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PROGRAMME ON
**SUBSTANCE
ABUSE**

WHO
initiative on
cocaine

Meeting of project
advisers

Geneva
24–28 August 1992



WORLD HEALTH ORGANIZATION

This report describes the meeting of Project Advisers for the WHO Project on Cocaine which was held in Geneva during the period 24-28 August 1992.

The WHO Project on Cocaine is funded by UNICRI and is comprised of three sub-projects. The WHO Initiative on Cocaine Abuse proposes to collect up-to-date information on cocaine at a regional and country level, through National Reports and a Key Informant Study, in order to elaborate a world map that will show as accurately as possible the global situation. The Natural History of Cocaine Abuse: A Case Study Endeavour proposes to collect basic data on a wide range of issues in relation to cocaine use in selected centres and countries which will be composable across different cultures and with existing data. Factors of Cocaine Abuse and Harm: Methodologies for their Identification and Outline of their Utilization proposes to review current knowledge related to indicators of cocaine use and cocaine-related harm.

For implementation of the project, four working groups will be established representing countries which grow and process coca products and which now have cocaine-related problems; non-producing countries which have substantial numbers of cocaine users with problems; countries in which cocaine use and problems are not widely spread but are causing increasing concern; and countries in which cocaine use has not appeared as a significant problem.

A group of experts and individuals representing the four country typologies met to discuss the design, implementation and coordination of the three sub-projects.

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INTRODUCTION

In early 1992, the Programme on Substance Abuse received support from the United Nations Interregional Crime and Justice Research Institute (UNICRI) in Rome to undertake research into the global extent and nature of cocaine use.

Three specific project proposals were developed. Five centres in different regions of the world were identified as collaborating partners with WHO in this project. These centres are sited in Medellin, Colombia; Providence, USA; Sydney, Australia; Ibadan, Nigeria; and Rome in Italy. Representatives from each of these five centres, along with a range of external advisors were invited to Geneva to discuss and to make recommendations in relation to the development and implementation of the project.

Four background documents were prepared by external advisors and circulated to meeting participants prior to the meeting. These background documents included:

- P. Cohen & J. Sandwijk: *Initiative on Cocaine Abuse 1992-1993* which discusses the methods to acquire the necessary data and evaluate the possibility to realise the stated goals of the project and offering an alternative method to approximate the needed data.
- P. Cohen & J. Sandwijk: *The natural history of cocaine use in different regions of the world*, discussing the problems of such a study and proposing guidelines.
- E. Fromberg: *Cocaine and pregnancy, hype or science? A review*, serving to illustrate the observational bias of the medical literature on drugs and the difficulties one encounters when reviewing medical literature on cocaine.
- A. Henman: *The natural history of the use of coca-derived products in the producing countries of South America*, a brief overview of the situation in S. America to explore the themes outlined in the background papers of WHO.

Summaries of these papers are added as Annexes 2, 3, 4, and 5, respectively.

The objectives of the meeting were:

- To develop a research instrument for retrospective study of four different populations in such a way that data from all countries involved can be compared.
- To design the detailed activities for each of the four Working Groups be established.
- To commission an international study on the natural history of cocaine use and its relationship to other drug use.
- To commission five international literature review groups:
 1. to review current knowledge on the pharmacology of cocaine, its mechanisms of action, and its interaction with other drugs;
 2. to review current knowledge on the harmful physical consequences and indicators of cocaine use including cocaine intoxication; cocaine overdose; cocaine dependence syndrome, cocaine withdrawal syndrome, cocaine related organ toxicity and other cocaine related physical harm;
 3. to review current knowledge on the psychiatric and psychological consequences and indicators of cocaine use;

4. to review current knowledge on the inter-personal and social consequences and indicators of cocaine use;
5. to review current knowledge on the consequences and indicators of cocaine use in special populations, including pregnant women, the foetus and children/adolescents.

Mr Hans Emblad, Director of the Programme on Substance Abuse, welcomed participants to Geneva. Dr Mario Argandona was introduced as Chairman of the meeting. Drs Erik Fromberg and David Lewis were appointed as rapporteurs for the meeting. A full list of participants appear as Annex I to this report.

The proposed agenda was adopted. All participants introduced themselves to the group and provided brief descriptions of their backgrounds and the situation of cocaine use within their respective countries or communities.

