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**WHO/NIH JOINT PROJECT ON DIAGNOSIS
AND CLASSIFICATION OF MENTAL DISORDERS,
ALCOHOL- AND DRUG-RELATED PROBLEMS**

**MEETING OF THE TASK FORCE ON ALCOHOL- AND
DRUG-RELATED PROBLEMS**

WASHINGTON, D.C., 20 APRIL 1994

REPORT

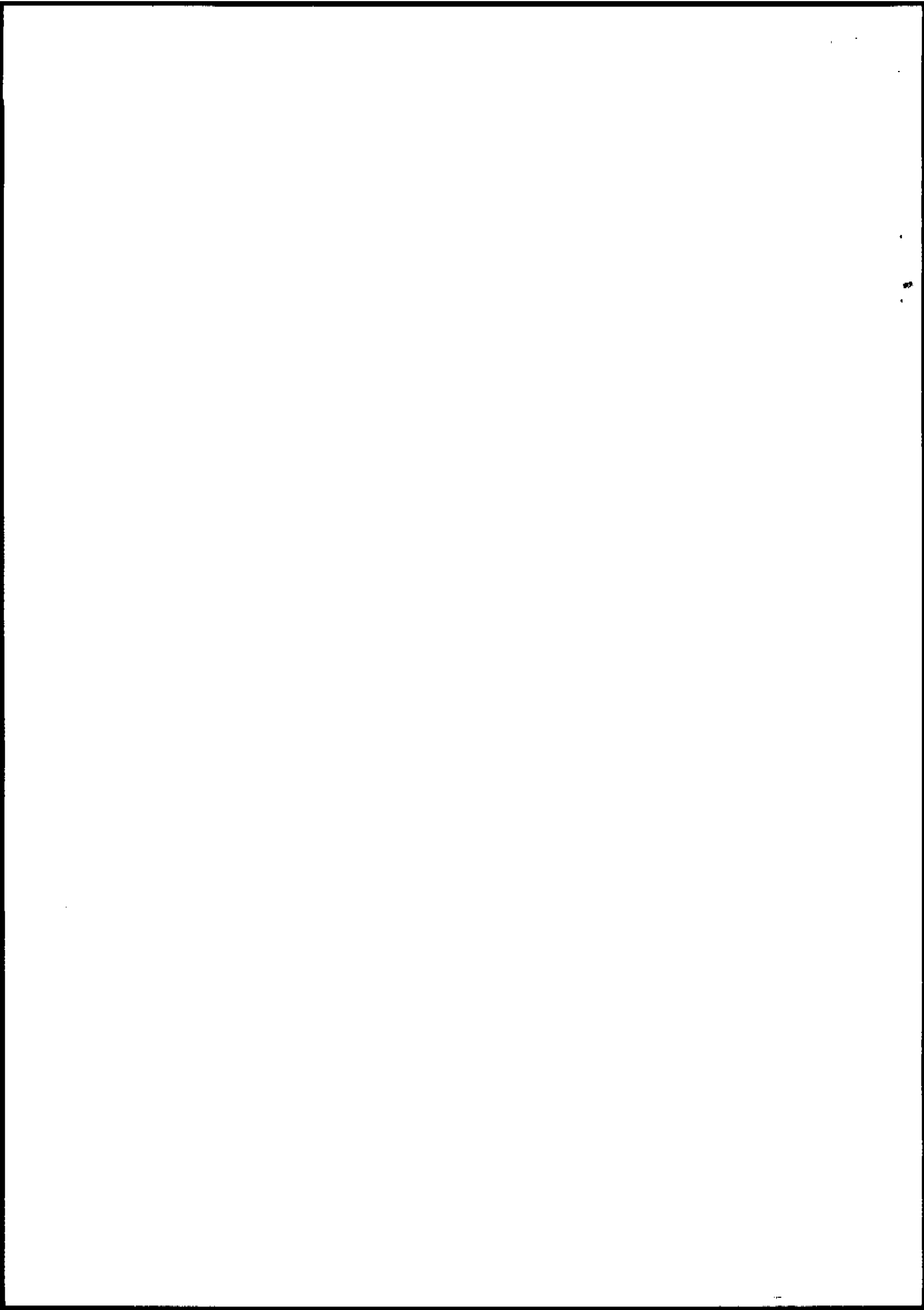
This meeting served to review progress in the current programme of work on alcohol- and drug-related disorders and to make recommendations on future studies to be undertaken in the area of diagnosis and classification of alcohol- and drug-related disorders.



