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PROGRAMME ON
**SUBSTANCE
ABUSE**

Report on
the 1992
Programme
Activities



WORLD HEALTH ORGANIZATION

This report covers the activities undertaken by PSA in 1992. The contents reflect the PSA Strategy which is outlined in greater detail in the Strategy Document (WHO/PSA/90.1). The report treats the six major areas of the Programme, namely: Coordination and Programme Development; Research and Development; Promotion of Life Free from Substance Abuse; Control of Licit Psychoactive Substances; Treatment and Rehabilitation; and Country Programme Support. It also contains two chapters on collaboration with other agencies. It has been designed to enable readers to measure whether the objectives and targets of the 1992 Work Plan have been achieved.

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REPORT ON THE 1992 PROGRAMME ACTIVITIES

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COORDINATION AND PROGRAMME DEVELOPMENT

Policy formulation and advocacy

The WHO Programme on Substance Abuse (PSA) was established in September 1990. In keeping with WHO's mandate within the United Nations system, PSA aims to provide global leadership on the health aspects of drug and alcohol abuse, and to focus attention on the need for a more effective approach to the problem of substance abuse in general. In particular, PSA seeks to highlight demand reduction as a fundamental component of the global strategy in addressing drug and alcohol abuse.

The scope and purpose of the Programme as stated in the 1990 PSA Strategy Document are: (1) to reduce the demand for psychoactive substances and also reduce the impact which existing substance abuse has on the health and welfare of people everywhere; and (2) to prevent new substance abuse in all its forms.

The achievement of PSA's objectives will help all those working at international, national and community levels to address substance abuse more efficiently. As a basis for action, information is needed about substance abuse, such as the conditions which lead to it, its various patterns, the indicators which can serve as early warning mechanisms, and the type of responses used. PSA is striving towards the collection and dissemination of such information.

Another important task is to develop more effective and culturally sensitive approaches to the prevention and treatment of problematic alcohol and drug use, dependence and associated complications. PSA also seeks to collect and analyse information on dependence-producing drugs and to promote appropriate regulatory controls and the rational use of licit psychoactive drugs.

All activities in the areas of research, prevention, treatment, rehabilitation and regulatory control need to be reviewed in relation to each other in order to have a maximum impact on substance abuse. To help individual governments critically assess substance abuse and act appropriately, PSA has emphasized the development of national drug demand reduction plans.

Coordination within WHO

Headquarters

PSA collaborated with other WHO programmes throughout 1992. In the case of the Street Children Project, an in-house meeting was held with a range of WHO programmes including the Global Programme on Aids (GPA), Division of Mental Health (MNH), Maternal and Child Health and Family Planning (MCH), Adolescent Health (ADH) and the Division of Health Education (HED) to explore opportunities for collaboration.

The Drug-Injecting Study was initiated by GPA and has been developed with inputs from both GPA and PSA. Other collaboration with GPA has included a joint participation in the ad-hoc Inter-agency Meeting organized by UNDCP in Vienna in September and in a joint workshop on drug abuse and HIV in China in October.

Work already undertaken by MNH in relation to the Alcohol, Drug Abuse and Mental Health Administration (ADAMHA) project has been used in the development of research instruments for the PSA project on the Regional Responses to Cocaine. A consultant is working jointly with MNH and PSA in the area of cross-cultural applicability of such instruments.

PSA has been represented at a number of WHO in-house meetings relating to the ADH Healthy Development of Young People project.

Collaboration with the Division of Development of Human Resources for Health (HRH) has focused on the development of materials for medical education on substance abuse.

Work continued during 1992 on the finalization of the report of the joint Office of Occupational Health (OCH)/PSA Expert Committee on Health Promotion in the Workplace: Alcohol and Drug Abuse.

PSA worked closely with the Injury Prevention Programme (IPR) on the preparation of a special fact sheet on alcohol and accidents as part of preparations for the 1993 World Health Day.

PSA has collaborated with MCH in the preparations for the International Year of the Family and has initiated the preparation of a paper on substance abuse and families.

Routine collaboration on regulatory issues provided continuous close working relations between the Action Programme on Essential Drugs (DAP) and PSA.

PSA continued to work closely with Division of Drug Management and Policies (DMP) on regulatory control and on the early warning system for abuse of medicinal psychoactive drugs. DMP also represented PSA in two international meetings: one in Paris on illicit drugs, such as cannabis; the other in Saudi Arabia on regulatory control and rational use of drugs.

Collaboration with Cancer and Palliative Care (CPL) included work in the area of rational use of opioid analgesics and training of regulatory control officials.

PSA has consulted with HED on preparations for a PSA project on preventing substance abuse in small island states. PSA has also participated in a working group on school health education.

WHO Divisions and Programmes attending the 28th Session of the Expert Committee on Drug Dependence included DMP and the Programme for the Promotion of Chemical Safety (PCS). In May, PSA organized a briefing session for visiting UNDCP officials. WHO Divisions and Programmes represented were DMP, the Division of Family Health (FHE), GPA, HED, the Division of Health Protection and Promotion (HPP), MNH and PCS.

