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PROGRAMME ON
**SUBSTANCE
ABUSE**

Work Plan
1995



WORLD HEALTH ORGANIZATION

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INTRODUCTION

The attached revised Work Plan covers the period 1995. As a result of the re-location of Tobacco or Health (TOH) in the Programme on Substance Abuse (PSA) (IC/94/44), this document reflects both the strategy for the WHO Programme on Substance Abuse (WHO/PSA/90.1) and for the implementation of the Tobacco or Health Plan of Action 1988-1995 (A42/7 WHA42.19).

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 year 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 period. 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.

TOBACCO OR HEALTH PROGRAMME (TOH)

In May 1989, the World Health Assembly adopted resolution WHA42.19, approving the plan of action for WHO's programme on tobacco or health as proposed by the Director-General and endorsed by the Executive Board.

The objective of the programme is to ensure that WHO will continue to play a leading role in promoting the concept of tobacco-free societies and lifestyles as the positive social norm, and will aim at attaining a worldwide decrease of tobacco use and thus of diseases caused by it.

Specific programme objectives are: to promote the development and strengthening of national and international programmes to prevent and reduce tobacco use; to promote the concept of tobacco-free societies and to establish non-use of tobacco as normal social behaviour; and to disseminate information on tobacco-or-health issues and strategies to control tobacco consumption.

In accordance with WHO policies in this field, the concept of "Tobacco or Health" is maintained as integral part of PSA.

BUDGET 1995 - SUMMARY

PROGRAMME AREA	BUDGET IN US\$
Prevention, Advocacy and Promotion	1,273,100
Treatment and Care	1,897,400
Regulatory Control	460,750
Support of Regional/ Country and NGO Activities	711,900
Coordination and Programme Development	2,037,500
TOTAL	<hr/> 6,380,650 <hr/>

PREVENTION, ADVOCACY AND PROMOTION

This section of the Work Plan incorporates activities on Tobacco or Health which have been included under the appropriate subject theme. Some ongoing activities which are more appropriately included under the Treatment and Care Unit have been transferred to that unit.

PREVENTION, ADVOCACY AND PROMOTION

The programme activities in the area of prevention, advocacy and promotion focus on 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, health effects and prevention efforts. The work of the Unit is divided into four main areas:

Epidemiological surveillance and risk assessment including: (a) the assessment of the health consequences of substance abuse in different populations, (b) the monitoring of patterns and trends in substance use and in health and social consequences, (c) the development and application of epidemiological tools and guidelines, and (d) the implementation of assessment procedures in particular locations.

Dissemination of information which includes: (a) the preparation of periodic reports on the substance use/abuse situation in countries and (b) the establishment and operation of a clearinghouse to disseminate information on prevention.

Advocacy including activities designed to raise public awareness of substance use and abuse issues and to mobilize support for prevention of substance abuse.

Development of prevention and health promotion techniques and strategies which 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	1995 TARGETS	1995 BUDGETED
<p>GLOBAL EPIDEMIOLOGICAL SURVEILLANCE (Duration: Continuous)</p>	<p>To assess and describe patterns and trends of substance abuse, their health consequences and prevention activities in all countries.</p>	<p>Update data and information on the tobacco epidemic through established system. Develop and implement a comparable monitoring system for (i) alcohol and (ii) other drugs. Collaborate with WHO technical programmes (particularly Adolescent Health and the Health Situation and Trend Assessment Programme), with Regional Offices other UN Agencies, NGO's and with established epidemiological networks to exchange data and information for epidemiological surveillance.</p>	138,000
<p>STRENGTHENING COUNTRY CAPACITY FOR EPIDEMIOLOGICAL SURVEILLANCE (Duration: 1992-1995)</p>	<p>To strengthen national capabilities to assess substance abuse and its health consequences. To develop WHO guidelines for data collection and analysis related to substance use, diseases and injuries and national policy responses. To finalize two manuals, one for national tobacco control and the other a consolidated epidemiological manual for substance abuse, in collaboration with the US National Institute on Drug Abuse (NIDA).</p>	<p>Draft remaining chapters for national tobacco control guidelines and arrange technical review through small consensus meeting. Revise, edit and finalize guidelines. Field test draft questionnaire for data collection for NIDA/WHO manual, revise data collection instrument accordingly, review, edit and finalize the consolidated manual.</p>	148,000
<p>HEALTH RISK ASSESSMENT (Duration: 1992-2000)</p>	<p>To improve knowledge about the health and social consequences of alcohol, drug and tobacco use in different populations, with an emphasis on developing countries. To collect and analyze data from longitudinal (prospective) studies of alcohol and tobacco use and their health consequences. To maintain and promote networks of collaborative investigators involved in longitudinal research on alcohol and tobacco-related problems.</p>	<p>Initiate new prospective studies on health effects of tobacco use in at least two developing countries. Continue support to existing studies through established WHO network. Prepare draft report of Collaborative Alcohol-Related Longitudinal Project, bringing together results from previous years and including recommendations for research, policy and service provision. Convene final meeting of investigators to review report. Promote the analysis of alcohol-related health effects from American Cancer Society Study and commission a review of evidence from all available prospective studies on alcohol consumption and disease. Prepare a feasibility study to examine possibilities of carrying out longitudinal studies of drug users in at least 3 different regions of the world to assess health and social problems of drug abuse over several years. Collaborate with TAC on health risks projects.</p>	54,000

