

33968



WORLD HEALTH ORGANIZATION

ORGANISATION MONDIALE DE LA SANTE

WHO/PSA/90.1
ORIGINAL ENGLISH
DISTR.: GENERAL

STRATEGY DOCUMENT

This document is not a formal publication of the World Health Organization (WHO), and all rights are reserved by the Organization. The document may, however, be freely reviewed, abstracted, reproduced and translated, in part or in whole, but not for sale nor for use in conjunction with commercial purposes.

The views expressed in documents by named authors are solely the responsibility of those authors.

This document is not a formal publication of the World Health Organization (WHO), and all rights are reserved by the Organization. The document may, however, be freely reviewed, abstracted, reproduced and translated, in part or in whole, but not for sale nor for use in conjunction with commercial purposes.

The views expressed in documents by named authors are solely the responsibility of those authors.

BACKGROUND

Substance abuse has become one of the most widespread and serious public health problems this century. Involving an increasingly broad spectrum of drugs and alcohol, the epidemic of substance abuse is affecting countries everywhere, both developed and developing. As both a health and social problem in its own right, and also as a major underlying factor in a range of other physical and psychosocial health problems, substance abuse is currently influencing more people and broader age groups than ever before.

The escalation in the abuse of drugs such as cocaine and heroin has occurred in addition to an already high prevalence of other psychoactive drug abuse, involving cannabis, tranquilizers, depressants, stimulants and solvents. In many countries these are now being used in various combinations and are often associated with the use of alcohol, itself a major cause of morbidity and mortality. The excessive use of alcohol is also becoming more prevalent, especially in developing countries where its health and social effects have become a major economic drain on both health and social services.

Substance abuse, including single episodes and occasional intoxication, affects health and social well-being in a variety of ways. Some have been more clearly described than others, but all are pervasive and a serious threat to national health and welfare. In recent years the relationship between drug-injecting and HIV transmission has become a major concern in many parts of the world. Less well recognized, but statistically and medically more significant in terms of its overall societal impact, is the relationship between substance abuse and hepatitis, tuberculosis, cardiovascular diseases, cirrhosis and neuropsychiatric disorders; disinhibition and sexually transmitted diseases; unwanted pregnancy and complications in pregnancy including fetal distress; and violence and suicide.

The abuse of drugs and alcohol constitutes one of the main causes of impairment of social competence and performance. Among otherwise healthy young people, for example, behavioural problems associated with substance abuse are currently among the most important reasons for interrupted social and intellectual development. In the industrial and educational sectors, substance abuse accounts for more workdays lost than any other single disease and is a major cause of substandard occupational performance; just as on the road and in the home, it has become the leading cause of accidents and injuries. It has also become a critical factor in family disorganization and breakdown where the economic and social costs involved in chronic substance abuse are a major burden on family finances otherwise available for food, education, and welfare.

Although the problem is a universal one, developing countries and poor communities, where economic resources are already scarce, are often the worst affected. The combined, and often synergistic effects of substance abuse and poverty have proved to be a major impediment to socioeconomic development, contributing not only to the emergence of new health and social problems, but also to the institutionalization of old ones.

Concern for the problem of substance abuse is not new. In the past, however, the response by national and international bodies has primarily focused on regulating the supply and use of drugs and alcohol through law enforcement and control. While this has had an important effect on the availability of drugs, and drug trafficking, the current nature and increasing magnitude of the problem, especially its growing impact on health, urgently calls for the development of additional and complementary prevention strategies.

The unique character of the problem including its behavioural nature and broad implications for physical and mental health, means that the health and social sectors must now play a much more aggressive role in prevention and care. Their approach will increasingly need to focus on reducing the demand for drugs, promoting the responsible use of licit substances, improving the treatment of those already affected, and minimizing the adverse impact of existing substance abuse on health and well-being.

WHO RESPONSE

In keeping with its mandate within the United Nations and building on its unique public health expertise, its long-standing work in the areas of research, care and treatment, as well as its international network of clinical and research scientists, WHO has established a special Programme on Substance Abuse (PSA).

Its overall goals are to reduce the impact that existing substance abuse has on the health and welfare of populations everywhere, and to prevent new substance abuse in all its forms.

Specifically the objectives of the Programme are:

- to reduce the demand for addictive substances;
- to reduce the impact of substance abuse on the health and welfare of individuals and families;
- to develop effective approaches to the treatment of substance dependence and associated diseases;
- to collaborate in controlling the supply and use of licit psychoactive substances; and
- to integrate relevant health components into all development programmes designed to reduce the supply of illicit narcotic drugs.

The role of the Programme will be to stimulate innovative thinking on this problem and to coordinate new research and interventions that respond to national needs and that benefit from the experience and support of international scientists and institutions.