**Division of Mental Health
WORLD HEALTH ORGANIZATION
Geneva
1994**

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1. OPENING OF THE MEETING

Dr Norman Sartorius, Principal Investigator of the WHO/NIH Joint Project, opened the meeting and referred to the Task Force's terms of reference, which are to advise the principal investigator on strategic aspects of the Joint Project's work on alcohol- and drug-related disorders. He also stressed the importance of this meeting, which not only has to review progress in the current programme of work (and identify any changes required) but should also help to formulate recommendations on studies in the area of diagnosis and classification of alcohol- and drug-related disorders which may be undertaken after the completion of the current phase of the WHO/NIH cooperative agreement.

Mr L. Towle, representing the National Institute of Alcohol Abuse and Alcoholism, Dr J. Blaine, representing the National Institute on Drug Abuse, and Dr D. Regier, representing the National Institute of Mental Health, welcomed members of the Task Force on behalf of their respective institutes.

Dr J. Saunders was elected rapporteur. The agenda and list of participants are given in appendices I and II.

2. REVIEW OF PROGRESS

2.1 Cross-cultural Applicability Research Study

The Cross-cultural Applicability Research (CAR) Study has examined the cross-cultural applicability of alcohol and drug related diagnoses, criteria and symptoms, and the applicability of terms used in diagnostic instruments (CIDI and SCAN). Nine centres have participated in the study, and they represent a diverse range of cultures and substance use patterns. The CAR project comprises five components: (1) bilingual expert consultation and exploratory translation and back translation, (2) key informant interviews, (3) focus group study, (4) the Self-administered Rating Schedule (SARS) Study, and (5) the Reference Cases Study.

Analyses of the data have been completed, and about 20 presentations and publications have resulted from the study. These are listed in appendix III. The main report of the study, "Use and abuse of alcohol and drugs in different cultures - a nine country study", is under consideration for publication by a publishing house. The contents of the report are listed in appendix IV.

The implications of the CAR study for service provision were discussed. It was noted that improved service provision for persons with alcohol and drug problems, and improved training of health workers were the ultimate goals of this work. Important aspects of the doctor's view of alcohol and drug problems had been identified. The divide between lay and professional concepts had also been illustrated.

Meetings of CAR Study investigators and advisers had proposed the development of a workbook on qualitative methods. This would be a set of practical guidelines

for the conduct of qualitative research, and would complement the guidelines currently being produced by the Division of Mental Health. An annotated bibliography is also being produced from the CAR Study. The "Rapid Assessment Method" developed by the United Nations Drug Control Programme was described and noted. Members of the Task Force endorsed the proposals emanating from the CAR Study and supported the development of training courses that are being planned jointly by the Division of Mental Health and the Programme on Substance Abuse.

2.2 Reliability and Validity Study

The overall aims of this study are (1) to determine the reliability and validity of the substance use sections of the CIDI, SCAN and AUDADIS, at the item, criterion and diagnosis levels, and (2) to determine the need for culture-specific adaptations of the instruments, including identification of culture-specific response biases which influence reliability and validity.

A summary of the meeting held on April 18-19 of the Reliability and Validity Study Advisory Group was presented. Progress in the Reliability and Validity Study had been good, with all centres on schedule to complete data collection by 30 June. Data from the first 50 cases has been received from all except one site, and initial analyses were presented at the Advisory Group meeting. The report of the Advisory Group meeting is attached as an appendix.