Regional Offices

Coordination with the Regional Offices is of prime importance for the development and successful implementation of programme activities. Collaboration has been arranged through the visits of PSA staff to Regional Offices or in meetings with Regional Offices' staff visits to PSA.

The Director of PSA visited EMRO in February to discuss cooperation in the development of national drug demand reduction plans for selected EMRO countries as well as other specific country or regional activities to be jointly developed.

PSA has worked closely with EURO and supported the implementation and further expansion of the EURO programme of Activities in Central and Eastern Europe for the Prevention of Drug Abuse and Concomitant HIV transmission. PSA has also attended EURO meetings on the development of the European Alcohol Action Plan. A EURO staff member also visited PSA to discuss putting the European Action Plan into effect.

Collaboration with AMRO included joint participation in the development of a National Drug Demand Reduction Plan for Bolivia. PSA provided financial support to AMRO and a PSA staff member worked closely with AMRO to work out a comprehensive strategy for strengthening WHO's substance abuse programme in the Region, including specific proposals for Guatemala and the Bahamas and a review of the work of the WHO collaborating centres in Costa Rica and Mexico.

SEARO and PSA have worked closely in the implementation of programmes in Myanmar, Sri Lanka and India, and PSA is supporting the evaluation of a detoxification methodology in India.

PSA co-sponsored and funded a WPRO-organized workshop on drug abuse and HIV in China in November. Close collaboration has been established in the development of joint UNDCP, WPRO, GPA and PSA projects.

Jointly with AFRO, projects to strengthen regulatory control were developed for Benin, Ethiopia, Mozambique and Nigeria.

Collaborating Centres

Many activities on substance abuse rely on the participation of WHO collaborating centres. The following have been particularly involved: Addiction Research Foundation, Canada; National Institute on Drug Abuse, USA; National Institute on Alcohol Abuse and Alcoholism, USA; National Institute on Alcohol and Drug Dependence, Costa Rica; Mexican Institute of Psychiatry, Mexico; National Kurihama Hospital, Japan; Hull/York/Leeds, UK; Alcohol Research Group, New Zealand; Institute of Health Research, Thailand.

Expert Committee

In 1992, the 28th Expert Committee on Drug Dependence advised on a broad range of relevant technical issues. The report, which is currently being edited, provides a broad overview of current thinking on prevention, treatment and research priorities. The committee also reviewed the conceptual definition of dependence and its use in clinical situations and changes in the world situation in substance abuse that had taken place since the 20th session in 1973.

The recommendations of the committee address issues relevant to WHO's programme activities and to the development of comprehensive national demand reduction plans. The committee also pre-reviewed 10 substances and recommended five of them for a critical review at the next meeting. In addition, two substances were recommended for a critical review if sufficient data become available.

RESEARCH AND DEVELOPMENT

Poly-drug use

The project is expected to quantify the true magnitude, distribution and character of poly-drug use, assess its health implications, and then develop appropriate clinical guidelines. As a first step, a manual is being prepared for generalists and primary health care workers who deal with poly-drug-related problems in their everyday practice and emergency rooms at hospitals. Two sections of this manual have been commissioned in connection with the preparation of diagnostic and treatment guidelines appropriate to the needs of generalist health care staff.

The preparation of these two papers has been initiated. The first paper addresses the health implications of poly-substance use and provides clinical guidelines for the management of such problems, based on relevant experiences from developed countries and an international literature review. The second one describes field experiences in developing countries.

Perceptions and practices of substance abuse

The Knowledge, Attitude, Beliefs and Practices (KABP) survey methodology and the accompanying interview schedule/questionnaire were prepared by WHO with the assistance of external consultants. This document was sent to external reviewers and was modified in line with comments received.

In addition to this, 22 research centres were selected and the Principal Investigators invited to participate in pre-testing the interview schedule, including the sampling approach. All six WHO regions were represented and all relevant regional advisers consulted. Contractual arrangements were made to cover field management, translation, interview, computer data entry and data transfer costs.

The School of Public Health at the University of Nottingham Medical School (UK) was appointed to coordinate the pre-testing of the schedule and the sampling procedure, including evaluation and compilation of the final documents. The coordinating centre organized an interim meeting of selected researchers at Nottingham from 28 April to 1 May. During this meeting a model methodology and questionnaire were finalized and made available for use in the field.

The preliminary report from the results of the pre-testing centres has been prepared. It includes data from seven centres and presents tentative conclusions regarding the utility and generalizability of the methodology.

Health implications of substance abuse

The research protocol which was developed at WHO with the assistance of the study coordinating centre (The Latium Regional Health Authority, Rome) was sent for external review for final approval together with a series of draft data collection forms. This protocol has been approved by external experts. A number of potential collaborating centres have been identified in countries with an expected high prevalence of drug abuse involving different drugs and routes of use. The study will focus initially on retrospective data regarding mortality of drug injectors.

The coordinating centre mailed the questionnaire for the feasibility assessment study to potential investigators. On the basis of the response to the feasibility investigation, countries have been selected to participate in the project. To date, Italy, UK and USA are far advanced in data collection, whilst Malaysia, Poland, Russia and Thailand are now beginning to implement the methodology.