RESEARCH AND DEVELOPMENT

The Programme on Substance Abuse will develop, promote and coordinate behavioural, epidemiological, economic, communications and biomedical research. It will give priority to research that is of immediate relevance to prevention, treatment, and rehabilitation issues, as well as to action designed to minimize the impact of drug and alcohol abuse on family welfare. The Programme will place emphasis on issues that have not been sufficiently well researched before, and which are now likely to benefit from international collaboration and cross-cultural coordination.

Through a phased plan of work, developed together with regional collaborating centres and research institutions around the world, research will be undertaken on

such topics as: factors that predispose individuals to use and abuse different substances and that influence rehabilitation; the overall health effects of substance abuse, including accidents, aggressive behaviour and suicide; social and cultural factors affecting prevention; alternative ways of treating and caring for affected individuals and families; ways of reaching special groups with education, information, counselling; and psychosocial support; the relationship between substance abuse and other health problems, such as sexually transmitted diseases, unwanted pregnancy, child neglect and abandonment; the relationship between poverty and substance abuse; factors influencing the prescription of licit psychoactive substances; ways of improving health and social services relevant to the prevention and treatment of substance abuse; enhancing access to, and use of, treatment services.

A drug and alcohol abuse monitoring scheme will be set up to provide regularly updated information on global trends, the types of substances being used, by which population groups and in what ways will be periodically published and used to alert governments and the international community. Building on this information and data from other sources, projections will be made of future trends in substance abuse and the ways in which these could affect health and health care systems.

Experiences with demand and harm-reduction schemes will be evaluated, including their cost-effectiveness. On the basis of these data, as well as other research experiences, prevention and control strategies that complement existing health and social welfare programmes, especially primary health care ones, will be formulated and tested. As part of this, PSA will explore ways of enhancing the role community-based and mutual support groups can play together with the formal health and social service sectors.

Because of the impact of substance abuse on family life, research will also focus on ways of supporting the family and enhancing its role in providing care and support to substance-dependent individuals.

PROMOTION OF LIFE FREE FROM SUBSTANCE ABUSE

The promotion of drug-free life, and the prevention of substance abuse, calls for a multi-faceted approach, involving close collaboration between PSA and other relevant WHO programmes, other United Nations agencies, and non-governmental organizations. In this regard, PSA will seek to ensure a unified and consistent response by all parts of WHO to the problem of substance abuse and will promote coherent health and substance-demand reduction policies among all governments and international agencies.

PSA will play a leading role in ensuring that appropriate health components are included in all national and international substance abuse policies. It will also emphasize the need for countries to respond to changing substance abuse trends and conditions, and will periodically publish reports on new health-related policies relevant to substance abuse. As part of its policy advocacy role, PSA will emphasize human rights and the potentially adverse effects on individual and public health of continued marginalization of people affected by substance abuse.

Building on current knowledge and experience, as well as the results of new research, PSA will collaborate with ministries and departments of health, education and labour, in order to advocate the incorporation of drug prevention activities in all relevant spheres of work. It will assist agencies and groups in adapting validated models of risk-reduction strategies to local cultural, social, political and epidemiological conditions.

The Programme will strengthen the capacity of primary health care programmes to prevent and treat substance abuse within the context of all relevant

health and social services. It will focus on primary prevention and the need to work with community-based and mutual support groups that have special experience and interest in this area. School-aged children, street children, military personnel, people living under stress conditions, and others, will be selectively targeted for health promotion initiatives especially suited to their cultural characteristics, life situation, and needs.

Emphasis will also be placed on ensuring that prevention messages are selectively included in public information programmes and that the mass media play a role in the social marketing of abuse prevention. This will involve briefing different sectors of the media and providing them with information packages and material that can be used in routine, as well as special programmes. Drug prevention messages will also be promoted through other existing and well-accepted channels of communication, such as NGOs, trade union movements, and sports groups.

CONTROL OF LICIT PSYCHOACTIVE SUBSTANCES

PSA will intensify collaborative efforts within the United Nations system in order to fulfil its mandate with respect to the international regulatory control of dependence-producing psychoactive substances, under existing conventions.

Many of the major substances that are currently being abused were originally introduced into medical practice as effective non-addictive therapies. In order to prevent the abuse of newly introduced psychoactive drugs, it is necessary to assess their abuse potential and therapeutic usefulness, and apply, as required, appropriate control measures to their production, distribution, and use within the framework of international control mechanisms operated by the United Nations. To this end, PSA will collect, compile, and assess scientific information on the abuse potential and therapeutic usefulness of new psychoactive substances and make recommendations to the United Nations Commission on Narcotic Drugs concerning appropriate control measures. Efforts will also be made to improve the methods used in the assessment of these substances, including the development of surveillance methods designed to gather data on the extent of their abuse.