The need to ensure that the results of the R&V study are taken into account in revising CIDI and SCAN was stressed. Both instruments are being revised to take account of the final changes in DSM-IV (scheduled for publication in May 1994). Version 2.0 of CIDI will be finalised later in 1994. As this version is expected to be in use for the next five years, it is necessary for findings from the Reliability and Validity study to be available to inform the selection of items and the structure of the instrument.

It was agreed that an analysis would be undertaken of the data obtained in the first wave of the study (approximately 550 cases) to identify items which posed problems. These would be items for which there was low test-retest reliability or where there were very few positive responses. This will allow alternative questions to be generated and field tested, for inclusion potentially in the revisions of CIDI and SCAN. When the full data set was available the analyses would be repeated. The possibility of a meeting of the R&V study advisory group later in 1994 to examine the instruments and make recommendations on any final changes was discussed. The usefulness of a meeting of investigators at the end of the study was recognized and the possibilities for obtaining additional funding will be explored.

Several recommendations for further work were made in relation to the Reliability and Validity Study. They included extending the study to a longitudinal one so that the predictive validity of diagnoses could be investigated. This would also allow a comparison of the natural history of dependence in clinical samples and the general

population. Among other issues raised were the influence of the legal status and cultural significance of drugs on responses to questionnaire items, the boundaries of "caseness" at the criterion and diagnosis level, and the boundaries of disability related to alcohol and drugs in different cultures.

3. DRUG- AND ALCOHOL- RELATED DISABILITIES IN RELATION TO ICIDH REVISION

A proposal for a programme intended to help in the formulation of the revision of the International Classification of Impairment, Disability and Handicap (ICIDH) has been presented. The ICIDH is being revised, and there is an opportunity to develop the mental health section of the Classification. A background document "Revision of the ICIDH: mental health aspects" prepared following a consultation with the WHO/MNH Disability Working Group was tabled.

The proposed project would involve four phases:

Phase I

Development of a prototype ICIDH for psychiatric and alcohol and drug related disorders.

Phase II

Field trials of the draft ICIDH. This would include qualitative research on the nature of impairment, disability and handicap, operationalization of definitions, and the preparation of assessment instruments.

Phase III

Field testing of instruments. This would include an examination of cross-cultural applicability, reliability and validity, identification of specific applications for the instruments, and the establishment of a data bank and computer network.

Phase IV

Use of instruments in services research, prediction of severity, outcome, health service utilisation. Development of further research.

The need for research in this area was endorsed by the Task Force.

The CAR and R&V studies provide data that could help in phases 1 and 2 of this project. The limits of "caseness" and its implications for impairment, disability and handicap, the extent to which disability is influenced by concurrent alcohol or drug use, and the effect of substance use on rehabilitation from disability are examples of issues that could be examined in available data. A review of legislation in relation to disability and handicap, and the consequences of alcohol and drug use for work would be useful.

4. REVIEW OF THE ALCOHOL AND DRUG SECTIONS OF THE WHO/NIH INSTRUMENTS TO ACCOMMODATE DSM-IV DIAGNOSES

A paper on the implications of recent developments in DSM-IV criteria for substance use disorders for CIDI was tabled. The final version of DSM-IV is scheduled for publication in May 1994. The substance use sections of the current version of CIDI (Version 1.1) can generate most of the information required to make DSM-IV diagnoses. Additional items will be needed to characterise the course of substance use more specifically. The diagnostic algorithms will have to be altered in the light of the more precise distinction between abuse and dependence, and the new duration criteria for dependence. New items would have to be developed to accommodate the substance-specific criteria sets in DSM-IV.

It was recognised that the CIDI will also need modification to take account of the expanded and more specific criteria in the ICD-10 Diagnostic Criteria for Research (DCR), which was published in 1993 following publication of the ICD-10 Clinical Descriptions and Diagnostic Guidelines (CDDG) in the previous year. In particular, a section which identifies concurrence of dependence criteria will have to be developed.

The CIDI Editorial Committee will meet later in 1994 to work on the instrument, taking into account the issues raised.

It was noted that the SCAN has been altered to take account of the criteria in ICD-10 DCR, and work is being undertaken at present to accommodate DSM-IV diagnoses.

