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PROGRAMME ON
**SUBSTANCE
ABUSE**

Work Plan
1994-1995

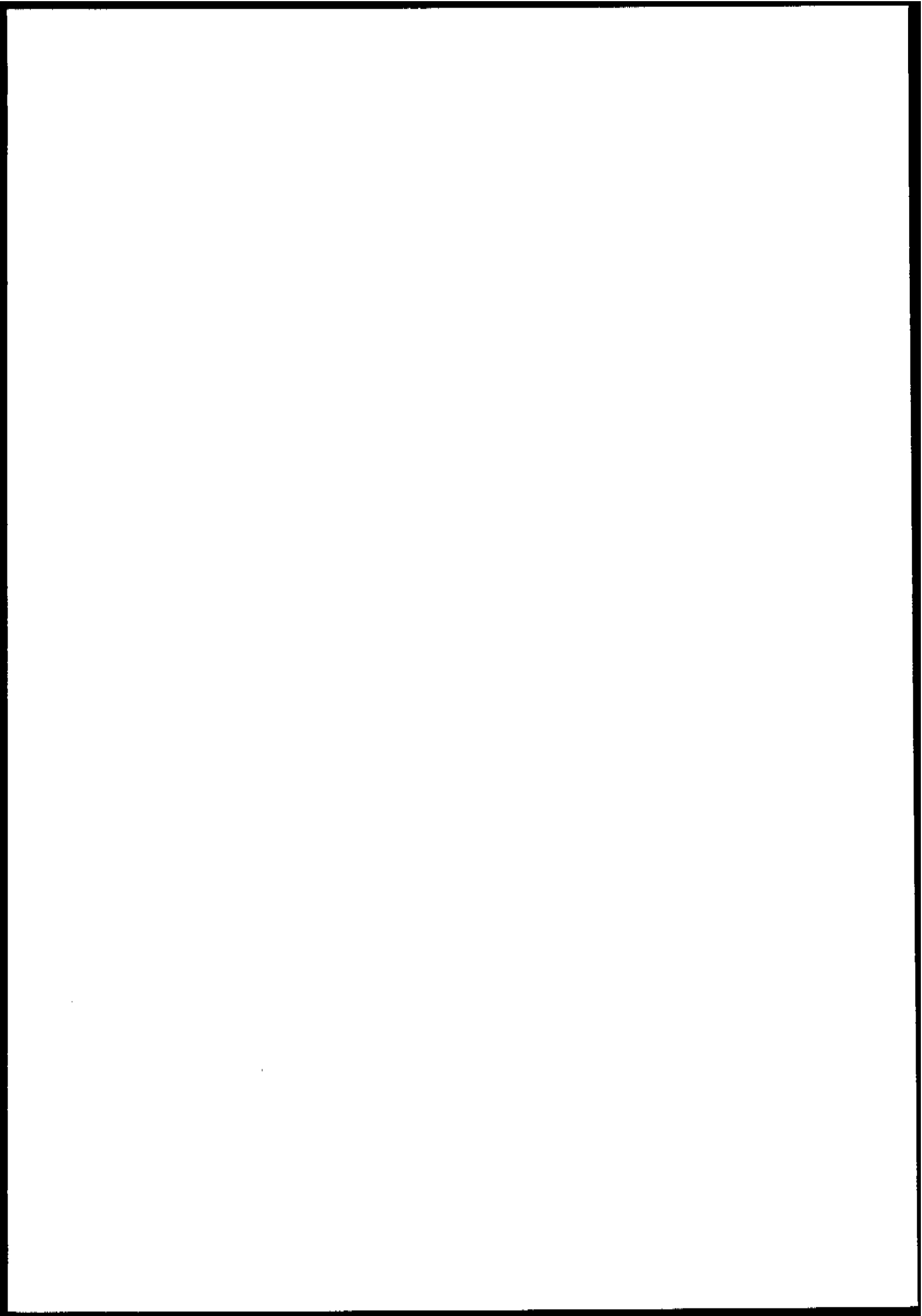


WORLD HEALTH ORGANIZATION

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INTRODUCTION

The attached Work Plan covers the period 1994-1995. The contents reflects the strategy for the WHO Programme on Substance Abuse (PSA) which is outlined in greater detail in the Strategy Document (WHO/PSA/90.1) and which explains the overall scope and purpose of the Programme.

Within each of the activity areas a series of projects or themes is listed together with their respective broad objectives and the specific targets that have been set for the calendar years 1994/1995. The budgets for each of the listed themes show the resources considered by PSA as essential to develop and implement the stated activities during this biennium. They do not reflect the total amounts needed for the continuation of the projects beyond 1995. As a WHO special programme, PSA looks primarily to voluntary contributions for its operation.

Additional information on the timing and specific components of the different themes is available on request from PSA.

BUDGET 1994-1995 - SUMMARY

PROGRAMME AREA	BUDGET IN US\$
Prevention, Advocacy and Promotion	3,925,800
Treatment and Care	3,585,800
Regulatory Control	980,600
Support of Regional/ Country and NGO Activities	629,400
Coordination and Programme Development	3,265,000
TOTAL	<u>12,386,600</u>

PREVENTION, ADVOCACY AND PROMOTION

The main focus of the work of this Unit is the development and evaluation of approaches to the reduction of health and social problems associated with substance use and abuse. This includes the gathering and dissemination of information regarding use, abuse and prevention efforts.

The work of the Unit is divided into four main areas:

Epidemiological information on substance use and abuse covers activities related to (a) the development and application of epidemiological tools, (b) the compilation and updating of statistical reports and (c) the implementation of assessment procedures in particular locations.