Abuse Trends Linkage Alerting System (ATLAS)

The Abuse Trends Linkage Alerting System (ATLAS) is intended to become a global monitoring system on health implications of substance use/abuse. The need to test the feasibility of ATLAS was highlighted by a growing recognition throughout the world that alcohol and drug abuse are creating major social and health problems.

A feasibility study was completed in 16 countries representing five of the six regions of WHO. From the results of the returned questionnaires it has been concluded that few countries have monitoring systems currently in place that would permit the type of surveillance required in the area of psychoactive substance use/abuse and which could provide data relevant to the formulation of national and global strategies directed towards the prevention and control of problems related to substance use.

As a result of this finding, action is being undertaken by PSA to strengthen sentinel samples of national health information systems for health implications of substance abuse at national levels. Two instruments have been prepared with the assistance of expert consultants. One instrument will be used for data collecting, especially in those countries with least developed data collection mechanisms at national level. The second instrument will be used for data reporting from countries already collecting some information on drug abuse. A meeting to formulate procedures for the field implementation of ATLAS at national level has also been organized and has resulted in draft national implementation guidelines.

Drug injecting behaviour

This study has been undertaken in 13 cities around the world (Rio de Janeiro, Santos, Toronto, New York, Bangkok, Rome, Milan, London, Glasgow, Madrid, Athens, Berlin and Sydney). It has involved the collection of data on the nature and extent of drug injecting and on the factors affecting associated health consequences. There has been especial attention paid to HIV infection and to opportunities for risk reduction strategies.

During 1992, data collection was completed in the participating centres. The centre in Glasgow has undertaken the consolidation of the data from all the other centres. This has required considerable effort for management of the information, in order to achieve consistency and comparability. Some preliminary analysis has begun, which indicates that useful comparisons between drug injecting in different sociocultural contexts can be made, as well as a way found to arrive at global conclusions.

Regional responses to cocaine problems

On 24-28 August, a Meeting of Project Advisers was held in Geneva to discuss the UNICRI/WHO projects on cocaine. Following this meeting the following activities have been initiated in three distinct areas:

WHO Initiative on Cocaine

The New South Wales Drug and Alcohol Directorate, and the National Drug and Alcohol Research Centre, both in Sydney, have been commissioned to prepare and test a standardized Key Informant Interview Schedule, which will be used by 22 centres in 19 countries. This project will contain up-to-date national reports on what is known in the participant countries about the extent and nature of cocaine use and problems.

The Natural History of Cocaine Abuse: A Case Study Endeavour

A questionnaire for conducting a retrospective study of at least 250 coca product users in South America and some 30 users from Nigeria has been prepared and pre-tested in English, Spanish, Portuguese, and native languages in South America. The methodology for this project

will emphasize the comparability of data collected through a variety of users of distinct and mixed cocaine products across different cultures.

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

In connection with the above projects, five major literature reviews are being undertaken to identify current knowledge on: (i) the pharmacology of cocaine; (ii) the harmful physical consequences of its use and indicators thereof; (iii) the harmful psychiatric and psychological consequences of its use and the indicators thereof; (iv) the inter-personal and social consequences and the indicators thereof; and (v) the consequences and indicators of the use among special populations, including pregnant women, the foetus, and children/adolescents. Initial research is being undertaken by Rome University. Four regional working groups representing the 21 participating centres have been invited to review papers and contribute to their content.

Craving mechanism and pharmacological treatment

An informal meeting of experts was jointly organized with UNDCP to review the present state of scientific knowledge about the mechanism of craving and the possibility of its pharmacological treatment. A follow-up activity is being planned in collaboration with the Addiction Research Foundation in Canada.

Revision of the World Health Organization manuals on drug abuse epidemiology

The formulation of national strategies and activities to deal effectively with the complex problem of substance abuse continues to be hampered by lack of information available to national and international bodies. This two-year project aims to undertake an expert revision of the five WHO Manuals on Drug Abuse Epidemiology and to produce one consolidated drug abuse epidemiology manual for the international community which will include current drug abuse research methods and be consistent with the UN Drug Abuse Assessment System (IDAAS). The project is being undertaken in collaboration with the US National Institute on Drug Abuse (NIDA).

The consolidated manual will include chapters on drug abuse epidemiology, research design and an epidemiological research instrument. This undertaking is to update and revise the epidemiological methods included in the 1980 and 1981 WHO Manuals. The epidemiological instrument to be included in the manual will therefore consist of, where appropriate, questions derived from existing instruments of the previous manuals namely: *Drug-Abuse Reporting Systems*, *Drug Use Among Non-Student Youth*, *Core Data for Epidemiological Studies of Non-medical Drug Use*, *Review of General Population Surveys of Drug Abuse*, and *A Methodology for Student Drug-Use Surveys*.