BACKGROUND TO PROJECT

INTRODUCTION

After having been considered a lesser evil among drugs, cocaine increasingly has been perceived in the 1980's as a global threat to mankind. In particular, the reporting of an increase in the production of cocaine, and the perceived consequences of its use in the USA, and to a lesser extent Western Europe, have been the main causes of this concern. In response to this, the Director General of WHO, Dr Hiroshi Nakajima, announced the WHO Initiative on Cocaine at the World Ministerial Summit to Reduce Demand for Drugs and to Combat the Cocaine Threat, held in London, in April 1989.

Later, cooperation with the United Nations Interregional Crime and Justice Research Institute (UNICRI) resulted in the development of three project proposals by the Programme on Substance Abuse which were accepted for funding by UNICRI.

Under the common heading: *Cocaine Today, It's Effects on the Individual and Society*, UNICRI clustered the WHO projects together with two projects: "Cocaine Markets and Law Enforcement" and "Study for the Standardization of the Indicators and Methodologies of Toxicological Analysis in the Field of Cocaine Abuse".

DESCRIPTION OF PROJECT PROPOSALS

WHO Initiative on Cocaine Abuse

This project was designed in close collaboration with UNICRI in a series of meetings held during the year 1991. The project recognizes the rapidly increasing spread of cocaine use and the negative consequences associated with its uses which affects many countries in the world. The project is based on typology of countries as defined by WHO's Director General of the World Ministerial Summit who distinguished them in terms of the development of their cocaine problems:

- countries which grow or process coca products and which now have cocaine-related problems of their own;
- non-producing countries which have substantial numbers of cocaine users with problems;
- countries in which cocaine use and problems are not so widely spread but are causing increasing concern;
- many countries in the world including most of those in Asia, Africa and the Pacific, in which cocaine use has not appeared as a significant problem.

The project proposes to establish a global advisory group, consisting of representatives of four working groups to be established, representing those four types of countries. The working groups will collect up-to-date

information on cocaine at the regional or country level in order to elaborate a world map that will show as accurately as possible the global situation. The results of this data collection are expected to increase knowledge about the use of cocaine preparations and will subsequently be instrumental in developing demand and harm reduction strategies.

The Natural History of Cocaine Abuse: a Case Study Endeavour

Although the above mentioned project will gather basic data on a wide range of issues in relation to cocaine, there exist certain gaps in the basic knowledge of coca products and their use. Significant resources have been allocated to research on cocaine in South as well as North America, but this appears to have been concentrated on control strategies and clinical issues. Other areas of interest have received considerably less attention, among others international epidemiology and the natural history of cocaine use patterns and to make cross cultural comparisons in relation to the different patterns. The project will be related to the above described project, WHO Initiative on Cocaine Abuse. At least one country belonging to the four country groupings will be studied in relation to the natural history of cocaine use. The project proposes a retrospective study into the natural history of cocaine use patterns, focusing on four groups of subjects:

- those who are in drug treatment and whose primary drug of use is cocaine
- those who are in drug treatment and have a history of current or past cocaine use, but where cocaine is not the primary drug of use or where cocaine is used in the context of poly-drug use;
- those who are not in drug treatment but use cocaine; and
- a control group of those who are in drug treatment and who do not currently use, or have not previously used, cocaine.

Factors of Cocaine Abuse and Harm: Methodologies for their Identification and Outline of their Utilization

This project, which will also be linked to the above two projects, is to be focused on specific issues related to indicators of cocaine use and cocaine related harm. The objectives are to review current knowledge on:

- the pharmacology of cocaine;
- the harmful physical consequences of its use and indicators thereof;
- the harmful psychiatric and psychological consequences of its use and the indicators thereof;
- the inter-personal and social consequences and the indicators thereof; and
- the consequences and indicators of the use among special populations, including pregnant women, the foetus and children/adolescents.

The indicators should be identified and their specificity should be determined. A manual on these indicators should be produced for use by health clinicians and other interested individuals and their organizations.

OVERALL PROJECT SCOPE AND PURPOSE

There was general agreement among meeting participants that the proposals were a major endeavour not only with respect to cocaine, but as a general approach to global drug research. The aims of the project were considered highly ambitious, especially in relation to the available budget and time frame, but it was deemed very important to proceed, if only because in most countries a clear understanding of patterns and consequences of cocaine use is missing and responses are influenced more by a political rather than a research or clinical agenda.