The rational use of licit psychoactive drugs is an important area in which PSA will intensify action to improve the education and training of health professionals and will develop general guidelines for prescribers on the appropriate use of licit psychoactive drugs. Future activities will include the development of practical guidelines for solving day-to-day problems encountered by prescribers. Group training courses will be organized and supported, in close collaboration with WHO Regional Offices and national and international professional bodies; information manuals on drugs of specific importance will also be prepared. Activities to support governments in the regulatory control of licit psychoactive drugs will be strengthened and training fellowships and practical guidelines on laboratory quality testing will be provided.

TREATMENT AND REHABILITATION

Prevention of substance abuse, as well as reduction of its impact, is enhanced when effective treatment and rehabilitation programmes are made available and accessible to affected individuals and groups.

Steps will therefore be taken to promote the establishment and strengthening of such services, including improvement of their outreach capacity. Impediments to the seeking and use of treatment will be identified and steps recommended to circumvent or eliminate them. The early identification of individuals abusing substances will be given high priority; community-based volunteers, as well as health

and social workers, will be sensitized to the need for more attention to be given to this aspect. Training programmes will emphasize both the immediate response that can be provided through primary health care as well as through effective referral to secondary and tertiary care services.

Innovative services will also be promoted for individuals living in special circumstances, such as prisons and emergency care settings, where people who are dependent on substances are frequently encountered.

Treatment and rehabilitation of substance dependent people requires a broad spectrum of skills and experience. In this regard, it is becoming increasingly necessary to involve and train health and social workers from other specialities in the treatment and care of substance dependent people, including those dependent on licit drugs.

New preventive and therapeutic techniques and approaches are likely to be needed in many countries; these will often require additional mobilization of staff, and in some cases, the retraining of existing health and social workers. Recognizing that most health care services are already overburdened, it will also be necessary to mobilize and train community-based volunteers and to draw on the special experience of people and groups who have had personal experience with substance abuse.

In collaboration with other WHO programmes, training and support materials will be prepared, including guidelines and reference documents that can be used in general health activities, as well as in specialized care and treatment programmes. Training modules which can be incorporated into other ongoing professional education and training schemes will also be developed and adapted to the needs of different countries, traditions, and epidemiological situations.

A data bank on treatment services, their known efficacy, and requirements will be developed and made available to countries.

COUNTRY PROGRAMME SUPPORT

Reducing the demand for illicit drugs requires first and foremost, action in the health and welfare sectors. Within primary health care systems, for example, much remains to be done. Because substance abuse also has profound social and economic implications, its prevention and control calls for political commitment to the development and application of national plans designed to reduce the demand for drugs and for the introduction of appropriate social and educational measures. In this regard operational support will be provided to countries building on the most up-to-date knowledge about effective health, social and educational measures.

In these endeavors PSA will collaborate closely with all WHO Regional Offices, and other UN agencies to ensure well-coordinated, multisectoral approaches. All these approaches will be commensurate with the Comprehensive Multidisciplinary Outline on Future Activities in Drug Abuse Control adopted at the International Conference on Drug Abuse and Illicit Trafficking held in Vienna in June 1987.

PSA will work with all relevant UN agencies and groups, such as the United Nations International Drug Control Programme (UNDCP), in implementing the Global Programme of Action adopted by the United Nations General Assembly at its Seventeenth Special Session held in New York in February 1990. In particular, it will seek to ensure that health components are included and given prominence within development programmes set up to reduce the supply of narcotic drugs. PSA will collaborate with UNDCP in a way that combines the strengths of WHO's international leadership in health policy and scientific and technical matters, with the role of

UNDCP as a leader in international drug abuse control. Together with UNDCP, WHO will support countries in designing, implementing, monitoring and evaluating well coordinated multisectoral national plans for the prevention and reduction of substance abuse.

Collaboration will be established with other international governmental and non-governmental organizations in order to coordinate and optimize operational support to Member States.

In all questions concerning substance abuse, national as well as regional cultures and traditions are likely to be important. WHO is uniquely well placed to take these factors into consideration in the development and implementation of country-based activities. PSA will take full advantage of this in the execution of its support to Member States and will strengthen all relevant WHO infrastructures. It will work through its network of collaborating centres and seek to enhance the management of resources and technical assistance to Member States through regional networks of institutions and scientists.

Many of the countries affected by the substance abuse epidemic are industrialized, and likely to be able to finance their national programmes of work; many others, however, are in need of financial help. It will be necessary to explore ways of mobilizing support that do not detract from other health care financing schemes. Indeed, as far as possible, the financing of substance abuse programmes should be, directly and indirectly, complementary to that of other health care activities already *in situ* or required.

= = =