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PROGRAMME ON
**SUBSTANCE
ABUSE**

Summary of
Activities under-
taken by WHO on
the Prevention and
Control of Drug
Abuse from
1 July 1990 to
30 June 1991



WORLD HEALTH ORGANIZATION

1. INTRODUCTION

This document contains an account of work undertaken by the World Health Organization on the prevention and control of drug abuse during the period 1 July 1990 to 30 June 1991. It is arranged under chapter headings which correspond to those used in the United Nations System-Wide Plan of Action and is responsive to progress made towards its implementation.

At the Forty-third World Health Assembly, which was held in Geneva in May 1990, Member States unanimously adopted resolution WHA43.11 on reduction in demand for illicit drugs. In response to that resolution, the Director-General took the decision to establish a new WHO Programme on Substance Abuse (PSA) with effect from 1 September 1990. The new Programme brings together activities which have been carried out by a number of different technical programmes. Its main objectives are to: (a) prevent the spread of substance abuse in individuals, families, communities and countries; (b) develop effective approaches to the treatment of dependence and associated diseases; (c) integrate health components into development programmes set up to reduce the supply of narcotic drugs; and (d) collaborate in controlling the supply of licit psycho-active substances. In line with WHO's broad public health mandate, activities undertaken by the new Programme will include those related to alcohol abuse and to relevant aspects of the prevention of the spread of HIV infection and AIDS. The shape of the new Programme is set out in more detail in the PSA strategy document (WHO/PSA/90.1).

2. STRENGTHENING THE LICIT DRUG CONTROL SYSTEM

In response to its constitutional mandate, WHO continued to review dependence-producing psychoactive drugs and recommended that propylhexedrine be removed from international control, that delta-9-tetrahydrocannabinol be moved from Schedule I to Schedule II, and that some exemptions of psychotropic preparations from certain control measures, granted by the US Government, be terminated. These recommendations were adopted by the UN Commission on Narcotic Drugs in April 1991.

In collaboration with the UNDCP Narcotics Laboratory, WHO has expanded its fellowship training programme in laboratory testing of drugs of abuse, and three candidates from developing countries have been selected for placement. WHO has collaborated with the INCB secretariat of UNDCP in the conduct of a seminar for national drug control administrators for Asia.

3. PREVENTION AND REDUCTION OF THE ILLICIT DEMAND FOR DRUGS

The promotion of national plans of demand reduction is a central commitment of WHO. In this connection, UNDCP has welcomed PSA as its principal collaborating partner. Thus, in collaboration with UNDCP, evaluative missions have taken place to Bolivia, Brazil and Nepal, and programmes have been designed for health sector action in all three countries. In addition, programmes are already underway in Afghanistan (also in collaboration with UNOCA), Myanmar and Sri Lanka, all in collaboration with UNDCP.

During the period covered by this report, collaboration has been strengthened with an increasingly wide range of non-governmental organizations working at national, regional and global levels. Such organizations include both those with a primary interest in drug abuse and those with much wider health or social interests.

Special efforts are being made to improve the quality of health data on substance abuse. WHO is developing an international substance abuse monitoring system called ATLAS (Abuse Trends Linkage Assessment System) to provide a comprehensive global overview of the health implications of current trends in substance abuse. This system is being developed in consultation with those responsible for the IDAAS system and other international reporting projects. As part of ATLAS, a study outline has been prepared for generating more specific information than is currently available on the health consequences of particular patterns of substance use.

In this connection, an information manual on the health risks of "designer" drugs was prepared and sent to the ministries of health of all WHO Member States, for use by national health officials as a readily accessible source of information on this group of drugs. At the same time, in response to international concern over cocaine, WHO commissioned four reviews (on epidemiology, legislation, prevention and treatment) and collaborated with UNICRI in the organization of an expert meeting which developed proposals for an integrated international strategy.

Since problems of drug abuse are often felt most acutely at family and community levels, WHO has devoted special attention to activities to assist local prevention efforts. An information package for use with primary care workers in Latin America has been developed, which is designed to strengthen the preventive capacity of families. In collaboration with a government agency and a non-governmental organization, WHO has also produced simple guidelines on how to establish and run local information centres on alcohol and other drugs.

4. TREATMENT AND REHABILITATION

After a lengthy process of development, WHO has completed work on a draft methodology for assessing the quality of care in various stages of drug abuse treatment. The method is now being tested in five countries and provides a way for countries to set standards appropriate to their own stage of development and their own substance abuse patterns.

Work has also begun to describe more accurately the range of different approaches included in drug abuse treatment systems. Following a preliminary overview of types of treatment, papers have been commissioned which cover all major approaches currently in use, paying attention to difference in cultures, in treatment traditions and in patterns of substance abuse. In relation to this activity, a focus of special attention has been the use of substitution drugs in the treatment of opiate dependence. A special report (WHO/PSA/90.3) has been prepared on changes in policy and practice with respect to methadone programmes in six countries.

In order to enhance all the above activities and to improve the effectiveness of treatment programmes, especially at primary care level, WHO has developed training materials in English, French, Spanish, Arabic, Portuguese and Swahili. Audiovisual versions of these materials are also being prepared in English. The materials address all stages of an integrated response from the assessment of substance abuse problems at individual and community level to the monitoring and evaluation of programmes.