
PROGRAMME ON SUBSTANCE ABUSE

**Report on
the 1996
Programme
Activities**



DIVISION OF MENTAL HEALTH AND
PREVENTION OF SUBSTANCE ABUSE
WORLD HEALTH ORGANIZATION

This report covers the activities undertaken by PSA in 1996. These activities are based on the former PSA Strategy which is outlined in greater detail in the Strategy Document (WHO/PSA/90.1). The report is organized according to five major areas of Programme activity, namely: Prevention, Advocacy and Promotion; Treatment and Care; Regulatory Control; Specific Tobacco Control Activities, and Support of Regional/Country Activities and Cooperation with other Organizations. It also contains a listing of PSA reports.

The structure of this report has been designed so as to facilitate assessments of progress with specific activities described in the 1996 Work Plan (WHO/PSA/96.2). Only a brief summary of work carried out in 1996 is provided here, listed according to the activities described in the 1996 Work Plan. More detail on project implementation can be obtained from PSA. Those activities in the 1996 Work Plan for which no work was carried out due to lack of funds are not listed in this report.

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POLICY ORIENTATION AND PROGRAMME IMPLEMENTATION

In keeping with WHO's mandate within the United Nations system, the Programme on Substance Abuse (PSA), within the Division of Mental Health and Prevention of Substance Abuse (MSA), aims to provide global leadership on the health aspects of drug, alcohol and tobacco use, and to focus attention on the need for a more effective and comprehensive approach to the problem of substance abuse in general.

The broad objectives of the Programme are to reduce the demand for psychoactive substances and to reduce the impact which existing substance use has on the health and welfare of people everywhere.

PSA's activities are concentrated on four broad Programme Areas, namely:

- Epidemiology and Prevention;
- Treatment, Care and Rehabilitation;
- Regulatory Control, and
- Specific Tobacco-or-Health activities.

Almost all activities are carried out in collaboration with other UN agencies, research centres, NGOs, government departments, scientists and other public health specialists worldwide.

The structure of the Programme follows closely these Programme Areas. There are three units; Prevention, Advocacy and Promotion (PAP); Treatment and Care (TAC); and Regulatory Control (RCU). As part of the reform and restructuring process at headquarters, the Director-General decided to relocate the Tobacco or Health Programme (TOH) in the Programme on Substance Abuse, with effect from 1 May 1994. This merger, which is reflected in the Ninth General Programme of Work, recognizes the importance of an integrated and comprehensive approach to problems associated with the use of all psychoactive substances. As a result of this restructuring, WHO's tobacco or health activities are primarily carried out within the Prevention, Advocacy and Promotion unit, with work on the treatment of tobacco addiction being led by the Treatment and Care unit.

In the area of prevention, the programme activities of PSA focus on the development and evaluation of approaches to health promotion and strengthening national and international capacity to reduce demand for psychoactive substances. This includes the gathering and dissemination of information regarding use, health effects and prevention efforts. Emphasis is placed on forging partnerships for action at global, regional and national level, and on developing and disseminating normative standards and guidelines for prevention programmes and policies.

In fulfilling the treaty obligations assigned to WHO, PSA collects and analyses information on psychoactive substances and promotes appropriate regulatory controls and the rational use of licit psychoactive medicinal drugs.

In the area of treatment and care PSA aims at developing cost effective treatment and rehabilitation approaches to the problems associated with psychoactive substance use, and to integrate such approaches into primary health care. The focus of PSA's work in treatment and care has been on service development, community empowerment and action-oriented research. In the area of service development, the particular emphasis has been on training, and strengthening of national health systems.

PREVENTION, ADVOCACY AND PROMOTION

A. EPIDEMIOLOGICAL SURVEILLANCE AND RISK ASSESSMENT

GLOBAL EPIDEMIOLOGICAL SURVEILLANCE

The tobacco or health database continued to provide for the ongoing collection, analysis and dissemination of data and information concerning the tobacco epidemic on a national, regional and global basis. At the beginning of 1996, a draft document containing individual country profiles and a global overview of the tobacco or health situation and trends was completed. The draft text is currently undergoing WHO editorial revisions, and is due for publication in 1997.

During 1996 work commenced on the development of a "state of the art" computerized monitoring system to collect and compile data on alcohol production, trade, use, problems and policies by country, for all nations. The database will enable PSA to provide an assessment of the trends in, and health consequences of alcohol use worldwide, and it will enable WHO to respond to requests from Member States regarding comparative data on the status of alcohol problems, regionally and globally. This completed database will ensure that WHO has a global monitoring system for alcohol comparable to that which has been achieved for tobacco.

Progress towards developing and maintaining a "passive" monitoring system for drugs other than alcohol and tobacco was made during 1996. A core set of standardized variables and methodologies for the epidemiological surveillance of drug use were tested by the South African Community Epidemiology Network on Drug Use (see below).