It was questioned as to why the study uniquely directed at cocaine, especially as it is known that cocaine is mostly used by people that have also considerable experience with other drugs, cocaine use being often just a

part of a career in drugs. Although participants accepted the importance of considering cocaine use in the context of polydrug use, specific characteristics of cocaine use warrant focused research in this area. On the other hand, the instruments and methodologies to be developed for this project could be used for research into other specific drugs in the future.

When summarily reviewing the cocaine situation in the countries of the different participants it became clear that the four country groupings are not as distinctive as suggested. Canada, grouped as type II country like the USA, is having a prevalence of cocaine use much lower than the USA, but comparable to Western Europe and Australia (type III countries). Nigeria, classified as type IV country, saw cocaine appear in the mid eighties. Its spread was highly influenced by economic developments. On one hand the economy began to disorganise, on the other, exporters of cocaine started looking for rerouting, due to law enforcement in the Caribbean and the USA. Nigeria is now used as a transshipment country for cocaine to Europe and North America. As a result cocaine is now perceived to be a significant problem in Nigeria. In particular, it is felt as a threat to social order. In Zimbabwe, on the other hand, the only information about cocaine in that country is coming from law enforcement agencies in relation to cocaine transshipment. However, some cocaine users exist there, mostly among the expatriate community. In a study among secondary school students none admitted cocaine use.

Moreover, even within one group of countries the cultural perceptions of cocaine can be so different that the rationale for grouping them together is questionable. For example within group I countries: coca chewing is culturally not accepted in some countries (Brazil, Ecuador and Columbia) while it is part of the culture in others (Bolivia and Peru).

There was a general agreement that what is actually observed is a sort of continuum, the country categorization on scrutinizing being more arbitrary, than is obvious at a more superficial level. However, the grouping is to be sustained for practical reasons.

In the same discussion it was raised that the implementation of the project and basic research in some countries would be very difficult due to a range of practical problems including the political situation. Although it had been proposed that approximately 20 centres participate in the project, specific aspects of the project would be focused on a limited number of countries.

IMPLEMENTATION OF WHO INITIATIVE ON COCAINE ABUSE

This project was discussed on the basis of the background paper produced by Dr P. Cohen, *Initiative on Cocaine Abuse 1992-1993*, summarised as annex II. This paper primarily discusses the proposed research methodology that being the collection of existing data, evaluation of this data and the identification of their usability. There was general agreement about comparability being an important prerequisite when fulfilling WHO's aim to produce a global map. Given the experience of the Pompidou group that even within the relative cultural similarity of Europe, national data turn out to be incomparable due to different methodologies employed, it was stressed by all participants that a uniform methodology has to be employed in all national data gathering, and that the data available, mostly as published literature, will have limited utility for cross cultural comparisons due to these differences in methodology.

It was observed that all scientific reports about drugs are highly culturally biased. For example, the views of countries where coca originated are often internationally marginalised by other countries. To acquire a useful methodological tool we have to attempt to remove loaded concepts and cultural biases. The creation of such a tool for investigation will be more difficult than is generally expected, but once developed will have considerable utility.

NATIONAL REPORTS

The most interesting data would be about prevalence, this giving baseline data for further monitoring. These data can however only be collected by population surveys and these are very expensive and difficult to perform in many countries, especially developing ones. There are however baseline data available from some countries, e.g. the Netherlands and Canada. There is the possibility in the future of obtaining such information

by piggybacking in some countries on other population surveys. Anyhow, it would be useful to have an inventory of all prevalence studies, even among special groups, that have been performed in participating countries.

Moreover, as prevalence in most countries is low, these data are of lesser importance within the framework of this project, with information about use patterns being our primary concern.

As a consequence of these considerations, it was proposed that national data on existing literature should be limited to comparable information, which will be collected according to the criteria established by the Programme on Substance Abuse. It was agreed that each participating centre be commissioned to prepare a national report describing the situation of cocaine use within their respective countries. The Programme on Substance Abuse will provide guidelines for the preparation of such reports.