Prevention of substance abuse in specific populations addresses prevention and health promotion strategies for defined populations, which may be defined demographically, geographically, occupationally or by other variables.

Prevention of specific problems includes activities designed to address one or more defined health or social problem associated with substance use and abuse.

Development of prevention and health promotion techniques covers activities which relate to the formulation, design and evaluation of techniques for substance abuse prevention and health promotion. The aim is to identify promising approaches and to develop them for wider applicability, particularly in relation to the needs of developing countries.

PREVENTION, ADVOCACY AND PROMOTION

THEME	OBJECTIVES	1994-95 TARGETS	1994-95 BUDGETED
A. EPIDEMIOLOGICAL INFORMATION ON SUBSTANCE USE AND ABUSE			
<p>ABUSE TRENDS LINKAGE ALERTING SYSTEM (ATLAS) (Duration: Continuous)</p>	<p>To assess and describe patterns of substance abuse and their associated health consequences in selected countries. To strengthen national capabilities to assess substance abuse and its health consequences. To provide an early warning system for changing patterns of substance abuse.</p>	<p>1994: Strengthen substance abuse data collection systems in at least three developing countries through training and data management/analysis. Analyse and prepare a report utilizing the data report from identified countries which already have data collection systems in place. Collaborate with the Division of Epidemiological Surveillance and Health Situation and Trend Assessment, Tobacco or Health and other technical programmes to prepare global assessment on trends in use of all drugs of abuse.</p>	250,000
		<p>1995: Strengthen substance abuse data collection systems in at least three developing countries through training and data management/analysis. Analyse and prepare a report utilizing the data report from identified countries which already have data collection systems in place. Explore feasibility of global monitoring of trends in use of all drugs of abuse.</p>	250,000
<p>CONSOLIDATED EPIDEMIOLOGICAL MANUAL FOR SUBSTANCE ABUSE (Duration: 1992-1994)</p>	<p>To review existing WHO epidemiological manuals and instruments on substance abuse, in collaboration with the US National Institute on Drug Abuse. To field test and finalize a new consolidated manual. To promote and disseminate the consolidated manual.</p>	<p>1994: Develop field testing plan for draft manual. Initiate field testing of draft manual in selected sites. Review and edit consolidated manual chapters. Revise the instruments in accordance with field test results. Finalize the consolidated manual.</p>	100,000
<p>RAPID ASSESSMENT OF DRUG ABUSE IN CENTRAL AFRICAN COUNTRIES (Duration: 1993-1994)</p>	<p>To provide assistance in improving knowledge about the nature and extent of drug abuse in two Central African countries.</p>	<p>1994: Select jointly with UNDCP a second country and implement a national team survey. Undertake in both countries, training courses on data collection and field management of data. Finalize data collection. Prepare national reports. Identify appropriate follow-up action at national level.</p>	39,000
<p>COLLABORATIVE ALCOHOL-RELATED LONGITUDINAL PROJECT (Duration: 1988-1996)</p>	<p>To undertake an analysis of data available from longitudinal studies of alcohol consumption and alcohol-related problems. To prepare scientific papers on selected topics, particularly from a crosscultural perspective. To maintain and promote a network of collaborative investigators involved in longitudinal research on alcohol-related problems.</p>	<p>1994: Implement the recommendations of the third meeting of investigators with respect to the continuing analysis of the combined data-base. Ensure the publication of a paper on the bio-environmental debate in a peer-review journal.</p>	5,000
		<p>1995: Prepare draft consolidated report, bring together results from previous years and include recommendations for research, policy and service provision. Convene final meeting of investigators to review report.</p>	5,000

PREVENTION, ADVOCACY AND PROMOTION

THEME	OBJECTIVES	1994-95 TARGETS	1994-95 BUDGETED
<p>PUBLIC HEALTH IMPLICATIONS OF ALCOHOL PRODUCTION & TRADE (Duration: 1992-1994)</p>	<p>To update existing WHO publication (Offset No. 88) on public health implications of alcohol production and trade. To utilize revised report in dialogue with interested parties.</p>	<p>1994: Submit consolidated text and tables for expert comment and then finalize. Print report and disseminate widely. Prepare linked report on national regulatory context of advertising of alcoholic beverages.</p>	<p>25,000</p>
B. PREVENTION OF SUBSTANCE ABUSE IN SPECIFIC POPULATIONS			
<p>DRUGS AND SPORTS (Duration: 1992-1995)</p>	<p>To assess the nature, extent and consequences of the problematic use of drugs in sport and fitness activities. To describe the long-term public health and social consequences of such drug use. To develop and implement sustainable and on-going strategies for health promotion with respect to drug use and sports.</p>	<p>1994: Field test and modify training manuals and resource materials for use in training workshops on health promotion programme development in drugs and sports. Begin programme development training seminars in key geographic locations for selected national sports and drug personnel. Assist trained personnel in the implementation of national health promotion programmes in drugs and sports. Develop evaluation strategies to modify and adapt developed national programme strategies.</p> <p>1995: Complete training seminars. Complete implementation of national health promotion programmes. Complete final analysis of guidelines for the development of national programme strategies. Assess sustainability of drugs and sports programme strategies upon project completion. Prepare for print full project documentation, including training materials and final report.</p>	<p>300,000</p> <p>260,000</p>
<p>WOMEN AND SUBSTANCE ABUSE (Duration: 1991-1995)</p>	<p>To develop and test intervention strategies, particularly in relation to the prevention of substance use and related HIV infections. To improve women's access to appropriate treatment services. To promote women's networks and community participation in demand reduction. To improve health care providers' practice in providing treatment for women.</p>	<p>1994: Develop four country-level intervention projects utilizing women as resources for demand reduction and substance abuse prevention addressing the project objectives. Prepare regional reports and begin the development of a framework for evaluation of country assessments, regional studies and the intervention results, including cost-effectiveness considerations.</p> <p>1995: Complete evaluations of country-level activities. Prepare consolidated reports to be available for IVth World Conference on Women (Beijing, September).</p>	<p>200,000</p> <p>150,000</p>