PREVENTION, ADVOCACY AND PROMOTION

THEME	OBJECTIVES	1995 TARGETS	1995 BUDGETED
<p>RAPID ASSESSMENT OF DRUG ABUSE IN CENTRAL AFRICAN COUNTRIES (Duration: 1994-1995)</p>	<p>To provide assistance in improving knowledge about the nature and extent of drug abuse in Central African countries.</p>	<p>Select jointly with UNDCP a second country and implement a national team survey. Undertake training courses and data collection and field management of data. Finalize data collection. Prepare national report. Explore possibilities to expand the project to cover other African countries.</p>	<p>24,000</p>
<p>B. DISSEMINATION OF INFORMATION</p>			
<p>PUBLICATION OF GUIDELINES FOR EPIDEMIOLOGICAL SURVEILLANCE AND NATIONAL PROGRAMME DEVELOPMENT (Duration: 1992-1995)</p>	<p>To publish and promote the use of WHO guidelines/manuals on epidemiological methods for drug abuse and national tobacco control programme development and evaluation.</p>	<p>Publish and disseminate guidelines for national tobacco control programmes. Publish and disseminate WHO Consolidated epidemiological manual for substance abuse. Promote the use of these manuals in all WHO Regions by initiating training workshops.</p>	<p>113,000</p>
<p>PUBLICATION OF STATISTICAL/MONITORING REPORTS (Duration: 1992-1995)</p>	<p>To publish an ATLAS (1st monitoring report) on the tobacco or health situation in Member States and trends. To publish a statistical report on alcohol consumption, trade and public health implications, including the national regulatory context of advertising alcoholic beverages.</p>	<p>Edit, finalize and publish a book containing individual TOH country profiles for Member States, including a global overview of TOH situation and trends. Consolidate and publish updated tables on alcohol consumption, trade, production and alcohol-related mortality in countries, including details of policy responses in different countries.</p>	<p>80,000</p>
<p>PSA CLEARINGHOUSE (Duration: Continuous)</p>	<p>To establish a clearinghouse of information on topics related to the prevention of substance abuse. To facilitate the dissemination of scientific information on substance abuse issues to the public, as well as the exchange of information among other clearinghouses in order to enhance national prevention efforts. To collaborate on the promotion of prevention strategies with the MENTOR foundation. To promote methodologies to assess the social and economic costs of substance abuse.</p>	<p>Establish a computerized index of grey literature relating to tobacco or health issues, and a world-wide network of tobacco or health clearinghouses. Develop a clearinghouse of information on successful (and unsuccessful) prevention approaches, on individuals and organizations active in substance abuse prevention and on key references and other relevant citations in substance abuse prevention. Establish and collaborate with a network of clearinghouses to facilitate information exchange for substance abuse prevention, including the MENTOR network. Collaborate with Canadian Centre on Substance Abuse to review methods and approaches to assessing social and economic costs of substance abuse.</p>	<p>120,000</p>
<p>C. ADVOCACY</p>			
<p>PERIODICALS AND FACTSHEETS (Duration: 1994-1995)</p>	<p>To raise public awareness of alcohol, drug and substance abuse issues and support for substance abuse prevention and health promotion through periodicals, fact sheets, and the media. To support 1995 World No-Tobacco Day preparation, implementation and evaluation.</p>	<p>Provide support for preparation and publication of 3 issues of Tobacco Alert, plus World No-Tobacco Day Advisory and Press Kits, video, and quarterly contribution to Tobacco Control. Prepare and disseminate PSA fact sheets on the work of the Programme.</p>	<p>180,000</p>