KEY INFORMANT INTERVIEW

Further to the National Reports, it was agreed that new data should be gathered through key informant interviews, utilizing a standardized questionnaire administered to key persons selected according to a standardized methodology, in order to obtain comparable national data.

It is recognized that this will only indicate what people's perceptions are concerning the cocaine situation and not necessarily what the situation is. Although we need to have "objective" information to put these opinions into place, the gathering of such data is not possible with this project. We have to accept the loss of validity according to the classical rules in this phase of the study, considering that the budget is fixed for two years and that this limits the possibilities. It was observed that most studies start with interviewing key informants and the technique of "focus groups" was mentioned as a means to gather information on subjects that are difficult to research quantitatively. The information obtained in this way may be incomparable, but the way local images are being constructed has to be comparable.

The highly ambitious goal of a world map is to be changed into a more modest, and realistic objective of obtaining an initial description of cocaine use trends and problems in countries from different regions. The main importance of this exercise is to develop and pilot an instrument and methodology that can be globally applied giving comparable data. The development of such an instrument for crosscultural use implies a number of special difficulties such as:

- the target groups may be different;
- the cultural influences can be expected to be different, making people attribute different values to the same things;
- the reported perceptions may highly vary within one country dependent on the place where informants are recruited;

The following key issues regarding the development of the instrument and the methodology of application are identified:

- the selection of key informants;
- the issues they are questioned about;
- the geographical areas within the countries that they report on;
- the need for central processing of the information for comparability;
- the choice of interviewers.

Selection

The primary concern is how to define the kind of key informants in such a way that they can be identified in different cultural settings and be compared. We can define at least broadly a number of categories:

- the cultural sphere, amusement, etc.;
- law enforcement officials on different levels;

- education professionals;
- general medical care professionals and drug treatment professionals if available;
- mass services as taxi drivers, barkeepers etc.;
- researchers;
- drug-policymakers and their eventual opponents;
- cocaine users.

Next it is to be decided how their relative importance is valued, by example defining the number of interviews being taken among the different groups of key informants.

A second concern is that they should not only be asked what they think, but also assess what it is based on; we have to define who is to be considered an expert/key informant. The researchers will have to check the knowledgeability of the key informants. It was proposed to do some attitude testing in identified key informants as well.

General agreement was reached about the broad outlines of those who have to be informants and their relative weight:

I.	Professionals: treatment, law enforcement etc.	50%
II.	Mass services as taxidriviers, journalists etc. (if possible designated by users)	30%
III.	Users	20%

Further elaboration on the selection and the decision on the sample size was considered not to be the task for the Advisory Committee, but to be a task for the actual researchers to which the research will be commissioned, but has however to be centrally guided/guarded for comparability.

Issues

There was general agreement that the issues should be limited to an irreducible minimum core of information. Certain issues mentioned in the original proposal have to be omitted, by example the questions about treatment procedures, these are described in the literature and will be included into the Natural History project. The draft questionnaire added to this report as annex III was considered to cover all relevant issues, further elaboration being again the task for the actual researchers. It was understood that not all key informants are capable to inform on all subject fields. The possibility to develop different questionnaires for different informants was considered, but it was decided to make use of just one questionnaire covering all relevant fields. The questionnaire will require some flexibility, defining broadly the categories of information we want to have while giving the informant the opportunity to provide highly specific answers. Moreover, specific questions that address unique local situations (e.g. on coca-leaf use) can always be added. It was observed that qualitative data so obtained must be accompanied by contextual data to obtain the right procedure.

Areas

The place where informants are recruited may severely influence their opinions, thus the methodology of selection has also to deal with this issue. It was proposed to select the metropolitan areas most and least associated with cocaine use and one rural area. The proposal to leave this choice to the local institution, provided it tries to show as much diversity as possible, was rejected on the ground that this could be a threat to comparability. It was decided to leave this question to the researchers, provided they care for comparability of selection.

Central processing

The importance of central editing of the information for comparability was stressed by all participants. The best way is to have a few trained interviewers to collect all the data, but this will be impossible in the framework

of this project. At least locally the same interviewers have to be used. Guidelines for analysis of data locally should be developed to enable centres to make practical use of their own data.

Interviewers

The selection and training of the actual interviewers is of the utmost importance: most energy must be invested therein. It was strongly advised to look for researchers with relevant experience in qualitative research.