PREVENTION, ADVOCACY AND PROMOTION

THEME	OBJECTIVES	1994-95 TARGETS	1994-95 BUDGETED
<p>ALCOHOL AND DRUG ABUSE IN THE WORKPLACE (Duration: 1992-1996)</p>	<p>In collaboration with ILO and UNDCP, to assess the extent of problematic substance use and its impact on the workforce. To develop and evaluate model programmes for the prevention of harmful alcohol and other drug use among workers and their families.</p>	<p>1994: Implement the model programme in the participating companies and organizations. Prepare for the family component of the project by organizing national training seminars in all five countries. Organize a mid-term review meeting and implement necessary revisions in the project document. Prepare training material and manuals to assist project implementation. Undertake the first cross cultural evaluation of the adaptability, flexibility and feasibility of the core models of the programme. Compile and analyse data on drug and alcohol use in the participating companies.</p> <p>1995: Implement the family component of the project. Organize national resource groups of company managers in the participation as a significant step towards the national dissemination seminars of the programme in all countries.</p>	<p>158,800</p> <p>60,000</p>
<p>PREVENTION OF SUBSTANCE ABUSE IN THE CONTEXT OF UN PEACEKEEPING MISSIONS (Duration: 1994-1996)</p>	<p>To develop guidelines for the prevention of substance abuse among combatants, demobilized troops and others involved in contributing to UN peacekeeping operations. To prepare implementation plans and to promote the use of the guidelines in specific UN peacekeeping missions.</p>	<p>1994: Review evidence on patterns of substance abuse in relation to past and current peacekeeping missions. Undertake case studies in selected sites. Draft and review guidelines on preventive strategies.</p> <p>1995: Field-test guidelines in context of current peacekeeping missions. Finalize guidelines on basis of experience. Prepare implementation plans.</p>	<p>120,000</p> <p>120,000</p>
<p>PREVENTING SUBSTANCE ABUSE IN REFUGEE POPULATIONS (Duration: 1993-1995)</p>	<p>To assess the nature and extent of current and potential substance abuse problems in refugee populations. To develop strategies for prevention and for simple interventions. To promote a comprehensive approach to substance abuse problems in refugee populations.</p>	<p>1994: Undertake joint assessment missions with UNHCR among at least two refugee populations, including Kenya and Hong Kong. Prepare draft plan of work for a comprehensive WHO/UNHCR initiative.</p> <p>1995: Emphasizing the negative implications of substance abuse, develop strategies with relevance to the special situation of refugees and displaced persons. Identify specific preventive and control measures. Develop and disseminate a health manual to be used by refugee health workers will be part of these measures. Train refugee health workers to respond to substance abuse problems in the community.</p>	<p>30,000</p> <p>200,000</p>

PREVENTION, ADVOCACY AND PROMOTION

THEME	OBJECTIVES	1994-95 TARGETS	1994-95 BUDGETED
<p>PREVENTION OF SUBSTANCE ABUSE IN SMALL ISLAND STATES (Duration: 1992-1996)</p>	<p>To assess the nature and the extent of substance abuse in selected small island states. To identify opportunities for preventive interventions and promote their implementation at country level.</p>	<p>1994: Initiate full assessment procedures in selected countries in three WHO regions. Prepare interim report on status of implementation.</p> <p>1995: Identify culturally appropriate interventions to address such problems. Implement national programme of preventive action.</p>	<p style="text-align: right;">70,000</p> <p style="text-align: right;">150,000</p>
<p>C. PREVENTION OF SPECIFIC PROBLEMS</p>			
<p>PREVENTION OF PROBLEMS RELATED TO PUBLIC DRINKING (Duration: 1992-1994)</p>	<p>To provide data on the nature and extent of public drinking and its associated problems. To describe and, so far as possible, evaluate regulatory options for the prevention of problems associated with public drinking.</p>	<p>1994: Prepare report based on responses to questionnaire. Convene small working group to develop proposals for testing effectiveness of regulatory measures.</p>	<p style="text-align: right;">22,000</p>
<p>PREVENTING FETAL EFFECTS OF SUBSTANCE ABUSE (Duration: 1993-1994)</p>	<p>To prepare guidelines for effective prevention programmes to diminish levels of fetal damage associated with substance abuse through effective prevention programmes.</p>	<p>1994: Convene and hold a consultation of international experts on development of public education related to drug use and pregnancy. Finalize guidelines for the selection of appropriate educational messages on drug use and pregnancy, for the dissemination of messages, and evaluation of campaigns. Preparation of final joint WHO-UNDCP project report.</p>	<p style="text-align: right;">27,500</p>
<p>DRUG AND ALCOHOL USE DURING PREGNANCY: AN APPLICATION OF WHO-UNDCP GUIDELINES FOR PUBLIC EDUCATION EFFORTS (Duration: 1994-1996)</p>	<p>To diminish levels of fetal harm associated with drug and alcohol use by pregnant women and their partners, and to evaluate the effectiveness of public education efforts in reducing the prevalence pregnancies complicated by drug use.</p>	<p>1994: Identify a government agency or nongovernmental organization which is actively working to reduce the prevalence of drug use by pregnant women and their partners in one developing and one developed country. Assist, using WHO-UNDCP guidelines, in the development of public education campaigns dealing with the potential risks of drug use and pregnancy.</p> <p>1995: Develop programme evaluation methodology based on WHO-UNDCP guidelines and apply it in the context of both countries. Collect baseline data for evaluation purposes. Initiate education efforts. Collect data for interim evaluation. Analyse data for interim evaluation and prepare interim report on project effectiveness.</p>	<p style="text-align: right;">50,000</p> <p style="text-align: right;">170,000</p>

