such projects include, for example, the development of the manual and guidelines for teaching in health institutions on problems related to drug and alcohol dependence, and the preparation of the publication on legislation concerning treatment of alcohol- and drug-dependent persons, as described above. The WHO programme on the psychosocial aspects of health also contributes to this effort through its multidisciplinary approach to the study of lifestyles and other research.

12. Conclusion - prospects and needs

The strategy of WHO is to cooperate with countries in the development of their programmes and to maintain, in this effort, close collaboration with the United Nations agencies concerned with the problem of drug dependence, particularly with the United Nations itself and with such bodies as the International Narcotics Control Board, the United Nations Fund for Drug Abuse Control, and the Commission on Narcotic Drugs. The effective relations established with the nongovernmental organizations and with WHO collaborating centres play an important role in many of these activities, particularly in the area of training and research.

Countries have become aware of the seriousness of drug dependence as a health and social problem and many Member States are implementing successful programmes. Through technical cooperation at regional and global level further significant progress can be achieved. Country commitment and international collaboration are complementary

features of programme development. WHO, for its part, aims to make a useful contribution by supporting the efforts of its Member States to develop appropriate technology, by improving the transfer of relevant information about policy and programme development, and by monitoring problems and their solutions.

The international drug control treaties have been created by the international community as instruments to protect their populations from the harmful effects of narcotic drugs and psychotropic substances, while ensuring their availability to those who need them. There is evidence that countries are now utilizing these instruments more effectively.



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