5. LEXICON OF ALCOHOL AND DRUG TERMS

The Lexicon of Alcohol and Drug Terms is now in press and is scheduled for publication in June 1994. Page proofs were available for inspection by members of the Task Force. Two companion lexica are being produced - a revised Lexicon of Psychiatric and Mental Health Terms and a Lexicon of terms used in cross-cultural studies. In addition an ICD-10 symptom glossary is being produced.

It was planned that the Lexicon of Alcohol and Drug Terms be translated into French. The Task Force also recommended that it be translated into Spanish, Portuguese, Russian, Arabic and German. It was suggested that additional editors from different language groups join the editors of the Lexicon (T. Babor, R. Campbell, R. Room and J. Saunders) to prepare these additional versions. It would be appropriate to include terms in these versions which were used in specific languages, but which had not gained currency internationally.

6. FUTURE PROJECTS ON PROBLEMS RELATED TO ALCOHOL AND DRUG USE

The Task Force made several recommendations for future work, to be considered by the Steering Committee of the Joint Project. They are broadly classified into activities which represent developments of current work and projects which are not directly related

to the current work programme.

6.1 Extensions of existing work

6.1.1 Dissemination of interview schedules and training in their use

Effective methods of presenting, packaging and marketing the interview schedules and their parts serving to assess problems related to substance abuse should be developed. This would include further development of guidelines for their use, the establishment of training programmes (through existing collaborating centres and through other channels) and the dissemination of knowledge about schedules in clinical and research communities through presentations, workshops and publications..

It was proposed that a brief paper advising on packaging and training be prepared by Dr L. Cottler.

6.1.2 Guidelines for reliability and validity studies

Guidelines for the conduct of reliability and validity studies, based on the experience in the R&V Study would be valuable.

6.1.3 Workshops on qualitative research

Workshops in different countries on qualitative research methods were proposed as a means of raising the profile of qualitative research, and training researchers in the requisite methods. NIDA and NIAAA might convene a technical review session to discuss the development of qualitative methods research in the study of substance abuse.

6.1.4 Reliability of the Independent Clinical Evaluation

Studies of the reliability of the Independent Clinical Evaluation (ICE) procedure (in order to develop it as a semi-standardized technique for general release) should be undertaken. This would include intercentre comparisons.

It was proposed that Dr T.B. Üstün prepare guidelines for the conduct of such a study.

6.1.5 The concept of "caseness"

Complementary analyses of the CAR and R&V data should be undertaken to explore the boundaries of "caseness".

Dr R. Room will prepare a discussion document.

6.1.6 Longitudinal extension of Reliability and Validity Study

The subjects recruited into the Reliability and Validity Study are a valuable cohort. They are well characterised, and contact information is available. Follow-up studies would enable the predictive validity of items, criteria and diagnoses to be determined.

It was proposed that a discussion document be produced by Dr J. Saunders and Dr D. Hasin.

6.1.7 Development of screening instruments for drug use disorders

Analyses of the R&V data could identify a set of screening questions giving good discrimination among problems due to different drug classes (and in different cultures).

6.2 New areas of work

6.2.1 International Classification of Impairment, Disability and Handicap

The development of research in the area of assessment and classification of impairment, disability and handicap was strongly supported by the Task Force.

As noted above, as a preliminary step there should be an effort to use data on impairment, disability and handicap contained in results of the CAR and R&V Studies. This could include the extent to which disability is influenced by concurrent alcohol or drug use, and the effect of substance use on rehabilitation from disability. A review of legislation in relation to disability and handicap, and the consequences of alcohol and drug use for work would be useful.

6.2.2 Quality of life studies

Further work in the area of assessment of quality of life in relation to alcohol and drug related disorders, was supported.

6.2.3 Screening for prescription drug use

The development of a screening instrument for problems arising in relation to misuse of prescriptive psychoactive drugs was proposed.