Combining the five WHO manuals on drug abuse involves a series of connected tasks which will be undertaken at different intervals during a two-year period. An initial meeting was held in November to provide a detailed outline for the consolidated manual and a detailed description of the revised epidemiological instrument. Consultant experts in drug abuse epidemiology and survey methods have been identified by WHO and sub-contracted for the assignment of producing initial drafts of the Consolidated Manual including the research instrument and instructions for its use.

PROMOTION OF LIFE FREE FROM SUBSTANCE ABUSE

Prevention of alcohol and drug abuse

Two audiovisual presentations have been prepared in the form of tape/slide sequences. Based on the WHO publication *Responding to Alcohol and Drug Problems in the Community*, they are intended for use in primary health care settings.

The update and revision of a previously published WHO report on the public health implications of alcohol production and consumption has been initiated. Complete data for alcohol consumption has been compiled up to 1990 for most countries in the world. The revised version of this WHO report is expected to address broad issues related to the health consequences of alcohol consumption.

Health approaches to demand reduction

Following extensive consultation within and outside PSA, a position paper was produced on demand reduction. This paper was presented as WHO's contribution to the UN inter-agency meeting on this topic.

Alcohol and drug abuse and risky sexual behaviour

An initial review of the international literature has been undertaken. A range of consultations has been undertaken with various outside experts to identify specific issues which need to be targeted for further investigation and action. It has been recommended that the project should focus on developing countries, initially documenting case histories of the relationships between the use of alcohol and other drugs and risky sexual behaviour in different social and cultural contexts. Specific areas of enquiry which have been identified include sex tourism, commercial sex, drinking and drug-using venues, and the phenomenon of "disinhibition".

Alcohol and drug abuse in the workplace

The implementation of the joint UNDCP/WHO/ILO project on Model Programmes for Prevention of Drug and Alcohol Abuse among Workers and their Families started in 1992. The first project planning and advisory committee meeting was held at WHO in May involving participation of external experts and representatives of the three-party arrangement (government, employers and workers). The project coordinator visited all participating countries: Egypt, Mexico, Namibia, Poland and Sri Lanka.

PSA also responded to an invitation by the IBM Corporation to hold a joint meeting at the IBM Headquarters in New York in December to discuss problems of alcohol and drug abuse encountered within multinational corporations represented in different parts of the world.

Drugs and sports

The harmful use of substances in sports includes the non-therapeutic use of prescribed substances either alone or in conjunction with the use of illicit drugs. International concern over the health and social problems associated with the harmful use of drugs in sports led to the need for more information and the development of health promotion strategies. The preliminary research project collected data and materials on: 1) the public health implications of drug use in sport; 2) international and national policies to control the harmful use of drugs in sport and; 3) model education and prevention programmes. An overview and analysis of the information was compiled into the report, "Drugs and Sport: Current Status and Implications for Public Health".

Prevention of abuse of volatile substances

Following a review of the international literature and various specific prevention interventions, two consultants prepared background information and recommendations for the implementation of a project in seven countries representing all six WHO Regional Offices. As a result of a meeting held in Geneva on 7-9 December 1992, the project has been launched for field testing in Bangladesh, the Philippines, New Zealand, Romania, Morocco, Côte d'Ivoire and Guatemala.

The project addresses the wide range of inhaled substances (including organic solvents, aerosols and other inhalants) that are widely available and cheap. They may be considered "gateway" drugs since their use is often the first step along a route to the use of illicit drugs. Solvent use is a major concern among school and street children, indigenous populations, and poly-drug users in both developed and developing countries.

Special methods are being tested for assessing the magnitude of the problem and for implementing preventive, as well as harm and demand reduction interventions. The methodology of the project aims to mobilize and empower local communities so that they can tackle problems related to these drugs within their own communities.

Out-of-school and street children

Following the inaugural meeting of the project on 3-7 February, the project has been implemented and evaluated in seven countries: Brazil, Mexico, Honduras, Zambia, Egypt, India and the Philippines. After a request from an NGO in Canada, it was agreed that both Montreal and Toronto would pilot the methodology at their own expense and share their experiences with PSA. Similar approaches have been made by NGOs in Manila and Mexico City, and the Commonwealth Youth Programme Africa Centre in Lusaka.

The final report on the first phase of the project is now available. A range of recommendations have been made for further action including the refining and further development of the project methodology and instrument, the development of training materials and resources for street educators, and specific recommendations relating to research issues and service provision.

Prevention of substance abuse in small island states

Island communities are known to be particularly vulnerable to the introduction of drug problems via tourism development and because of their inherent suitability, by reason of geography and isolation, as safe havens for trafficking. The goal of this project is to develop a model strategic plan and guidelines for analysing, prioritizing and tackling in an integrated, practical way, drug related health problems in small island states. The point of departure for this project was a meeting in Geneva on 2-4 December of a Working Group. It made recommendations on needs assessment methods and locations for pilot prevention programmes, and produced a working list of possible strategies for those programmes which will be refined as the results of the needs assessments become available.