General conclusion

There is full agreement on the development of a standardized interview schedule for key informants. It is advised that every centre involved:

- provides a national report, for which extra guidelines will be issued as a contextual dataset;
- applies the questionnaire, the results of which will be centrally analyzed.

The final decisions about report guidelines, questionnaire and methodology of application have to be decided by the researchers to whom the study is to be commissioned.

IMPLEMENTATION OF THE NATURAL HISTORY OF COCAINE ABUSE: A case study endeavour

The discussions about this project were based on three background documents: Cohen's: *The natural history of cocaine use* discussing the research methodology, Fromberg's *Cocaine and pregnancy, hype or science? a review* illustrating the strong bias in medical literature on cocaine and Henman's: *The natural history of the use of coca-derived products in the producing countries of South America*.

Discussion was centred on methodology. The following issues were extensively discussed:

- data collection
- sampling technique
- location of research
- inclusion criteria
- number of respondents necessary
- follow up
- ethical aspects
- interviewers

DATA COLLECTION

The first question to be answered was how to collect the necessary data. The presently available data have generally been collected on individuals in treatment. Also the present proposal places emphasis on persons in treatment. All present agreed that an extremely low number of cocaine users go into treatment and that as a result research data based on persons in treatment gives a highly distorted picture. Cohen estimates that fewer than 1% of cocaine users go into treatment. Cocaine use clinically presents few problems: only 3% of the patients in an Australian clinical sample of substance users have cocaine related problems. Clinical problems of amphetamine are much more frequent. However, in Australia no population survey data are available, only data obtained by snowball sampling and by streetwork. Therefore this 3% cannot be related to data about cocaine use prevalence. It would be interesting to know whether cocaine, amphetamine and "ice" use occurs within the same groups or in different ones, but this question cannot be answered by the proposed research. Also, data presented from England, involving more than 400 current users of cocaine in the community, show that the majority of users experience few problems of dependence.

It was agreed that the research should focus on people not in treatment and that the in-treatment sample should not exceed 20%, even this percentage will distort the results. This distortion is illustrated by the fact that in Medellin coca paste causes the majority of clinical problems, suggesting it being the most common form of cocaine use, while a survey has shown that 2.5% of the population used paste last year and an equal 2.5% cocaine-HCl.

Although a prospective study would provide the best method, the timespan of the project prohibits this, thus the adoption of a retrospective study.

There is agreement that the success of the natural history study is dependent on whether the problems that Henman addresses in his background document can be solved.

SAMPLING TECHNIQUE

In the kind of study to be undertaken sampling technique is of the utmost importance. Recruiting individuals for this study can be very difficult, due to the illegal nature of cocaine use. Snowball sampling is the most widely used method for this kind of research. In South America, however, very different products are being used, so it is necessary to target first and then proceed with snowball sampling, realising that not all types of users may be found in one area. However, for the sake of representativeness, the sampling should be targeted at as many scenes as possible as starting points for snowball sampling.

Some participants expressed expected difficulties recruiting cocaine users not in treatment, especially in type IV countries. They believe that it will be necessary to include any subject which they can get. Even starting a chain with non treated friends of persons in treatment, gives a strong bias.

All participants however agreed that sampling methods have to be comparable and centrally decided upon.

LOCATION OF RESEARCH

Considering the discrepancy between the task formulated in the original proposal and the funding available all participants agreed that 4 natural history studies could not be funded properly within the budget. However, as natural history data are available from Canada (the study of Erickson) and the Netherlands (the study of Cohen), which are reasonably comparable, it is recommended that a questionnaire and methodology be developed based on the Canadian and Dutch studies. This instrument should be applied with a comparable methodology in South America and at least piloted in Nigeria. This would provide comparable data from type I, type II and type III countries and at least preliminary data from type IV country, provided that a comparable non-treatment sample can be obtained in Nigeria. Other participating centres interested in undertaking such a natural history study will be encouraged to use the same methodology and instruments as prepared for the project.

INCLUSION CRITERIA

Choices have to be made about when anyone is eligible to participate in the sample. Different choices on the minimum requirements gives different pictures. For comparison all centres should use the same inclusion criteria. Issues are: how many times the person has used cocaine, how long ago, inclusion of ex-users, even once only use is important as this might indicate factors why people do not continue to use.