6.2.4 Training of primary health care workers

A proposal for training of primary health care workers in the detection and intervention for alcohol and drug related disorders was discussed. A current WHO collaborative study on implementation in primary health care settings of early

intervention techniques for harmful alcohol consumption was described by Dr J. Saunders.

The study design to document improvements in management (case finding, diagnosis, treatment and referral) resulting from a particular form of training would necessarily be complex. A study to improve rates of detection of alcohol and drug related problems by primary health care workers would be easier, and would represent a logical first step.

6.2.5 Comorbidity research

The Task Force recognised the importance of research into comorbidity using the diagnostic instruments developed in the WHO/NIH Joint Project. A proposal for research into comorbidity was discussed. Comorbidity was taken to include both psychiatric and physical disorders in combination with alcohol and drug related disorders.

The importance of having a longitudinal component of such a study was emphasised. This would enable investigation of the effects of cessation of alcohol and drug use on psychiatric symptoms, and identify whether psychiatric disorders resolve (and are presumably linked to alcohol and drug use), or persist (and may be independent entities).

6.2.6 Biological markers of alcohol

The work of the WHO/ISBRA collaborative study on biological markers of alcohol was noted. There was particular support for research into biological markers which would build up a picture of alcohol consumption over time.

6.2.7 Legal status of drugs

A proposal to investigate the effect of the legal status of drugs on response in interviews was supported.

A discussion document will be prepared by Dr W. van den Brink.

6.2.8 Lay and professional concepts

Dr Room suggested work into the extent of, and reasons for, discrepancies between lay and professional concepts, and terminology as applied to alcohol and drug use and related disorders.

6.2.9 Screening for drug use in adolescence

The development and testing of screening and assessment instruments for alcohol and drug use in adolescents was proposed and supported.

Appendix I

**WHO/NIH JOINT PROJECT ON DIAGNOSIS AND CLASSIFICATION
OF MENTAL DISORDERS, ALCOHOL- AND DRUG-RELATED PROBLEMS**

**TASK FORCE ON ALCOHOL- AND DRUG-RELATED PROBLEMS
Washington DC, 20 April 1994**

AGENDA

1. Opening of the meeting and adoption of the agenda

- Documents:* a) *Draft agenda*
b) *List of participants*

2. Review of progress since the last Task Force meeting

2.1 Results of the Cross-cultural Applicability Research Study

2.1.1 Publication of results

2.1.2 Development of training materials for qualitative research on alcohol- and drug-related problems

2.2 Review of progress in the Reliability and Validity Study

- Documents:* a) *Status report on the CAR nine-country study monograph, monograph outline and outlines of the chapters being finalized (2.1)*
b) *CAR study presentations and publications (2.1.1)*
c) *Qualitative methods workbook project status report (2.1.2)*
Qualitative methods workbook project working outline (2.1.2)
Qualitative methods workbook project annotated bibliography (2.1.2)
d) *R&V study progress report (2.2)*

3. Drug- and alcohol-related disabilities in relation to the ICDH revision

- Document:* *Paper on alcohol- and drug-related disabilities and ICDH*

4. Review of alcohol and drug sections in WHO/NIH instruments to accommodate DSM-IV diagnoses

- Documents:* a) *Changes in CIDI necessary to accommodate DSM-IV (Paper by Dr M. Isaac)*
b) *Changes in SCAN necessary to accommodate DSM-IV*

5. **Lexicon of Alcohol and Drug Terms: translation and publication in other languages**

- Documents:*
- a) *Lexicon of Alcohol and Drug Terms (a copy will be available in the room)*
 - b) *Lexicon of Alcohol and Drug Terms - translation and publication*

6. **Future projects on problems related to alcohol and drug abuse**

- 6.1 Development of screening instruments
- 6.2 Detection and management of psychoactive substance use disorders in primary health care
- 6.3 Biological markers
- 6.4 Fascicle
- 6.5 Comparative validity
- 6.6 Other projects