CONTROL OF LICIT PSYCHOACTIVE SUBSTANCES

International control of dependence-producing substances

This activity aims at ensuring that all drugs of abuse be subjected to appropriate international regulatory control regimens under the existing Drug Control Conventions and that they are used rationally for medical purposes. In this connection, PSA routinely collects, analyses and assesses information on dependence-producing substances and conducts, as required, a formal review of these substances through organizing Expert Committee meetings to formulate recommendations to the United Nations concerning their international control. It also supports national efforts to upgrade their regulatory control systems and promotes the rational therapeutic use of controlled substances.

Rational use of opioid analgesics

It is often pointed out that opioid analgesics are under-prescribed for the relief of severe pain while some psychotropic drugs are used in excessive quantities. There was progress in collaboration with the Division of Drug Management and Policies (DMP) for the preparation of Model Prescribing Information on analgesics.

Rational use of psychoactive drugs

With a view to rationalizing the prescribing practices of psychotropic drugs, guidelines on the use of benzodiazepines are being prepared through a joint effort with the World Psychiatric Association, which had agreed to set up a special task force for this purpose. The drafting of these guidelines has just been completed, and they are expected to become available in early 1993.

Concerning the rational use of opioid analgesics, collaboration with CPL was further strengthened in promoting the awareness of their therapeutic usefulness for the control of severe pain such as that caused by cancer. The 28th Expert Committee on Drug Dependence addressed the issue in order to clarify the relationship between the risk of dependence and therapeutic benefits so as to reduce excessive fear of dependence on the part of some practitioners.

Regulatory control of psychotropic drugs in Africa

Support to strengthen a quality control laboratory in Benin began in the year under review, and workplans for Mozambique and Nigeria were developed. A draft workplan for Ethiopia is being finalized. In support of these country activities, a computer software package, which was under development by the Division of Drug Management and Policies (DMP) for pharmaceutical control, has been expanded to meet the need for regulatory control of narcotic and psychotropic drugs. The field testing of the prototype software will begin in early 1993.

Early warning system for abuse of medicinal drugs

In order to catch early warning signs concerning the abuse of newly developed psychoactive drugs, a project was initiated in 1991 to strengthen the existing post-marketing surveillance system with respect to abuse-related adverse drug reactions.

In order to promote the reporting of abuse-related adverse drug reactions a guideline for case identification and reporting was developed for use by reporting institutions. An awareness-building campaign was continued at the annual meeting on international drug monitoring held in November 1992. National institutions in Bulgaria, China, Costa Rica,

Hungary, Indonesia, Malaysia, Morocco, Turkey and Zimbabwe were supported either in exchanging experience with other institutions or in the conduct of pilot studies aimed at increased reporting on abuse-related adverse drug reactions.

Monitoring psychotropic drug use

In collaboration with the Addiction Research Foundation, Toronto, a collaborative study was initiated in Chile to look into the influence of regulatory control on the use and abuse of benzodiazepines. As in the case of opioid analgesics, existing data indicate significant country variations in the consumption of psychotropic drugs and a number of factors influencing their use.

Training in regulatory control of drug abuse

WHO staff actively participated in international group training activities for regulatory control personnel organized by INCB/UNDCP in China and Côte d'Ivoire, as well as a similar course in Tokyo sponsored annually by the Government of Japan.

Fellowship training in laboratory testing of drugs

The training in laboratory control was provided in the form of WHO fellowships to one scientist each from Pakistan, Tunisia and Guinea.

TREATMENT AND REHABILITATION

Assessing the quality of care in substance abuse treatment programmes

1992 saw the completion of the development phase of this project with the publication of the findings of a PSA-sponsored international study on assessing the quality of care in substance abuse programmes. The publication contains a series of schedules which will assist health care providers to assess the quality of the treatment being provided in their substance abuse programmes. Implementation of the schedules, which are mainly for use in developing countries, will assist in identifying shortcomings in a programme and allow for making improvements.

A seminar was designed by the Hubert Humphrey Fellowship Programme in Substance Abuse to sensitize policy makers and programme implementers to the benefits of the use of the schedules. The first of three regional inter-country seminars for relevant participants was held in Accra, Ghana in the first week of December 1992.

Drug abuse treatment inventory and mapping the treatment response

An overview of the main approaches to substance abuse treatment has been completed, with chapters on both specialist and generalist responses, as well as specific detailed consideration of pharmacotherapy, psychotherapy, self-help and traditional medicine. This overview has been prepared in the form of a global report, which, after editing, will be available as a basic description of the way in which treatment services around the world are responding to substance abuse problems. The report is likely to prove one of the most authoritative accounts in the literature of the overall shape of drug treatment provision.

In order to obtain more country-specific information, a key informant questionnaire has been sent to identified experts in 30 countries, drawn from all WHO Regions. The questionnaire seeks details of both residential and non-residential treatment services and distinguishes between treatment for drug-related problems, treatment for alcohol-related problems, and combined treatment approaches. By the end of 1992, completed responses had been received from more than half of the countries. The results of an analysis of these responses will be available in the course of 1993.