PREVENTION, ADVOCACY AND PROMOTION

THEME	OBJECTIVES	1995 TARGETS	1995 BUDGETED
DRUGS AND SPORTS (Duration: 1992-1995)	To assist with the development, implementation and evaluation of policy initiatives and education and prevention programmes with respect to drug use and sports.	In collaboration with international sport associations and national ministries of sport, health and/or education, exchange and disseminate information, adapt strategies and training materials and provide training workshops for policy and programme development on drug use and sports.	45,000
MEDIA SUPPORT FOR SUBSTANCE ABUSE PREVENTION (Duration: 1994-1995)	To develop 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.	Translate, review, print and distribute a WHO monograph, currently available in draft form, entitled How the media can help to strengthen tobacco control programmes. Preparation and dissemination of mass media productions on substance abuse topics. Four classes of media productions have been identified, namely: <ul style="list-style-type: none"> • WHO in-house mass media productions • Creating news about substance abuse • Document creation • Interesting broadcasters and print media in substance abuse stories 	40,000
D. DEVELOPMENT OF PREVENTION AND HEALTH PROMOTION TECHNIQUES AND STRATEGIES			
STRENGTHENING SUBSTANCE ABUSE PREVENTION PROGRAMMES (Duration: Continuous)	To provide technical assistance and advice on how to implement and strengthen comprehensive tobacco control policies and programmes.	Through at least three country missions, at least one regional training-of-trainers programme, regional and sub-regional meetings, strengthen regional action plans and national tobacco control policies. Collaborate with the United Nations Office of the Secretary-General, the United Nations Conference on Trade and Development, the International Civil Aviation Organization, the World Bank, and other international organizations as necessary to ensure the implementation of resolutions calling for smoke-free international flights, and a multisectoral approach to tobacco control. Through analysis of existing WHO documents and various alcohol and drug control strategies currently operating at national and international level, devise a plan whereby, WHO can offer practical technical assistance for the strengthening of national and regional alcohol and drug abuse prevention and treatment programmes.	85,500
WOMEN AND SUBSTANCE ABUSE (Duration: 1991-1995)	To develop in cooperation with UNDCP and other UN organizations a multi-agency programme on women and substance abuse. To develop and test intervention strategies, particularly in relation to the prevention of substance use and related HIV infections. To promote women's networks and community participation in demand reduction.	Design country-level intervention projects in selected countries to be implemented by the participating UN agencies. Launch the programme by the end of the year.	10,000

PREVENTION, ADVOCACY AND PROMOTION

THEME	OBJECTIVES	1995 TARGETS	1995 BUDGETED
<p>MODEL PROGRAMMES FOR DRUG AND ALCOHOL PREVENTION AMONG WORKERS AND THEIR FAMILIES - ILO/WHO/UNDCP Project (Duration: 1992-1996)</p>	<p>To develop viable drug and alcohol abuse prevention programmes that can be replicated in other countries.</p>	<p>Secure project implementation among the participating companies representing a cross-sectional sample of the public and private sector. Establishment of national ARMADA groups (Association of Resource Managers Against Drug Abuse) in each of the countries to prepare them for the role and responsibilities in regional and national dissemination seminars in 1996. Facilitate the work/family/community component of the project. To intensify the general awareness of the results achieved so far in regional and international meetings.</p>	<p>235,600</p>

Sub Total US\$ | 1,273,100 |

TREATMENT AND CARE

The goals of the Unit are to identify and develop cost effective treatment, rehabilitation and harm reduction approaches to the problems associated with psycho-active 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. Treatment and care are, however, 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 community involvement facilitates intervention programmes. Projects in this area have the aim of identifying, developing and promoting community-based care endeavours.

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 to develop objectivity and for adhering to the standards of scientific inquiry.