PREVENTION, ADVOCACY AND PROMOTION

THEME	OBJECTIVES	1994-95 TARGETS	1994-95 BUDGETED
POPULAR GRAPHIC MEDIA FOR SUBSTANCE ABUSE PREVENTION <small>(Duration: 1994-1996)</small>	To identify, analyse and develop guidelines for graphic media materials for substance abuse prevention strategies. To create adaptable frameworks to assist in the creation of materials to support health promotion and substance abuse prevention education programmes. To assess the adaptability of graphic media formats for non-literate populations and create supplementary guidelines.	1994: Develop research protocols to assess currently available popular graphic media materials related to substance abuse prevention. Identify crosscultural examples of graphic media materials. Analyse the conceptual frameworks, themes and illustrative formats of various materials. Develop recommendations for the creation of adaptable guidelines for media materials. Formulate draft examples of graphic media materials related to substance abuse prevention for literate and non-literate populations.	100,000
		1995: Select three project sites for the creation and dissemination of graphic media materials for literate and non-literate populations. Adapt and modify draft media materials. Evaluate and assess the efficacy of the adaptable draft media guidelines. Compile, edit and finalize popular graphic media project final report including guidelines for literate and non-literate populations.	150,000
CREATING PREVENTION PROGRAMMES: AN ANALYTICAL FRAMEWORK FOR ESTABLISHING PRIORITIES <small>(Duration: 1994-1997)</small>	To prepare an international overview of prevention objectives and preventive strategies. To establish a framework for the systematic evaluation of prevention activities. To promote more effective approaches to substance abuse prevention.	1994: Finalize project methodology for collection of relevant information from Member States and donor agencies concerning their current prevention priorities and justification for that prioritization. Develop appropriate research instruments. Identify appropriate study participants selecting limited number of participants for field test. Field test instruments for modification.	50,000
		1995: Implement project methodology for all study participants. Analyse data to identify categories of common prevention priorities. Identify range of activities for each prevention priority. Collect data on variables related to prevention strategies including cost-effectiveness and political or practical applicability of each strategy. Begin systematic evaluation of prevention strategies using analytic approaches that include effectiveness and cost-effectiveness studies, and report the relative merits of each prevention strategy by type of analytic approach.	150,000
Sub Total US\$			1994 1,878,300 1995 2,047,500 3,925,800

TREATMENT AND CARE

The goals of the Unit are to identify and develop cost effective treatment, rehabilitation and other harm reduction approaches associated with psychoactive substance use, and to integrate such approaches into primary health care.

The work of the Unit is divided into three main areas:

Service development: Many countries are affected by adverse consequences of psychoactive substance use which constitute one of the leading causes of morbidity and mortality. Care available to substance users is often inadequate or non-existent. Service development, with particular emphasis on primary health care, training and strengthening of national health systems are the objectives of projects in this area.

Community empowerment: Local communities have the possibility to control the harmful effects of alcohol and drug use they experience. One reason for this is that it is often possible to identify indigenous strengths and resources at the local level that can facilitate intervention programmes. Projects in this area have the aim of identifying, developing and promoting solutions which at the local level are appropriate to enhance the health of the community.

Action-oriented research: A problem with regard to treatment and care of alcohol and drug users is the lack of adequate research directly concerned with treatment. The involvement of practitioners is helpful in linking research to action. Careful thought must be given to training, support and supervision of practitioners engaged in research, to develop objectivity and for adhering to the standards of scientific inquiry.

TREATMENT AND CARE

THEME	OBJECTIVES	1994-1995 TARGETS	1994-95 BUDGETED
A. SERVICE DEVELOPMENT			
<p>TRAINING MATERIALS FOR DEVELOPING HEALTH PROFESSIONALS CURRICULA (Duration: 1988-1995)</p>	<p>To enhance the skills of health professionals in the management of drug-related problems, including skills in prevention, treatment and rehabilitation.</p>	<p>1994: Prepare a set of training materials for health professionals at undergraduate and postgraduate medical schools, nursing schools and social work schools. Hold a consultation meeting to review these resources.</p> <p>1995: Pilot test and evaluate these training materials in ten schools for health professionals.</p>	<p>130,000</p> <p>267,000</p>
<p>RESPONDING TO SUBSTANCE ABUSE IN THE TEACHING HOSPITAL SETTING (Duration: 1994-1998)</p>	<p>To organize alcohol and other drug treatment and health education activities in teaching hospitals in different regions of the world.</p>	<p>1994: Establish a network of teaching hospitals in different regions of the world. Develop a model programme incorporating: (a) drug treatment and health education programmes for pre-employment and assistance for substance use disorders among all patients admitted to the hospital; (b) drug treatment and health education programmes for hospital patients, visitors and staff.</p> <p>1995: Field testing of the model.</p>	<p>200,000</p> <p>300,000</p>
<p>STRENGTHENING OF BIOMEDICAL RESEARCH INTO SUBSTANCE USE ISSUES (Duration: 1994-1995)</p>	<p>To strengthen the capacity of research institutions in Asia, Africa and Latin America to undertake biomedical research into substance use issues.</p>	<p>1994: In association with ISBRA, develop and pilot a training programme on biomedical research in the area of substance use. Strengthen the international network of institutions undertaking biomedical research.</p> <p>1995: Conduct training workshops in Asia, Africa and Latin America.</p>	<p>50,000</p> <p>60,000</p>
<p>PHARMACOLOGICAL TREATMENT (Duration: 1994-1995)</p>	<p>To promote through international collaboration the development of pharmacological treatment for drug-related problems.</p>	<p>1994: Organize an advisory group meeting in June, and prepare an international framework for efficacy and safety evaluation in pharmacological treatment and clinical trials.</p> <p>1995: Publish and disseminate the international framework.</p>	<p>30,000</p> <p>10,000</p>
<p>GLOBAL ALERT AND RAPID RESPONSE PROJECT (Duration: 1994-995)</p>	<p>To develop a global system which alerts to acute public health crises resulting from psychoactive substance use. To establish an international panel of experts who can rapidly respond to such crises by undertaking site assessments and making recommendations for action.</p>	<p>1994: Establish an international network of agencies monitoring acute changes in substance use patterns and health consequences associated with such use. Establish an international panel of experts with clinical and public health expertise who could respond to public health crises. Convene a meeting for developing a protocol for responding to such crises.</p> <p>1995: Pilot the protocol for adjustment to specific country situations.</p>	<p>30,000</p> <p>30,000</p>