Women and drug abuse

Experts from countries undergoing rapid socio-economic changes were identified for Eastern Europe, Central America and Anglophone Africa. These experts were asked to conduct comprehensive literature reviews, compile existing data and prepare case analyses on women and drug abuse in each of their countries. The two main issues to be assessed were: the special risks of substance abuse to women's health and the special role which women can play in responding to substance abuse. Case studies have been developed from the following countries: Czechoslovakia, Hungary, Poland; El Salvador, Guatemala, Mexico; Nigeria, Tanzania and Zimbabwe. An interim report was prepared from these studies drawing out common themes and identifying differences between the regions involved.

The present project activities contribute directly to the development of a Global Report, to be completed during 1993. The Global Report will include the identification of patterns in women and drug abuse and provide recommendations for future studies, advocacies, and preventive and treatment interventions both for women as recipients and women as interveners. The findings from the Global Report will be utilized at several international fora as inputs to promote women's and family health.

Single session intervention

A report has been commissioned to describe treatment responses which are appropriate for use in a single session for those with a drug problem. Emphasis is mainly on substances other than alcohol and tobacco, for which considerable work has been undertaken.

Substance abuse counselling

A decision to change the focus of this project was made in early 1992 to address the sensitive problem of drug use among indigenous peoples throughout the world.

Indigenous peoples constitute particularly vulnerable groups which should receive specific and priority attention. Not only are these groups vulnerable but they also provide opportunities for identifying new and innovative approaches to the prevention and treatment of drug problems in their regions and communities.

To date, a network of indigenous peoples around the world has been established, facilitated by the Healing Our Spirits Worldwide Conference in Edmonton in July 1992 and the 10th Session of the UN Working Group on Indigenous Peoples. A range of individuals representing various indigenous communities around the world have been commissioned to prepare reports describing the drug problem within their communities.

The project, starting with qualitative, ethnographic reports from a range of indigenous communities will provide for a better understanding of specific issues which need further investigation and action.

Policies and legislation concerning treatment and rehabilitation

The aim of this project is to determine how policies and legislation either facilitate or impede demand reduction efforts in drug and alcohol prevention, treatment, harm reduction and rehabilitation of drug problems. The legislation for some 60 countries (some with multiple legislation) has been collected and entered into uniform format annexes. The commissioned work of the study will be completed by July 1993.

COUNTRY PROGRAMME SUPPORT

National drug demand reduction plans

Backed by the ECOSOC Resolution of 1991, PSA is giving priority to promoting and facilitating the formulation, implementation and monitoring of National Plans for Drug Demand Reduction. PSA has produced a position paper on demand reduction.

Implementation of country activities

Working together with the WHO Regional Offices concerned, PSA undertook the following country-specific activities.

Africa

Projects aimed at strengthening regulatory control were developed for Benin, Ethiopia, Mozambique and Nigeria. Following the request of the Government of Mauritius, the preparation of a national drug demand reduction plan has been initiated in co-operation with UNDCP.

Americas

At the request of the Bolivian Government a National Demand Reduction Plan for Bolivia was prepared in close cooperation with UNDCP, UNESCO, and AMRO. PSA has also worked closely with UNDCP and the WHO Office of International Cooperation in the development and introduction of relevant health components into UNDCP programmes to reduce the supply of illicit narcotic drugs.

A PSA mission to Chile was undertaken in July to assist the Government in responding to the epidemic of coca paste smoking in the northern areas of the country.

PSA has been the executing agency for a UNDCP-funded project on "Research cooperation with countries to reduce the demand for dependence-producing drugs: support to the national health programme for control of drug abuse in Brazil".

In collaboration with AMRO, specific proposals for strengthening substance abuse programmes for Guatemala and the Bahamas were prepared.

Asia

Six of the Central Asian Republics (CARs) of the Commonwealth of Independent States (CIS) were included in a study conducted in June/July by an expert familiar with the culture and languages of the region who visited the republics of Uzbekistan, Kazakhstan, Kyrgyzstan, Tajikistan, Turkmanistan, and Azerbaijan. A draft report on this mission has been presented at the Technical Consultation on Drug Issues in South West Asia, Islamabad, 21-23 September 1992.

After two WHO technical groups and a visit from the Mission of Vietnam in Geneva, PSA prepared a project outline for developing comprehensive treatment approaches in order to reduce drug-related problems and the demand for drugs in Vietnam, and to prevent an epidemic of HIV infection and AIDS among injecting opium users in the country.

An exchange between China, Hong Kong and Macao was promoted in support of the development of demand reduction programmes in China and coordination among the international agencies operating at the country level was strengthened.

PSA is the executing agency of the UNDCP-funded Sri Lanka project to reduce heroin use and drug related health and socio-economic problems. A technical review of the project was carried out in August jointly by PSA and UNDCP. The three-year second phase of the

project is an innovative model for drug abuse prevention, which includes the promotion of healthy lifestyles rather than the traditional intimidatory approach.

The UN/Myanmar Programme for Drug Abuse Control, Phase III - Health Sector ended in December 1991. The remaining activities carried over for 1992 included two three-week fellowships to Malaysia in order to improve the drug abuse information system in Myanmar, and a six-month fellowship in the UK on addiction behaviour.