On the other hand, if one is looking for information for long term preventive actions, relatively high inclusion criteria have to be imposed. With regard to the period within which last use must have taken place the opinions tended to 5 years.

NUMBER OF RESPONDENTS PER AREA

To maximise differentiation approximately 200 respondents per country/area are needed, and in South America even more (about 250 as a minimum), as there exist many different preparations and routes of administration. The numbers of interviews can best be defined in terms of preparations: 50% users of pasta basica, 25% users of cocaine hydrochloride, 25% coca-leaf users.

FOLLOW-UP

Possibilities for a follow-up study should be included. The original instruments and methodology produced for this project should be the basis for any follow-up study.

ETHICAL ASPECTS

Considering the risks for subjects participating in the project the meeting participants stress that extreme care has to be taken with regard to the data collected. All ethical standards and procedures of WHO will be carefully observed.

INTERVIEWERS

The selection of suitable interviewers was considered critical to the project. Appropriate interviewers may include anthropologists, sociologists etc. Some reservations were held concerning the selection of mental health professionals, as their cure-orientated approach of users may influence interview outcomes as has been demonstrated in Western Europe. For comparability standardizing the selection of interviewers was considered necessary.

It was remarked that in some regions of South America physical security of interviewers cannot be guaranteed. This may set limits to the comparability of data as it may be difficult to recruit all varieties of cocaine users for the study.

GENERAL CONCLUSIONS

All considerations stressed the necessity of stringent monitoring of the research to guard comparability. It was advised that this should be done by a very small "task force" of researchers, collaborating on both project I and II. This small force should take detailed decisions to safe guard comparability, within the framework of the above considerations.

To meet the above concerns on comparability, safety and the need for follow-up it was recommended to concentrate the field research on one country of South America where most of the cocaine preparations are used. A second country might be included to study different preparations and routes of administration which do not exist in the first country.

FACTORS OF COCAINE ABUSE AND HARM: Methodologies for their Identification and Outline of their Utilization

This project will be clearly interlinked with the other projects, by operating through the structure developed in project I. The five literature reviews will be prepared by the University of Rome. Many participants stressed the need to establish a mechanism for critical review and enrichment by participant countries in the working groups, which will be provided by this structure. Drafts are to be circulated through the structure for advice and comment.

Also the need was stressed for central collation and publication of the results.

However with regard to the project objectives those present expressed their feeling that the identification of indicators would be impossible, referring to the unsuccessful attempts to develop prospective indicators with regard to alcohol use and dependence. It was recommended that the identification of indicators be omitted from the projects objectives as well as the production of a manual concerning them.

TERMS OF REFERENCE OF WORKING GROUPS

With regard to the suggested terms of reference for the four working groups, as described in the first project "WHO Initiative on Cocaine" it was agreed that the same terms of reference be used for all four groups.

After discussing cocaine use in Canada and the USA based on presentations of Drs Erickson and Lewis, it was suggested to apply the terms of reference for type I countries to all types of countries based on the earlier observation that the dividing lines between them are at least very vague and the situation can be better described as a continuum. Following discussions, the following modified terms of reference call for all four groups to:

1. present available national data with regard to the rates and trends of cocaine use and related problems;
2. assess cocaine use and its trends in relation to other substance abuse;
3. describe current preventive activities;
4. describe the levels of awareness in relevant groups and communities;
5. describe the characteristics of the people using the different cocaine preparations;
6. describe the health-related problems associated with the use of each of the cocaine preparations;
7. describe the existing treatment procedures and services to tackle the various problems of cocaine users;
8. determine the extent to which people with cocaine-related problems are presenting to health care services;
9. indicate proposed activities for strengthening, developing or initiating health care options for prevention, treatment and rehabilitation for people with cocaine problems;
10. describe the social and cultural context of cocaine use;
11. current cocaine control measures.

The terms of reference as described above will act as a basis for the preparation of national reports as described under 4.1 of this report.