TREATMENT AND CARE

THEME	OBJECTIVES	1994-1995 TARGETS	1994-95 BUDGETED
B. COMMUNITY EMPOWERMENT			
ABUSE OF VOLATILE SUBSTANCES (Duration: 1992-1995)	To establish intervention methodologies for reducing the intentional inhalation of volatile solvents and the harm associated with their use.	1994: Complete an assessment of the extent, nature and consequences of intentional solvent use in selected countries.	147,600
		1995: Develop and field test preventive and treatment interventions based on situation assessments in 1994.	222,600
STREET CHILDREN (Duration: 1991-1996)	To develop in collaboration with the International Organization of Good Templars (IOGT) and UN agencies, a refined methodology, supporting documentation and educational resources for organizations working with street children who use drugs.	1994: Hold an international consultation meeting. Refine the methodology and instruments developed in Phase I. Develop a training package and resources for street educators. Develop evaluation guidelines. Piloting of the methodology, instruments and resources commences.	220,000
		1995: Continue piloting and evaluating methodology, instruments and resources. Undertake evaluation site visits.	220,000
INDIGENOUS POPULATIONS AND DRUG USE (Duration: 1992-1994)	To gather information on the nature and extent of drug use problems among indigenous communities and identify culturally appropriate interventions to reduce the harm associated with such use.	1994: Develop case studies from up to 15 indigenous communities. Prepare a global report. Review and report on international literature.	90,000
		1995: Hold a consultation meeting with leaders of indigenous communities. Establish a network of indigenous peoples working in the drug use and prevention area. Identify areas for further investigation and action.	132,600
OPEN COMMUNITY APPROACH TO DRUG TREATMENT (Duration: 1994-1997)	To review the open community approach methodology to drug treatment as implemented in centres in South-East Asia. To further develop the methodology and pilot it in a range of countries.	1994: Complete the evaluation of the methodology. Identify and document core elements which could be utilized in treatment programmes in other countries. Prepare implementation plans for piloting the intervention in four additional centres.	60,000
		1995: Implement plans developed in 1994.	120,000
C. ACTION-ORIENTED RESEARCH			
DRUG SUBSTITUTION AND TREATMENT (Duration: 1994-1995)	To gather data on national practices of drug substitution and to provide information on the feasibility and efficacy of such programmes. To identify substances which may potentially be used in drug substitution programmes.	1994: Review the literature on the pharmacological aspects of drug substitution, crosscultural comparisons, and programme acceptability and cultural sensitivity. Undertake an expert consultation in relation to the literature review.	100,000
		1995: Prepare a report on the findings of the literature review and the expert consultation, and make recommendations for further action.	35,000