- Documents:*
- a) *Development of a screening instrument for the assessment of substance use disorders (6.1)*
Screening for Alcoholism (NIAAA Alcohol Alert) (6.1)
Screening and Brief Intervention (Eighth Special Report of the US Congress on Alcohol and Health, 1993) (6.1)
Psychometric and laboratory measures to assist in the treatment of alcoholism (John P. Allen, Raye Z. Litten, NIAAA) (6.1)
AUDIT (6.1)
 - b) *Paper on psychoactive substance use disorders in PHC (6.2)*
 - c) *Biological markers (paper by Mr L.H. Towle) (6.3)*
NIAAA/ISBRA/WHO marker study (6.3)
Laboratory markers in the identification of hazardous and harmful alcohol and drug use (K.M. Conigrave, J.B. Saunders, J.B. Whitfield) (6.3)
 - d) *Fascicle for alcohol- and drug-related problems (6.4)*
 - e) *Future WHO collaboration (6.6)*

7. **Conclusions and recommendations**

Appendix II

**WHO/NIH JOINT PROJECT ON DIAGNOSIS AND CLASSIFICATION
OF MENTAL DISORDERS, ALCOHOL- AND DRUG-RELATED PROBLEMS**

**TASK FORCE ON ALCOHOL- AND DRUG-RELATED PROBLEMS
Washington DC, 20 April 1994**

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Appendix III

CAR STUDY PRESENTATIONS AND PUBLICATIONS (1993/94)

- Romero M, Campillo C, Farfan JAF. (1993) On women's perceptions of alcohol- and drug-related problems; results of a cross-cultural study coordinated by the WHO. Presented at the 13th International Congress of Anthropological and Ethnological Sciences, Mexico City.
- Romero M, Gotto G, Campillo C. (1994) Drug consumption and violence: results of a cross-cultural study coordinated by the WHO. IX Reunion de Investigacion del Instituto Mexicano de Psiquiatria. *Anales*.
- Romero M. (1993) El estudio de las adicciones en relacion a la cultura. (The study of addictions in relation to culture.) Ed. secretaria de Salud, Consejo Nacional contra las adicciones. *Las Adicciones: hacia un enfoque multidisciplinario*, pp. 185.
- Campillo C, Vazquez-Barquero JL, Romero M, Gaité PL, Herrera CS. (1993) Uso y abuso de alcohol en Espana y Mexico. Resultados de un estudio transcultural. Primer parte. Enviado para su publicacion a la revista Salud Mental.
- Romero M, Gaité PL, Campillo C, Vazquez-Barquero JL, Artal SJ. (1993) Uso y abuso de drogas en Espana y Mexico. Resultados de un estudio transcultural. Segunda Parte. Enviado para su publicacion a la revista Salud Mental.
- Chandrashekar, CR. (1993) Focus group interviewing: a new approach in information gathering and evaluation in psychiatry. Presented at the Indian Psychiatric Society's Karnataka Chapter Annual Conference, Shimoga, Karnataka.
- Ho Young Lee. (1992) Sociocultural barrier of the concept of alcoholism in Korea. Presented at the Seminar on Culture and Alcoholism, Yonsei University College of Medicine, Seoul, Korea.
- Man Hong Lee. (1993) Ethnological study on the concept of alcoholism in Korea. Presented at the Annual Scientific Meeting of the Korean Neuropsychiatric Association, Seoul, Korea.
- Ho Young Lee, Man Hong Lee (to be published) Ethnological study on the concept of alcoholism in Korea. *Journal of Korean Association of Psychopathology and Psychiatric Classification*.
- Gureje O, Trotter R, Vazquez-Barquero JL. (1993) Comparisons of alcohol and drug issues in different cultures: experience from a WHO nine-nation collaborative study.
- Bennett LA, Janca A, Grant BF, Sartorius N. (1993) Boundaries between normal and pathological drinking: a cross-cultural comparison. *Alcohol Health and Research World*, 17, 3, 190-195.
- Janca A, Gureje O, Bennett LA. Assessment of alcohol- and drug-related problems in different cultures. In proceedings of the 9th World Congress of Psychiatry, Rio de Janeiro. In press.