TIMETABLE

The following provisional timetable was agreed upon and will be reviewed at the meeting of the regional working groups in January/February 1993:

TASK	TIME FRAME	DEADLINE
Advisory Group Meeting 1		Aug 1992
preparation of questionnaires	3 months	
Completion of questionnaires		Nov 1992
piloting and sampling	2 months	
Regional Working Group Meeting 1		Jan/Feb 1993
data collection	10 month	
Regional Working Group Meeting 2		Jan 1994
comparison & drafting	4 months	
Advisory Group Meeting 2		Apr 1994
preparation of report	2 months	
Final report presentation		July 1994

RECOMMENDATIONS

RECOMMENDATIONS RELATING TO SPECIFIC PROJECTS

WHO Initiative on Cocaine Abuse

1. That this project be extended to two years duration in line with the other two projects, enabling the preparation of an integrated report covering all three projects.
2. That a standardized methodology and questionnaire be developed for the interviewing of 25 key informants by each participating centre.
3. That the Programme on Substance Abuse commission national/regional reports from each of the participating centres.
4. That the Programme on Substance Abuse provide standardised guidelines for the preparation of national reports.
5. That the same terms of reference be adopted for all four working groups.

The Natural History of Cocaine Abuse: A Case Study Endeavour

6. That the Programme on Substance Abuse commission the development of a methodology and questionnaire for a retrospective study on the natural history of cocaine use.
7. That the methodologies and instruments as prepared by Dr Patricia Erickson and Dr Peter Cohen be used as the basis for the development of the project.
8. That the prioritisation of resources for the project be directed to type I and type IV countries.
9. That the study should focus on users out of treatment
10. That a wide range of cocaine users in terms of preparations of coca products be included in the study.

Factors of Cocaine Abuse and Harm: Methodologies for Their Identification and Outline of their Utilization

11. That the Programme on Substance Abuse commission the University of Rome to undertake the literature reviews.
12. That a mechanism for critical review and enrichment of the literature reviews by participating centres through the four working groups be established.
13. That the literature reviews be centrally collated and published.
14. The objective 4.9 be deleted.

RECOMMENDATIONS RELATING TO PROJECT IMPLEMENTATION

15. That the time frame as proposed during the meeting be adopted with revision in January 1993.
16. That four working groups be established representing the four country typologies as described in the project documents.
17. That careful attention be paid to the protection of the confidentiality of data obtained from cocaine users.

GENERAL RECOMMENDATIONS

18. That the three projects as modified be adopted for implementation.
19. That an integrated final report covering all three projects be published.
20. That recommendations for follow-up to this study be made at the time of the final report.
21. That the applicability of this project methodology for the investigation of other specific drugs be determined.

Annex 1

LIST OF PARTICIPANTS

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Annex 2

SUMMARY

Comments on WHO Project 1: Initiative on cocaine abuse 1992-1993

P. Cohen & J. Sandwijk

The paper starts with two warning notes: first, as comparability is the explicit research goal of the project, the research has to be organised from the beginning with this goal in mind. Experience in Europe (i.e. the Pompidou group) has learnt that otherwise the comparability is nil. Second, while some prefer to define risks of abuse only from a biological point of view, there exist also "context related" risks, which refer to cultural, drug political and economic situations. These have to be taken into account. Cultural norms may operate to sustain drug use patterns as long as they are within culturally defined bounds. Attacking such patterns from outside by means of risk perspectives that are alien may be counterproductive. Referring to the terms of reference for the task forces the authors, define four sets of criteria to evaluate existing data:

1. the kind of data: representative or not
2. methods and purpose for which the data were gathered
3. quality of the data
4. the definition of the problem: somatic/psychiatric, law and order, poverty, unemployment

Next, the paper discusses the technical requirements which have to be fulfilled to obtain a valid data set for a comparative study of patterns and trends of use and abuse, as the project aims to do. These requirements bear upon representativity (data should describe cocaine use of the entire population, not of one or another limited age cohort or specific subculture; samples must reflect all population strata; quantitative data should be expressed in intervals; to discover trends, data collection should be repeated every few years in an completely identical way, etc.

Then a number of other difficulties are identified:

- the project proposes to identify those at risk, but it fails to define risk. The term prevalence is to be preferred, risks referring to problems. In the context of this project, one could identify risks, either medical or social.
- the aim to describe current preventive activities and to assess their effectivity requires the study of a target group and an identical control group that is not subject to preventive activities.
- to describe the characteristics of people using different preparations one needs demographic, socio-economic and living place data.