TREATMENT AND CARE

THEME	OBJECTIVES	1994-1995 TARGETS	1994-95 BUDGETED
<p>SUBSTANCE USE AND UNSAFE SEXUAL BEHAVIOUR (Duration: 1993-1995)</p>	<p>To investigate the relationship between substance use and risky sexual behaviour in different cultural contexts and to devise appropriate health interventions.</p>	<p>1994: Develop an assessment instrument. Initiate a series of case studies from eight countries representing different environmental, social and cultural contexts, on the relationship between alcohol and other drug use and unsafe sexual behaviour.</p> <p>1995: Complete case study reports. Arrange site visits by anthropologists. Hold a consultation meeting to discuss findings of the case studies. Identify and develop specific interventions for piloting.</p>	<p>100,000</p> <p>170,000</p>
<p>DRUG INJECTION AND HEALTH RISKS (Duration: 1994-1996)</p>	<p>To define patterns of drug injecting behaviour in a broad range of cultural settings. To assess associated socio-cultural factors and health outcomes. To develop rapid assessment methodologies for assessing drug injecting behaviour in developing countries. To explore opportunities for risk reduction.</p>	<p>1994: Select ten cities in developing countries where the incidence and prevalence of drug injecting behaviour is increasing and/or where such behaviour is causing significant health problems. Revise the questionnaire used in the WHO Drug Injecting Study for use in developing countries. Develop and pilot a research methodology for assessments of drug injecting behaviour, and for identifying effective interventions across a wide range of cultures.</p> <p>1995: Collect data from the cities, using the instruments developed in 1994.</p>	<p>80,000</p> <p>150,000</p>
<p>REGIONAL RESPONSES TO COCAINE PROBLEMS (Duration: 1993-1995)</p>	<p>In collaboration with UNICRI, to collect current information on the extent, nature and consequences of use of coca products from countries with identified coca-product related problems, those with emerging problems and those apparently problem-free. To describe the natural history of coca-product use.</p>	<p>1994: Conduct a key informant study in 26 centres representing different levels of problems regarding the use of coca-products. Undertake a study of the natural history of coca product use in South America and Africa. Review the literature on the use and associated consequences of use of coca products. Prepare a clinical handbook on the assessment and management of problems associated with the use of coca products. Prepare a report on the findings of the above and to make recommendations for further action.</p> <p>1995: Refine and document the project methodology for dissemination.</p>	<p>266,000</p> <p>80,000</p>
<p>POLICIES, LEGISLATION AND PROGRAMMES ON TREATMENT AND REHABILITATION FOR DRUG AND ALCOHOL DEPENDENCE (Duration: 1992-1994)</p>	<p>To collect, review, assess, and document the policies, legislation and implementing programmes concerning drug and alcohol dependence for the purpose of publishing the results for use by countries requiring guidance in the application of the study results.</p>	<p>1994: Arrange meeting of advisers to collate information and prepare instructions for publication. Draft final publication.</p>	<p>85,000</p>

TREATMENT AND CARE

THEME	OBJECTIVES	1994-1995 TARGETS	1994-95 BUDGETED
<p>HEALTH IMPLICATIONS OF CANNABIS USE (Duration: 1993-1995)</p>	<p>To prepare a report on health implications of cannabis use, based on sound research findings, which will facilitate policy and intervention strategies.</p>	<p>1994: Consolidate and print background technical documentation. Gather information from developing countries on cannabis use using a key informant questionnaire.</p> <p>1995: Prepare a summary report based on findings of the literature reviews and key informant questionnaires.</p>	<p>70,000</p> <p>20,000</p>
<p>USE OF INDIGENOUS PSYCHOACTIVE PLANTS (Duration: 1995-1996)</p>	<p>To document the botanical, pharmacological, toxicological and therapeutic properties of selected psychoactive plants. To collect current information on the extent, nature and consequences of the use of these plants in different regions of the world with a particular focus on traditional patterns of use. Information will be collected through literature reviews, key informant studies and depth interviews with substance users.</p>	<p>1995: Select a range of psychoactive plants to investigate (e.g. khat, ayahuasca, kava, betel nut, cactus San Pedro, and traditional herbal medicines from Asia). Undertake a literature review. Convene an expert consultation meeting.</p>	<p>60,000</p>
<p>DISABILITIES AND SUBSTANCE USE (Duration: 1995-1996)</p>	<p>To promote an integrated approach for detecting and treating alcohol- and drug-related problems among different populations of mentally and physically disabled people in poor urban areas of developing countries.</p>	<p>1995: In association with the Rehabilitation Unit of the WHO Division of Health Protection and Promotion, convene a meeting of advisers to make recommendations for integrated, multi-disciplinary approach.</p>	<p>50,000</p>

	Sub Total US\$	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"></td> <td style="width: 10%; text-align: right;">1994</td> <td style="width: 70%; text-align: right;">1,658,600</td> </tr> <tr> <td></td> <td style="text-align: right;">1995</td> <td style="text-align: right;"><u>1,927,200</u></td> </tr> <tr> <td></td> <td></td> <td style="text-align: right;">3,585,800</td> </tr> </table>		1994	1,658,600		1995	<u>1,927,200</u>			3,585,800
	1994	1,658,600									
	1995	<u>1,927,200</u>									
		3,585,800									

REGULATORY CONTROL

The general objective of the Unit is to effectively implement the existing international regulatory control system for narcotic drugs and psychotropic substances in collaboration with governments and relevant international organizations.

The primary activity is the **assessment of psychoactive substances** in order to fulfil the treaty obligations assigned to WHO, to make recommendations to the United Nations concerning their international control. **Regulatory support** aims at strengthening the capability of national regulatory agencies through training, the development of regulatory guidelines and methodologies, as well as through informational and material support. Also covered is the **rational use of controlled medicines** which aims at promoting rational prescribing practices by enhancing knowledge about factors influencing drug use.

REGULATORY CONTROL

THEME	OBJECTIVES	1994-1995 TARGETS	1994-95 BUDGETED
A. ASSESSMENT OF PSYCHOACTIVE SUBSTANCES			
EXPERT COMMITTEE ON DRUG DEPENDENCE (September/October 1994)	To organize Expert Committee on Drug Dependence to review psychoactive substances and formulate recommendation to the UN concerning their international control.	1994: Formulate scheduling recommendations on several substances selected by the previous meeting and select newly abused substances for future critical review, if necessary. Formulate recommendations on other related topics, if appropriate.	50,600
INTERNATIONAL CONTROL OF DEPENDENCE-PRODUCING SUBSTANCES (Duration: Continuous)	To ensure that drugs of abuse be subjected to appropriate regulatory control regimens.	1994-1995: Prepare background documentation for the critical review of selected substances by the Expert Committee. Forward scheduling recommendations to the United Nations for review by UN Commission (1994). Collect, compile and pre-evaluate information on new psychoactive substances as well as on significant changes in the abuse of controlled substances.	35,000 5,000
EARLY WARNING SYSTEM FOR ABUSE OF MEDICINAL DRUGS (Duration: Continuous)	To strengthen existing international drug monitoring programme with respect to abuse-related adverse drug reactions.	1994-1995: Support national centres in identifying and reporting abuse-related adverse reactions; training staff in the processing of information; and exchanging experience with other centres.	60,000 60,000
MONITORING OF DRUG-ABUSE-RELATED DEATHS (Duration: 1993-1995)	To develop internationally comparable data collection systems for drug-abuse-related deaths.	1994: Develop and promote the use of common definition and toxicological examination methods. Convene follow-up meeting. 1995: Support national data collection efforts in developing countries.	40,000 20,000