Europe

PSA has worked closely with UNDCP and EURO in the implementation and design of drug demand reduction activities in Eastern Europe and in the Newly Independent States of the former Soviet Union. A joint UNDCP/WHO mission was carried out in Estonia, Latvia and Lithuania in June to assess the extent of the drug problem and its trends in the three Baltic States. The mission also drew an inventory of needs and identified required assistance measures. EURO and PSA attended a meeting on drug abuse in the Baltic Sea Cities which specifically focused on drug abuse problems in the Baltic States.

COLLABORATION WITH UN AND AFFILIATED AGENCIES

United Nations International Drug Control Programme (UNDCP)

PSA has attempted to strengthen constructive working contacts with other UN agencies, first and foremost UNDCP. The Director of PSA has met with the Executive Director of UNDCP to further develop the close cooperation between the two programmes. Collaboration between PSA and UNDCP was discussed in the context of the 35th Session of the Commission on Narcotic Drugs in Vienna in April, and also during the *ad-hoc* Inter-Agency Meetings on Coordination in Matters of International Drug Abuse Control in Vienna in April and September. UNDCP was also invited to attend PSA's donors meeting in Geneva in June.

Technical consultations between the two programmes have taken place on several occasions in 1992, either during UNDCP staff visits to PSA or in meetings with UNDCP in Vienna. UNDCP and PSA have carried out joint missions to countries and have worked closely in a number of international meetings. In addition, PSA has made itself available to UNDCP for evaluation of the health-related activities of UNDCP's integrated rural development projects.

PSA has also offered UNDCP and its field offices PSA projects data and technology and has collaborated with UNDCP in the training of personnel in regulatory and laboratory control drugs of abuse.

International Narcotics Control Board (INCB)

PSA collaborates with the International Narcotics Control Board (INCB) on a continuous basis and in 1992 attended their two regular meetings in Vienna. An INCB representative also attended the 28th WHO Expert Committee on Drug Dependence in September.

In addition, PSA representatives attended the INCB training seminar in Beijing in June and in the Côte d'Ivoire in November.

United Nations Interregional Crime and Justice Research Institute (UNICRI)

The Steering Committee of UNICRI's cocaine programme decided in the spring of 1992 to entrust PSA with the responsibility for coordinating three research projects. The three projects were initiated at a meeting of project advisers in Geneva in August.

In addition, PSA has participated on several occasions in UNICRI meetings on other topics of common interest.

United Nations Children's Fund (UNICEF)

In the context of the PSA project on Street Children, regular consultations have been held with UNICEF.

United Nations High Commissioner for Refugees (UNHCR)

A meeting between PSA officials and a representative from UNHCR took place in December. Agreement was reached concerning a limited exploratory project on substance abuse problems among refugee populations.

United Nations Development Programme (UNDP)

The dialogue with UNDP was pursued in 1992 and following consultations between PSA and the Division of Global and Inter Regional Programmes, agreement was reached concerning UNDP support for the Abuse Trends Linkage Alerting System (ATLAS).

International Labour Office (ILO)

The implementation of a five-year inter-regional project on *Model Programmes of Alcohol and Drug Abuse Prevention Among Workers and Their Families* started in early 1992. The project is executed by the ILO and PSA in collaboration with UNDCP.

United Nations Educational, Scientific and Cultural Organization (UNESCO)

Consultations have been held with UNESCO on possible strengthening of cooperation between the two organizations namely in preparations for the International Day Against Drug Abuse in 1993.

World Bank

At the invitation of the World Bank, the Director of PSA gave three seminars in March at the Bank's headquarters in Washington on substance abuse in developing countries.

PSA contributed to WHO/World Bank cooperation in the preparation of the World Development Report for 1993 with a chapter on substance abuse with special reference to the situation in developing countries.

**COLLABORATION WITH ORGANIZATIONS OUTSIDE
THE UNITED NATIONS**

The discussions with the **International Organization of Good Templars (IOGT/International)** aimed at intensifying PSA's work in addressing alcohol abuse were pursued in 1992. Meetings took place in Geneva in January, Örebro, Sweden in March, Colombo, Sri Lanka in August, Geneva in October and Stockholm in November. A formal agreement on cooperation was signed in February. The two organizations have decided to collaborate in the so-called ADIC Centres (Alcohol and Drug Information Centres) in Poland, Sri Lanka, and Tanzania. PSA attended an IOGT meeting in Latvia on the promotion of IOGT activities in Estonia, Latvia and Lithuania.

In an effort to promote an open dialogue with the alcohol industry, the Director of PSA made a presentation at the annual meeting of the **International Federation of Wines and Spirits (FIVS)** in Brussels in February.

Close contact with the **International Council on Alcohol and Addictions (ICAA)** was continued in 1992. The Director of PSA participated in the 36th International Congress in Glasgow in August and made a plenary presentation.

The extension of a formal working agreement between WHO and the **International Federation of Non-Governmental Organizations for the Prevention of Drug and Substance Abuse (IFNGO)** was agreed upon at the time of the 14th IFNGO Conference in Kuala Lumpur in December, attended by the Director of PSA who also delivered a keynote speech.