TREATMENT AND CARE

THEME	OBJECTIVES	1995 TARGETS	1995 BUDGETED
A. SERVICE DEVELOPMENT			
TRAINING MATERIALS FOR DEVELOPING HEALTH PROFESSIONALS CURRICULA (Duration: 1988-1995)	To enhance the skills of health professionals in the management of drug-related problems, including skills in prevention, treatment and rehabilitation.	Prepare a set of training materials for health professionals at under-graduate and postgraduate medical schools, nursing schools and social work schools. Hold a consultation meeting to review these resources. Pilot test and evaluate these training materials in ten schools for health professionals.	130,000
RESPONDING TO SUBSTANCE ABUSE IN THE TEACHING HOSPITAL SETTING (Duration: 1994-1998)	To establish a comprehensive mobilization of teaching hospitals for alcohol and other drug treatment and health education activities in different regions of the world.	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.	200,000
STRENGTHENING OF BIOMEDICAL RESEARCH INTO SUBSTANCE USE ISSUES PROJECT ON STATE AND TRAIT MARKERS FOR ALCOHOL CONSUMPTION AND ALCOHOL DEPENDENCE (Duration: 1990-1996)	To strengthen the capacity of research institutions in Asia, Africa and Latin America to undertake biomedical research into substance use issues. To expand and maintain the network of clinical and assay institutions collaborating in the WHO/ISBRA project on new and reliable tools for assessing alcohol consumption and diagnosing alcohol dependence.	Based on the ongoing protocol of the WHO/ISBRA project and in association with its participating centres, to develop and pilot a training programme on biomedical research in the area of substance use. Adapt protocol of WHO/ISBRA project to research training. Strengthen the international network of institutions undertaking biomedical research. Develop and test screening tools which can, with good sensitivity and specificity, identify specific alcohol consumption levels relevant to thresholds for hazardous consumption.	75,000
PHARMACOLOGICAL TREATMENT (Duration: 1994-1995)	To promote through international collaboration the development of pharmacological treatment for drug-related problems.	Prepare an international framework for efficacy and safety evaluation in pharmacological treatment and clinical trials.	30,000
SUBSTANCE ABUSE IN REFUGEE POPULATIONS (Duration: 1993-1995)	In collaboration with UNHCR and UNDCP, treatment interventions have been initiated in Hong Kong. During 1995 a manual will be prepared with guidelines for treatment and prevention. Comprehensive approaches will be developed to involve other regions.	Treatment of refugees with psychoactive substance use problems.	25,400
IMPROVING DRUG TREATMENT PROVISION (Duration: 1988-1995)	To develop and establish a methodology for assessing the quality of care in drug abuse treatment services. To promote the utilization of the methodology at country level in order to identify opportunities for improving current provision.	Implement a training seminar in Europe, utilizing unexpended funds. Prepare a self teaching manual in order to facilitate implementation of training seminars at the national level on the use of the Schedules of Care as a methodology to improve the standards of care in substance abuse treatment.	45,000

TREATMENT AND CARE

THEME	OBJECTIVES	1995 TARGETS	1995 BUDGETED
<p>EFFICACY OF SUBSTANCE ABUSE TREATMENT APPROACHES (Duration: 1995-1998)</p>	<p>To develop a method for assessing the efficacy of substance abuse treatment and to update information on treatment research on a regular basis.</p>	<p>Develop methods and instruments to test the efficacy of treatment approaches. Test these methods and instruments in selected countries. Report on the findings of the initial testing and to establish a mechanism for continuous assessment and information on treatment approaches.</p>	<p>150,000</p>
B. COMMUNITY EMPOWERMENT			
<p>ABUSE OF VOLATILE SOLVENTS (Duration: 1995-1998)</p>	<p>To establish intervention methodologies for reducing the intentional use of volatile solvents and the harm associated with their use.</p>	<p>Complete an assessment of the extent, nature and consequences of intentional solvent use in selected countries. Develop prevention, treatment and harm reduction interventions in the field.</p>	<p>147,000</p>
<p>STREET CHILDREN (Duration: 1991-1996)</p>	<p>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.</p>	<p>Continue piloting and evaluating methodology, instruments and resources. Undertake evaluation site visits.</p>	<p>270,000</p>
<p>INDIGENOUS POPULATIONS AND DRUG USE (Duration: 1995-1996)</p>	<p>To identify and develop culturally appropriate interventions to reduce the harm associated with the use of psychoactive substances among indigenous populations.</p>	<p>On the basis of the global report from the previous phase, prepare and implement pilot interventions in selected indigenous communities, and establish a network of indigenous peoples working in the area of treatment and prevention. Identify areas for further investigation and action.</p>	<p>90,000</p>
<p>OPEN COMMUNITY APPROACH TO DRUG TREATMENT (Duration: 1994-1997)</p>	<p>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.</p>	<p>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.</p>	<p>60,000</p>
C. ACTION-ORIENTED RESEARCH			
<p>DRUG SUBSTITUTION AND TREATMENT (Duration: 1994-1995)</p>	<p>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.</p>	<p>Review the literature on the pharmacological aspects of drug substitution, cross-cultural comparisons, and programme acceptability and cultural sensitivity. Undertake an expert consultation in relation to the literature review.</p> <p>Prepare a report on the findings of the literature review and the expert consultation, and make recommendations for further action.</p>	<p>100,000</p>
<p>SUBSTANCE USE AND UNSAFE SEXUAL BEHAVIOUR (Duration: 1995-1997)</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>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>100,000</p>