REGULATORY CONTROL

THEME	OBJECTIVES	1994-1996 TARGETS	1994-95 BUDGETED
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B. REGULATORY SUPPORT

<p>SUPPORT IN REGULATORY CONTROL OF DRUGS OF ABUSE (Duration: Continuous)</p>	<p>To support national and regional efforts to implement drug control regulations through dissemination of assessed information on drugs of abuse; development of regulatory methods and guidelines, and training of personnel.</p>	<p>1994-1995:</p> <p>Field-test and finalize the software package for regulatory control of psychoactive drugs (by August); commence field-application in a few developing countries (1994).</p> <p>Strengthen national regulatory agencies in selected countries in Africa.</p> <p>Strengthen regulatory control of androgenic steroids in central and eastern Europe (in collaboration with the Division of Drug Management and Policies).</p> <p>Develop data sheets on commonly abused substances as training material for drug regulators.</p> <p>Collaborate and participate in international training seminars for regulatory personnel organized by INCB/UNDCP and Japan.</p>	<p>200,000 400,000</p>
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C. RATIONAL USE OF CONTROLLED MEDICINES

<p>RATIONAL USE OF PSYCHOTROPIC DRUGS (Duration: Continuous)</p>	<p>To promote rational use of dependence-producing psychotropic medicines by enhancing knowledge about factors influencing patterns of use and abuse of psychoactive medicines.</p>	<p>1994: Promote national activities in selected countries in Latin America. Collaborate with UNDCP in informal meeting on action to reduce non-medical use of psychotropic drugs.</p> <p>1995: Update the model formulary of psychotropic medicines for Africa.</p>	<p>50,000 60,000</p>
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Sub Total US\$	1994	435,600
	1995	545,000
		980,600

SUPPORT OF REGIONAL/COUNTRY AND NGO ACTIVITIES

Support of Regional/Country and NGO Activities is handled by the Office of the Director. Activities under this section are implemented in close cooperation with WHO's Regional Offices, other UN and affiliated agencies and with nongovernmental organizations.

SUPPORT OF REGIONAL/COUNTRY AND NGO ACTIVITIES

THEME	OBJECTIVES	1994-1995 TARGETS	1994-95 BUDGETED
A. EXPLORATORY MISSIONS			
NATIONAL DRUG DEMAND REDUCTION PLAN <small>(Duration: Continuous)</small>	To support countries in formulating national strategies for the reduction and prevention of substance abuse.	1994-1995: Formulation of National Drug Demand Reduction Plans and provision of expert assistance for selected countries in response to government requests.	22,000 22,000
B. SUPPORT OF REGIONAL/COUNTRY ACTIVITIES			
REGIONAL OFFICE FOR AFRICA (AFRO)			
	Please refer to the following projects: - Rapid Assessment of Drug Abuse in Central African Countries (page 6) - Support in Regulatory Control of Drugs of Abuse (page 21) - Rational Use of Psychotropic Drugs (page 21)		
REGIONAL OFFICE FOR THE AMERICAS (AMRO)			
REDUCING THE USE OF DRUGS IN COCHABAMBA, BOLIVIA <small>(Duration: 1993-1995)</small>	To strengthen the mechanism to control drug abuse and dependence and to reduce associated health and social problems among children and youth through the AMRO-executed project in Cochabamba.	1994-1995: Provide training programmes for educators and volunteers. Prevention and reduction of health problems related to drug use. Establish a reception unit for drug users. Create a surveillance system on the situation and trends of drug abuse.	167,000 43,000
	Please refer to the following project: - Rational Use of Psychotropic Drugs (page 21)		
REGIONAL OFFICE FOR THE EASTERN MEDITERRANEAN (EMRO)			
	Please refer to the following project: - Collaboration with ACCD (page 26)		
REGIONAL OFFICE FOR EUROPE (EURO)			
CENTRAL AND EASTERN EUROPEAN COUNTRIES: PREVENTION OF DRUG ABUSE AND CONCOMITANT HIV TRANSMISSION <small>(Duration: 1992-1994)</small>	To establish country-specific programmes in selected countries in response to government requests.	1994: Extension of the EURO-executed programme to new countries.	60,000
	Please refer to the following project: - Support in Regulatory Control of Drugs of Abuse (page 21)		