To mark the 1992 International Day Against Drug Abuse and Illicit Trafficking, PSA and the **International Council of Nurses (ICN)** jointly issued an information and training kit for nurses. It was distributed to WHO Regional Offices and to ICN's contacts in 136 countries.

PSA is collaborating with the **International Society for Biomedical Research on Alcoholism (ISBRA)** on a joint project to assess state and trait markers for alcohol dependence.

PSA staff actively participated in the **World Psychiatric Association (WPA)** Task Force on Benzodiazepines which met three times in 1992.

A PSA staff member attended the **XV World Conference of Therapeutic Communities (WFTC)** in October and delivered a keynote speech at the meeting.

The Director of PSA visited the headquarters of the **Commission of the European Communities (CEC)** and various PSA staff members have attended meetings organized by the EC.

A representative of **ICPO/Interpol** attended the 28th Expert Committee on Drug Dependence. In addition, a representative from PSA was nominated to attend the 3rd Conference on Psychotropic Substances in April as a WHO observer.

The Director of PSA attended an international congress organized by the **Centro di Solidarieta (CeIS)** in Genoa in June.

The Director, PSA addressed the Fifteenth Anniversary of the **PRIDE World Drug Conference and International Exchange** in Houston, Texas in April.

DOCUMENTATION

DOCUMENTS produced in 1990

- Strategy Document (WHO/PSA/90.1)
- Proposed Budget 1990/1991 (PSA/90.2)
- Content and Structure of Methadone Treatment Programmes: a study in six countries (WHO/PSA/90.3)
- Third Meeting on Assessing Standards of Care in Drug Abuse Treatment (PSA/90.4)
- Information Manual on Designer Drugs (WHO/PSA/90.5)
- WHO Consultation on Validation of Self-Report Data on Substance Abuse (PSA/90.6)

DOCUMENTS produced in 1991

- Action to Reduce Substance Abuse: A Framework for Developing National Programmes on Health and Social Problems (WHO/PSA/91.1)
- Assessment of Standards of Care in Drug Abuse Treatment (PSA/91.2) (updated as WHO/PSA/92.7)
- Study on the Impact of Scheduling Benzodiazepines (WHO/PSA/91.3)
- Guidelines for Assessing Alcohol and Drug Prevention Programmes (WHO/PSA/91.4)
- Identification and Management of Alcohol-related Problems: Report on Phase II: A randomized clinical trial of brief intervention in Primary Health Care (WHO/PSA/91.5)
- Abuse Trends Linkage Alerting System (ATLAS) (preliminary outline) (WHO/PSA/91.6)
- Inter-regional meeting on Alcohol-related problems, Tokyo, 2-8 April 1991 (Report) (WHO/PSA/91.7)
- Inter-regional meeting on Alcohol-related problems, Tokyo, 2-8 April 1991 (Keynote address and recommendations) (WHO/PSA/91.7SR)
- WHO Consultation meeting on Mapping the Treatment Response to Alcohol and Drug Abuse, Moscow, USSR, 28-31 May 1991 (PSA/91.8)
- Summary of Activities undertaken by WHO on the Prevention and Control of Drug Abuse from 1 July to 30 June 1991 (WHO/PSA/91.9)
- Levels of Cover for Alcohol and Drug Problems (WHO/PSA/91.10)
- Preventing Alcohol Problems: Local prevention activity and the compilation of "Guides to local action" (reprint of WHO/MNH/ADA/90.4) Robinson D., Tether P. (WHO/PSA/91.11)
- Second WHO Consultation on Mapping the Treatment Response to Drug and Alcohol Abuse (PSA/91.12)
- Fourth Meeting of WHO Consultation Group on Assessing Standards of Care in Drug Abuse Treatment, Baltimore, Maryland (PSA/91.13)

DOCUMENTS produced in 1992

- Report on the 1991 Programme Activities (WHO/PSA/92.1)
- 1992 Work Plan (PSA/92.2)
- Street Children Project Meeting Report (WHO/PSA/92.3)
- AUDIT The Alcohol Use Disorders Identification Test: Guidelines for use in Primary Health Care (WHO/PSA/92.4)
- ATLAS Abuse Trends Linkage Alerting System Report of a feasibility study (WHO/PSA/92.5)
- Schedules for the Assessment of Standards of Care in Substance Abuse Treatment (WHO/PSA/92.6)*
- Effectiveness of measures to prevent alcohol-related problems: an update (WHO/PSA/92.7)*
- WHO initiative on cocaine meeting of project advisers (PSA/92.8)*
- Women and substance abuse: 1992 Interim Report (WHO/PSA/92.9)*
- Reporting Abuse-related Adverse Drug Reactions (PSA/92.10)*

PUBLICATIONS

M. Grant & R. Hodgson (eds), *Responding to Alcohol and Drug Problems in the Community: a manual for primary health care workers with guidelines for trainers*. WHO, Geneva, 1991 (available in: English, French, Spanish, Portuguese, Arabic).

TAPES/SLIDE PRESENTATIONS

- *Mobilizing the community to reduce drug and alcohol abuse*
- *Organizing primary health care for drug and alcohol abuse*

* in press