TREATMENT AND CARE

THEME	OBJECTIVES	1995 TARGETS	1995 BUDGETED
DRUG INJECTION AND HEALTH RISKS (Duration: 1994-1996)	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.	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. Collect data from the cities, using the instruments developed in 1994.	80,000
REGIONAL RESPONSES TO COCAINE PROBLEMS (Duration: 1993-1995)	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.	Meeting in early January to prepare the final draft and publication. Refine and document the project methodology for dissemination.	20,000
POLICIES, LEGISLATION AND PROGRAMMES ON TREATMENT AND REHABILITATION FOR DRUG AND ALCOHOL DEPENDENCE (Duration: 1992-1995)	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.	Dissemination of report. Consider proposals for continuation.	55,000
HEALTH IMPLICATIONS OF CANNABIS USE (Duration: 1993-1995)	To prepare a report on health implications of cannabis use, based on sound research findings, which will facilitate policy and intervention strategies.	Consolidate and print background technical documentation. Gather information from developing countries on cannabis use using a key informant questionnaire. Prepare a summary report based on findings of the literature reviews and key informant questionnaires.	40,000
USE OF INDIGENOUS PSYCHOACTIVE PLANTS (Duration: 1995-1996)	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.	Select a range of psychoactive plants to investigate (e.g. khat, ayahuasca, kava, betel nut, cactus San Pedro); Undertake a literature review. Convene an expert consultation meeting.	60,000
DISABILITIES AND PSYCHOACTIVE SUBSTANCE USE (Duration: 1995-1996)	To promote an integrated approach for detecting and treating alcohol- and drug-related problems, including disabilities and handicaps, and in accordance with ICD-10 and ICIDH.	In collaboration with RBH, prepare a combined approach for testing culturally appropriate diagnostic and treatment interventions in selected countries.	50,000

TREATMENT AND CARE

THEME	OBJECTIVES	1995 TARGETS	1995 BUDGETED
D. NEW PROJECTS			
EDUCATIONAL RESOURCES FOR HARM REDUCTION (Duration: 1995 -)	To develop guidelines on how to create, work with and evaluate educational materials and activities with young people on alcohol, tobacco and drug issues. To promote the utilization of the methodology at the community level in order to disseminate harm reduction approaches to substance abuse.	Finalize draft manual, to pre-test and evaluate it in selected countries. Hold a consultation meeting to review results of evaluation. Publish manual in Spanish and English.	150,000
EQUITY AND HUMAN RIGHTS IN THE TREATMENT OF SUBSTANCE ABUSE (Duration: 1995 -)	To respond the need of the WHO Task Force in Human Rights, a report will be prepared on the implications of the treatment and management of psychoactive substance users in regard to equity and human rights.	Conduct an international literature review, within the frame of existing international principles and declarations.	20,000

Sub Total US\$ | 1,897,400 |

REGULATORY CONTROL

The general objective of the programme activity in the area of regulatory control 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