The research strategies are discussed, with as starting point the virtual certainty that the available data are unfit for the projects' aims, as they either do not fulfil the technical requirements discussed or are incomparable with each other. The authors state that the aim of the project "can not be fulfilled on the basis of existing data if one wants to adhere to conventional standards of scientific validity". And as on the other hand a world map with mostly "white areas" is not attractive either, the authors propose as a more realistic goal to abandon data collection objectives that relate to representative and quantitative information but to assign a high priority to comparability. The preparation of a quantitative global map as a goal should be postponed, first an exploratory study should be executed, to assess the needs and feasibility for further study.

They propose to do a series of interviews according to a fixed interview schedule that are aimed at tapping information from a standardized set of key sources, which will yield a minimum frame of comparable data for all of these countries. An indication is given as to how to proceed with this proposal.

Annex 3

SUMMARY

Comments on WHO Project 2: The natural history of cocaine use in different regions of the world

P. Cohen & J. Sandwijk

The authors start to point out that the emphasis on the three groups of respondents in treatment suggests that these may show systematic cocaine related differences. They suggest to diminish the emphasis on treatment clients, the more because research from Western industrialised countries, including the USA, indicates that most cocaine users successfully avoid the development of use patterns that often force people into treatment. The authors suggest devoting only 25% of research energy into treatment respondents and the other 75% into non-treatment respondents. As there is evidence that people in treatment differ from people not in treatment within one area, it will be very interesting to see whether this can be confirmed for other areas. Another very interesting point is to see whether cocaine related risks are similar for each country.

Next the authors suggest a list of items for data gathering. They describe methods for collecting data, especially emphasising that the questionnaire to be used should be standardised for all respondents in all participating countries.

Annex 4

SUMMARY

Cocaine and pregnancy, hype or science? A review

E. Fromberg

In the seventies cocaine was considered a relatively harmless drug, but its reputation has changed considerably, now being looked at, at least by some, as a drug that makes the dangers of heroin pale. This shift of opinion coincides with a growing number of articles about deleterious effects of cocaine use, among which the influence of maternal cocaine use on the course of pregnancy and neonati. Such literature may convince many that cocaine is indeed a highly dangerous drug.

The paper shows, scrutinising this literature, that this literature is characterised by a strong observational bias. Analysis makes it at least very uncertain whether the described results can really be attributed to maternal cocaine use.

It concludes: "Since the first mention of possible negative influences of cocaine on pregnancy, an impressive stream of publications has "erupted". Many of them were just suggestive case histories, the type of publications that seem to draw a lot of attention and interest, but which are scientifically of very limited value. In other studies cocaine is not separated from other drugs or control groups missing. The present paradigm being "cocaine-crack-is the devils drug" bias on all levels starts playing a more and more important role, as has been shown by Koren et al.

When meta analysis reduces all the suggested adverse effects to just a few, however serious they may be at an individual level, and where these effects may not even be attributed to cocaine itself but to the lifestyle/social circumstances of the women studied, this should be a warning to us to be extremely careful when judging existing literature on other aspects of cocaine use".

This is not to prove cocaine's innocence, but to draw attention to the often biased nature and the low scientific validity of the medical literature on cocaine which should be borne in mind when conducting the literature reviews that are to be commissioned by WHO.

Annex 5

SUMMARY

**The natural history of the use of coca-derived
products in the producing countries of South America**

A. Henman

This paper gives an overview of the various forms of consumption of the different coca-derived products currently in use in S. America, in such a way as to explore the themes which have been outlined in the papers on WHO's Initiative on Cocaine and to suggest how the resources provided may be used in the most effective way. To do this the various socio-cultural variables influencing prevalence of different use-patterns are discussed: substance availability, demographic factors, economic status, ethnicity versus "modernity".

Next, intervention and prevention strategies are discussed. The author deems the ideas "abstinence as intervention goal" and "abstinence to be achieved by institutional force" to be the present paradigms that govern actual thinking. He emphasises that drug education programmes based on these ideas have low or no credibility: when native use is defined as abuse, people will reject these ideas. The author sums up the priorities which should guide research in South America:

- the availability of pre-existing data to be used to target the research in geographical and social terms;
- the freedom of access to regions and social strata;
- the physical security of the researchers;
- the institutional backing in the host country;
- the geographical concentration of different patterns of use.

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