Room R, Janca A, Bennett LA, Schmidt L, Sartorius N. WHO study of the cross-cultural applicability of diagnostic criteria and instruments - a review of methods and results. To be submitted.

Gureje O, Mavreas V, Vazquez-Barquero JL, Janca A. Alcohol and drug disorders in cross-cultural perspective. In preparation.

Bennett LA, Janca A. (1993) CAR project: linguistic challenges. Presented at the VI Ibero-American Congress on Alcohol, Tobacco and Drugs, Mexico City.

Room R, Bennett LA, Janca A, Schmidt L. (1993) International alcohol diagnoses and cultural understandings of alcohol problems. Presented at the VI Ibero-American Congress on Alcohol, Tobacco and Drugs, Mexico City.

Janca A, Bennett LA, Pull Ch. (1993) Development and cross-cultural applicability of ICD-10-based diagnostic instruments. Presented at the 16th Annual Meeting of APA, San Francisco.

Janca A, Bennett LA, Gureje O. (1993) Cross-cultural applicability of WHO/ADAMHA diagnostic instruments. Presented at the 9th World Congress of Psychiatry, Rio de Janeiro.

Bennett LA, Janca A. (1993) Collaboration between anthropologists and psychiatrists in cross-cultural aspects of diagnosis of mental disorders and alcohol- and drug-related problems. Presented at the Meeting of the Society for Applied Anthropology, San Antonio, Texas.

Bennett LA, Janca A. (1993) Challenges in the cross-cultural diagnosis of alcoholism: a multidisciplinary approach. Presented at the Meeting of the International Union of Anthropological and Ethnological Sciences, Mexico City.

Towle LH. (1993) Proyecto CAR: Investigacion sobre aplicabilidad cultural, antecedentes y descripcion. Presented at the VI Ibero-American Congress on Alcohol, Tobacco and Drugs, Mexico City.

Dawson D, Towle LH. (1993) Aspectos transculturales en el diagnostico de los desordenes relacionados con el consumo de alcohol. Evaluacion del criterio diagnostico y de los indicadores de sintomas basada en los resultados del subestudio del SARS del Proyecto CAR. Presented at the VI Ibero-American Congress on Alcohol, Tobacco and Drugs, Mexico City.

Campillo C, Romero M. (1993) Implicaciones de los resultados del subestudio de entrevistas a informantes clave del proyecto CAR: Categorías diagnosticas, indicadores y criterios para el ICD-10 y el DSM-IV: Resultados en Mexico. Presented at the VI Ibero-American Congress on Alcohol, Tobacco and Drugs, Mexico City.

Appendix IV

CAR STUDY MONOGRAPH DRAFT OUTLINE

TITLE: USE AND ABUSE OF ALCOHOL AND DRUGS IN DIFFERENT CULTURES - A NINE-COUNTRY STUDY

CONTENTS:

SECTION I: INTRODUCTION AND METHODS

Chapter 1: Background and rationale of the study (Sartorius)

Chapter 2: Study methods (Janca)

SECTION II: PARTICIPATING CENTRES' REPORTS (Investigators and their colleagues)

SECTION III: CROSS-CULTURAL ANALYSES

Chapter 12: Knowledge and expression of experience related to alcohol and drugs in the nine cultures (Bennett et al)

Chapter 13: Contrasting perspectives between alcohol and drugs in the nine cultures (Bennett et al)

Chapter 14: Cross-cultural comparisons in concepts used for diagnosing alcohol- and drug-related problems (Bennett et al)

SECTION IV: IMPLICATIONS OF THE CAR STUDY RESULTS

Chapter 15: Implications for diagnostic systems and instruments (Room et al)

Chapter 16: Implications for training (Trotter et al)

Chapter 17: Implications for further research (Schmidt et al)

SECTION V: CONCLUSIONS (Bennett, Janca and Sartorius)

NB: Chapters on SARS and the implications of the CAR study results for treatment and service development are to be produced. Dr Grant will be the lead author of the former and Dr Vazquez-Barquero will be approached regarding the latter.