REGULATORY CONTROL

THEME	OBJECTIVES	1995 TARGETS	1995 BUDGETED
A. ASSESSMENT OF PSYCHOACTIVE SUBSTANCES			
INTERNATIONAL CONTROL OF DEPENDENCE-PRODUCING SUBSTANCES <small>(Duration: Continuous)</small>	To ensure that drugs of abuse be subjected to appropriate regulatory control regimens.	Collect, compile and pre-evaluate information on new psychoactive substances as well as on significant changes in the abuse of controlled substances.	15,000
EARLY WARNING SYSTEM FOR ABUSE OF MEDICINAL DRUGS <small>(Duration: Continuous)</small>	To strengthen existing international drug monitoring programme with respect to abuse-related adverse drug reactions.	Support national centres in identifying and reporting abuse-related adverse reactions; training staff in the processing of information; and exchanging experience with other centres.	50,000
B. REGULATORY SUPPORT			
SUPPORT IN REGULATORY CONTROL OF DRUGS OF ABUSE <small>(Duration: Continuous)</small>	To support national and regional efforts to implement drug control regulations through development of regulatory guidelines and methods, training of personnel and provision of material support.	Field-test and finalize the software package for regulatory control of psychoactive drugs commence field-application in a few developing countries. Strengthen national regulatory agencies in selected countries in African and CIS countries. Develop strategy for effective regulatory control of anabolic steroids in central and eastern Europe (in collaboration with the Division of Drug Management and Policies). Develop data sheets on commonly abused substances as training material for drug regulators. Conduct studies on effects of regulation on drug availability. Collaborate and participate in international training seminars for regulatory personnel organized by INCB/UNDCP and Japan.	40,000 130,000 30,000 20,000 20,000 20,000
C. RATIONAL USE OF CONTROLLED MEDICINES			
RATIONAL USE OF PSYCHOTROPIC DRUGS <small>(Duration: Continuous)</small>	To promote rational use of dependence-producing psychotropic medicines by enhancing knowledge about factors influencing patterns of use and abuse of psychoactive medicines.	Conduct sub-regional multi-disciplinary consultation on rational use of psychotropic drugs in Latin America. Promote national advocacy workshops in selected countries to reduce inappropriate use of psychotropic drugs. Update the model formulary of psychotropic medicines for Africa. Prepare guidelines for rational prescribing of benzodiazepines.	45,000 13,000 37,750 40,000
Sub Total US\$			460,750

Support of Regional/Country Activities and cooperation with WHO Collaborating Centres, United Nations and affiliated agencies, nongovernmental and other organizations are coordinated by the Office of the Director.

SUPPORT OF REGIONAL/COUNTRY ACTIVITIES AND COOPERATION WITH ORGANIZATIONS

THEME	OBJECTIVES	1995 TARGETS	1995 BUDGETED
A. EXPLORATORY MISSIONS			
NATIONAL DRUG DEMAND REDUCTION PLAN (Duration: Continuous)	To support countries in formulating national strategies for the reduction and prevention of substance abuse.	Formulation of National Drug Demand Reduction Plans and provision of expert assistance for selected countries in response to government requests.	35,000
B. SUPPORT OF REGIONAL/COUNTRY ACTIVITIES			
INTERREGIONAL ACTIVITIES			
	Please refer to the following projects: - Strengthening Substance Abuse Prevention Programmes (page 8)		
REGIONAL OFFICE FOR AFRICA (AFRO)			
	Please refer to the following projects: - Rapid Assessment of Drug Abuse in Central African Countries (page 7) - Support in Regulatory Control of Drugs of Abuse (page 19) - Rational Use of Psychotropic Drugs (page 19)		
SUBSTANCE ABUSE PREVENTION IN AFRICAN COUNTRIES (Duration: 1994-1995)	To develop in cooperation with Member States, AFRO, and nongovernmental organizations, programmes on substance abuse prevention.	Implement jointly with ICAA and IOGT a project on substance abuse prevention in South Africa. Finalize project proposals on Alcohol information in the Congo; Alcohol, Women and Families in Africa; and Substance Abuse among Indigenous Populations. Seek funding for the implementation of projects.	10,000
REGIONAL OFFICE FOR THE AMERICAS (AMRO)			
	Please refer to the following project: - Rational Use of Psychotropic Drugs (page 19)		
REDUCING THE USE OF DRUGS IN COCHABAMBA, BOLIVIA (Duration: 1993-1995)	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.	Provide training programmes for educators and volunteers on prevention and reduction of health problems related to drug use. Create a surveillance system on the situation and trends of drug abuse. Completion of project activities. Implementation of recommendations of project evaluation.	43,000
INTEGRATED HEALTH CARE SERVICES IN BOLIVIA (Duration: 1993-1995)	To integrate relevant health components into programmes designed to reduce the supply of illicit narcotic drugs. To collaborate with UNDCP, AMRO, and the WHO Division on Intensified Cooperation with Countries in the establishment of integrated health care services in the coca cultivation region of Chapare.	Equip and launch a district hospital in Ivirgarzama. Develop and improve the primary health care strategy for the region of Carrasco covering a population of 8,000 families.	370,000
REGIONAL OFFICE FOR THE EASTERN MEDITERRANEAN (EMRO)			
	Please refer to the following project: - Collaboration with ACCD (page 24)		