SUPPORT OF REGIONAL/COUNTRY AND NGO ACTIVITIES

THEME	OBJECTIVES	1994-1995 TARGETS	1994-95 BUDGETED
REGIONAL OFFICE FOR SOUTH EAST ASIA (SEARO)			
<p>INDIA: COMMUNITY-BASED TREATMENT INTERVENTION: A PILOT PROJECT IN URBAN SLUM <small>(Duration: 1994-1995)</small></p>	<p>To support and finance a SEARO-executed community-based treatment intervention programme in an urban slum context.</p>	<p>1994-1995:</p> <p>Carry out assessment of the drug abuse situation in the selected slum. Identify alcohol and drug users and mobilize their participation in the project. Carry out group detoxification and establish appropriate mechanisms for rehabilitation and evaluation.</p>	<p>10,000 6,000</p>
<p>SRI LANKA: PREVENTION AND TREATMENT OF PROBLEMS RELATED TO THE ABUSE OF DRUGS <small>(Duration: 1992-1994)</small></p>	<p>To achieve a measurable reduction in heroin use and drug-related health and socioeconomic problems.</p>	<p>1994:</p> <p>Further development of prevention services with focus on community participation and in-and-out of school youth. Continue the work of four treatment centres. Provision of treatment services through the organization of six detoxification camps. Provision of training at district level and through in-service training. Preparation of educational materials. Continuation of career studies, research on high risk behaviour, and evaluation of outcome of different treatment interventions. Project completion and preparation of terminal report. Recommendations for future action.</p>	<p>123,600</p>
REGIONAL OFFICE FOR THE WESTERN PACIFIC (WPRO)			
<p>STRENGTHENING OF DEMAND REDUCTION PROGRAMMES IN WESTERN PACIFIC <small>(Duration: 1992-1996)</small></p>	<p>To provide financial support to WPRO for strengthening programme development for the prevention and treatment of drug dependence in the Western Pacific Region.</p>	<p>1994:</p> <p>Organize with UNDCP a joint training course on drug abuse and HIV in Hong Kong in 1994. Organize a working group meeting on the prevention and control of drug abuse in Viet Nam.</p> <p>1995:</p> <p>Organize a working group meeting on the prevention and control of drug abuse in Laos.</p> <p>1994-1995:</p> <p>Review demand reduction programmes in Asia. Support sub-regional collaboration between China and neighbouring countries and between countries in the Indo-China peninsula, in the development and implementation of concerted demand reduction programmes.</p>	<p>65,900</p> <p>33,900</p> <p>26,000 50,000</p>

SUPPORT OF REGIONAL/COUNTRY AND NGO ACTIVITIES

THEME	OBJECTIVES	1994-1995 TARGETS	1994-95 BUDGETED
COLLABORATION WITH NGOs IN OFFICIAL RELATIONS (Duration: Continuous)	To continue and strengthen collaboration with the International Council on Alcohol and Addictions (ICAA), International Pharmaceutical Manufacturers Association (IPFMA), World Federation of Proprietary Medicine Manufacturers (WFPMM), World Psychiatric Association (WPA).	1994-1995: Review of technical cooperation. Attend meetings organized by NGOs, including the meeting of the ICAA Institute in Prague in June 1994. Invite NGOs to attend PSA meetings.	ad hoc
COLLABORATION WITH IOGT (Duration: Continuous)	To support the International Organization of Good Templars in the strengthening of Alcohol and Drug Information Centres (ADIC). To develop cooperation in Africa, South-East Asia, South America and Central and Eastern Europe.	1994-1995: Conduct evaluation of ADIC centres in Tanzania and India. Cooperate in the organization of Orchid Campaigns. Attend IOGT meetings and seminars.	ad hoc
COLLABORATION WITH ACCD (Duration: Continuous)	To collaborate with the Arab Council for Childhood and Development (ACCD) in the implementation of the project on Street Children (page 15 refers).	1994-1995: To prepare a project proposal for ACCD. To undertake an assessment of the problem of street children in selected countries.	ad hoc

	Sub Total US\$		1994 474,500
			1995 <u>154,900</u>
			629,400

COORDINATION AND PROGRAMME DEVELOPMENT

This section assumes general programme expenditure for the management of the programme, including personnel costs for twelve fixed-term posts; equipment, supplies and communication charges. It also covers general operating expenses of the Office of the Director.

COORDINATION AND PROGRAMME DEVELOPMENT

THEME	OBJECTIVES	1994-95 TARGETS	1994-95 BUDGETED
RESOURCE MOBILIZATION (Duration: Continuous)	To mobilize the financial and human resources required to undertake global activities and support national programmes.	Report on Programme Activities, Work Plan/revision to be distributed each year. Discussions with donors and other interested parties each year. Evaluation of annual Programme Activities in December.	
COORDINATION WITH RELEVANT UN AGENCIES (Duration: Continuous)	To ensure common goals and maximize complementary activities.	Review of technical cooperation with ILO, INCB, UNDCP, UNESCO, UNICRI, UNICEF. Deliberations with UN programmes during the UN Commission on Narcotic Drugs and during the ACC Subcommittee on Coordination of International Drug Abuse Control. Regular meetings with relevant programmes during the year.	230,000 180,000
COORDINATION WITHIN WHO (Duration: Continuous)	To ensure on-going leadership and coordination of all drug- and alcohol-related activities in WHO.	Continuous collaboration with relevant WHO programmes at Headquarters, Regional and Country levels.	
COORDINATION WITH COLLABORATING CENTRES AND OTHER RELEVANT INSTITUTIONS (Duration: Continuous)	To provide current awareness support on published and unpublished material relevant to substance abuse in order to respond to internal and external needs.	Consult with PSA collaborating centres and other relevant institutions. Study the best use of disseminating information through modern informatics technology.	
POLICY IMPLEMENTATION AND ADVOCACY (Duration: Continuous)	To provide guidance and direction in new policies related to health aspects of substance abuse.	Dissemination of information and policy advice to countries and agencies.	
GENERAL PROGRAMME ADMINISTRATION (Duration: Continuous)	To provide general support to programme, including salaries for fixed-term staff.	Provide supplies and equipment, cover personnel and communication charges. Establish one general service post.	1,427,500 1,427,500

Sub Total US\$		1994 1,657,500	
		1995 <u>1,607,500</u>	
		<u>3,265,000</u>	