SUPPORT OF REGIONAL/COUNTRY ACTIVITIES AND COOPERATION WITH ORGANIZATIONS

THEME	OBJECTIVES	1995 TARGETS	1995 BUDGETED
REGIONAL OFFICE FOR EUROPE (EURO)			
	Please refer to the following project: - Support in Regulatory Control of Drugs of Abuse (page 19) - Anabolic Steroids in Europe (page)		
IMPLEMENTATION OF THE EUROPEAN ALCOHOL ACTION PLAN (Duration: 1995-1996)	To collaborate with EURO in the implementation of the European Alcohol Action Plan within the 51 Member States of EURO.	Provide PSA reports and materials on alcohol-related issues to EURO Member States. To support EURO in the organization of the Ministerial Conference on Health, Society and Alcohol in Paris in December 1995.	5,000
WHO COLLABORATIVE STUDY ON DISSEMINATING BRIEF INTERVENTIONS FOR HAZARDOUS ALCOHOL USE IN GENERAL PRACTICE SETTINGS (PHASE III) (Duration: 1995-1996)	To collaborate with EURO in the joint management of the project. To test effectiveness of different strategies for implementing brief intervention programmes in general practice settings.	Support EURO and participate in meetings of principal investigators from 13 countries from different regions of the world.	5,000
WHO EXPERT GROUP MEETING ON ALCOHOL AND HEALTH (Duration: 1995)	To organize jointly with EURO an expert group meeting on health impact of alcohol as part of WHO's preparations for the Paris Conference on Health, Society and Alcohol, December 1995.	Convene the expert meeting in mid-1995 covering the risks and benefits of alcohol. Prepare a report for the Paris Conference.	50,000
REGIONAL OFFICE FOR SOUTH EAST ASIA (SEARO)			
	Please refer to the following projects: - Open Community Approach to Drug Treatment (page 13)		
SRI LANKA: PREVENTION AND TREATMENT OF PROBLEMS RELATED TO THE ABUSE OF DRUGS (Duration: 1992-1995)	To achieve a measurable reduction in heroin use and drug-related health and socioeconomic problems.	Development of prevention services with focus on community participation and in-and-out of school youth. Continue the work of four treatment centres. Project completion, preparation of terminal report. Implementation of the recommendations of project evaluation in November 1994.	80,000
REGIONAL OFFICE FOR THE WESTERN PACIFIC (WPRO)			
	Please refer to the following project: - Substance Abuse in Refugee Populations (page 12)		
STRENGTHENING OF DEMAND REDUCTION PROGRAMMES IN WESTERN PACIFIC (Duration: 1992-1996)	To collaborate with WPRO in the strengthening of programme development for the prevention and treatment of drug dependence in the Western Pacific Region.	Organize a working group meeting on the prevention and control of drug abuse in Viet Nam with participation from Lao PDR and Cambodia. 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.	33,900

SUPPORT OF REGIONAL/COUNTRY ACTIVITIES AND COOPERATION WITH ORGANIZATIONS

THEME	OBJECTIVES	1995 TARGETS	1995 BUDGETED
C. COLLABORATION WITH NGOs			
COLLABORATION WITH NGOs IN OFFICIAL RELATIONS (Duration: Continuous)	To strengthen collaboration with the International Council on Alcohol and Addictions (ICAA), International Pharmaceutical Manufacturers Association (IFPMA), World Federation of Proprietary Medicine Manufacturers (WFPMM), World Psychiatric Association (WPA).	Attend meetings organized by NGOs, including the ICAA Congress in San Diego in August 1995. Invite NGOs to attend PSA meetings. Collaborate with ICAA and IOGT in the implementation of the project on substance Abuse Prevention in South Africa.	10,000
COLLABORATION WITH NGOs IN WORKING RELATIONS (Duration: Continuous)	To develop cooperation with the International Organization of Good Templars (IOGT), International Federation of Nongovernmental Organisations for the Prevention of Drug and Substance Abuse (IFNGO), the National Parents' Resource Institute for Drug Education (PRIDE), and other nongovernmental organizations in working relations with WHO. ICPA Street Kids International Nordic Parents' Organization Against Drugs ICN ISBRA International Union Against Cancer International Union Against Tuberculosis and Lung Disease International Society and Federation of Cardiology International Union for Health Promotion and Education International Organization of Consumer Unions The Commonwealth Youth Programme Africa Centre Arab Council for Childhood and Development (ACCD)	Conduct evaluation of IOGT's ADIC centres in Tanzania and India. Collaborate with IOGT in the implementation of the Street Children project (page 11). Cooperate in the organization of IOGT's Orchid Campaigns. Develop joint activities. Participate in meetings.	15,000
D. COLLABORATION WITH UNITED NATIONS AND AFFILIATED AGENCIES			
PROMOTION OF SMOKE-FREE WORKPLACE (Duration: Continuous)	Collaborate with other UN agencies to create smoke-free workplaces in the United Nations system.	Collaborate with the United Nations Office of the Secretary-General, the United Nations Conference on Trade and Development and other international organizations as necessary to ensure the implementation of resolutions WHA46.8 calling for the implementation of smoke-free working environments throughout the United Nations system.	25,000
COLLABORATION WITH UNITED NATIONS AND AFFILIATED AGENCIES (Duration: Continuous) see also page 8	To ensure common goals and maximize complementary activities.	Technical cooperation with ILO, INCB, UNDCP, UNESCO, UNICRI, UNICEF. Implementation of multi-agency projects on substance abuse in selected countries. Participation in the Administrative Committee on Coordination, Commission on Narcotic Drugs and the ACC Subcommittee on Drug Control. Development of computerized databases for dissemination of information between UN agencies.	15,000

SUPPORT OF REGIONAL/COUNTRY ACTIVITIES AND COOPERATION WITH ORGANIZATIONS

THEME	OBJECTIVES	1995 TARGETS	1995 BUDGETED
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E. COLLABORATION WITH ORGANIZATIONS OUTSIDE THE UNITED NATIONS

<p>COOPERATION WITH COLLABORATING CENTRES (Duration: Continuous)</p>	<p>To collaborate on research, training and dissemination of information on substance abuse.</p>	<p>Strengthen the network of Collaborating Centres. Development of a computerized data exchange mechanism between Collaborating Centres and WHO. Collaborate in the implementation of joint projects. Continue the implementation of the joint fellowship programme with the College on Problems of Drug Dependence (CPDD).</p>	<p>15,000</p>
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F. COOPERATION WITH OTHER INSTITUTIONS

<p>COOPERATION WITH OTHER INSTITUTIONS (Duration: Continuous)</p>	<p>To continue collaboration with ICPO/Interpol, Council of Europe (Pompidou Group), European Union, International Olympic Committee.</p>	<p>Participate in joint meetings and exchange information. Cooperate with the Pompidou Group in the implementation of a Training Programme for Health Professionals in Central and Eastern European Countries. Implement in cooperation with the European Union a project on Volatile Solvents (page 13).</p> <p>IOC and tobacco IOC and drugs</p>	<p>ad hoc</p>
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Sub Total US\$ | 711,900 |

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

COORDINATION AND PROGRAMME DEVELOPMENT

THEME	OBJECTIVES	1995 TARGETS	1995 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 WITHIN WHO (Duration: Continuous)	To ensure coordination of alcohol, tobacco and drug-related activities in WHO.	Continuous collaboration with relevant WHO programmes at Headquarters, Regional and Country levels. Collaboration with other WHO programmes on the preparation of the World Summit for Social Development and the IVth World Conference on Women.	125,000
POLICY FORMULATION 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.	
TOBACCO OR HEALTH (TOH) COORDINATION (Duration: Continuous)	Develop and coordinate activities for the celebration of World No-Tobacco Day.	Coordinate activities for World No-Tobacco Day; awarding of TOH medals and organize main celebration (at headquarters or elsewhere). Evaluate these activities.	20,000
TOBACCO OR HEALTH (TOH) PLAN OF ACTION (Duration: 1996-2000)	To elaborate a draft TOH Plan of Action 1996-2000.	Prepare background documentation for an ad hoc meeting of the Tobacco Advisory Group. Completion of a draft plan of action on TOH for the period 1996-2000 to be submitted to WHO Governing Bodies for its consideration.	40,000
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.	1,852,500
Sub Total US\$			2,037,500

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