PSA hosted the International Substance Abuse Epidemiology Network Working Group Meeting in July, 1996. Collaboration with this, and other established epidemiology networks (Pompidou Group, European Monitoring Centre for Drugs and Drug Addiction, Asian Multi-City Epidemiology Work Group, Community Epidemiology Work Group) continued throughout 1996.

PSA provided technical guidance and some financial support for the establishment and development of sentinel surveillance at two sites in South Africa (Cape Town and Durban), as part of the South African Community Epidemiology Network on Drug Use. Protocols and guidelines for data collection were prepared by the Medical Research Council in collaboration with PSA. An active network of stake-holders with access to substance use-related data was established. Data collection from secondary sources is ongoing, as is the development of primary source data collection.

Funding was secured for a third site in South Africa (Johannesburg) and data collection will commence in 1997. A proposal for the establishment of further sites in Africa was developed and awaits funding.

STRENGTHENING COUNTRY CAPACITY FOR EPIDEMIOLOGY AND PREVENTION

Drafting of the Consolidated Epidemiological Manual for Substance Abuse, and field assessment of standardized data collection instruments and guidelines for epidemiology, were completed during 1996. A process of review commenced and preliminary planning for training in the application of the manual began.

Collaboration continued with PSA/TAC, international organizations and research centres to develop Rapid Assessment guidelines. A paper on Rapid Assessment in Cameroon was finalized and submitted to UNDCP for publication in the *Bulletin on Narcotics*.

Technical assistance was provided and some funding was secured to support the collection of qualitative data to complement and provide a contextual framework for epidemiological data collected by the South African Community Epidemiology Network on Drug Use.

HEALTH RISK ASSESSMENT

PSA continued to collaborate with key research centres regarding the health hazards of alcohol use. In August, PSA staff presented a paper on global trends in alcohol use and related problems at the Heads of Alcohol Centres Meeting in Japan.

In collaboration with EURO and the Norwegian Government, PSA completed a review of the health consequences of alcohol use. The report was published in 1996 and is being widely disseminated.

In collaboration with the University of Oxford and the American Cancer Society, PSA participated in the analysis of data from a large American prospective study on alcohol and mortality. A report has been prepared and will be submitted for publication in 1997.

A draft proposal was developed to implement longitudinal cohort studies on health implications of drug use. These studies will establish cohorts of drug users in at least ten sites in developed and developing countries, which will provide cross-national comparable data on the extent and nature of health and social consequences of drug use. Two phases were funded: the first to convene a project planning expert working group meeting; the second to begin developing and testing the instruments, methods and procedures. Preparations began for a first meeting of principal investigators to be held in 1997.

SOCIAL AND ECONOMIC COSTS ASSESSMENT

Work commenced on the preparation of guidelines for social and economic cost assessment. A proposal to develop such guidelines has been prepared and is under review in PSA.

It is expected that work on the guidelines, in collaboration with the World Bank and the Department of International Health Economics at Harvard University will commence in 1997.

A review was commissioned on the cost-effectiveness of primary prevention approaches for substance abuse. A first draft of the report has been received and is under review.

B. DISSEMINATION OF INFORMATION

PUBLICATION OF STATISTICAL/MONITORING REPORTS

During 1996 PSA commenced work on the development of a "state of the art" computerized monitoring system to collect and compile data on alcohol production, trade, use, problems and policies by country, for all nations. This system will enable PSA during 1997 to publish updated tables on all aspects of alcohol-related consumption and related health and social problems.

PSA CLEARINGHOUSE

A system for establishing and maintaining a computerized index of PSA's holdings of published and unpublished literature relating to substance abuse was established. To date, about 1 300 references have been indexed.

A number of PSA publications were made available in full-text form on the Internet. They can be accessed through the following Web sites:

<http://www.who.ch/programmes/psa/toh.htm>
<http://www.uicc.ch/globdemo/mainmenu.html>

Potential partners in a global collaborative network of substance abuse clearinghouses have been identified. Plans are being developed to make such a network operational in 1997.

PUBLIC INFORMATION

In May 1996, a major report entitled *The Tobacco Epidemic: A Global Public Health Emergency* was released, highlighting global trends in tobacco consumption, mortality related to tobacco, and promising tobacco control policy and programme developments. Release of the report was accompanied by a Press Conference on 23 May, a Press Release (WHA/4 of 23 May 1996) and a Fact Sheet (No: 118, May 1996).

A Press Release was also issued in conjunction with World No Tobacco Day 1996 (WHO/41, 30 May 1996). In conjunction with the Tenth World Psychiatric Congress in Madrid, a press release (WHO/54, 23 August 1996) and fact sheet on substance abuse (No. 127, August 1996) were issued. On the occasion of a technical consultation on amphetamine-type psychostimulants, in November, a Press Conference was held and a Press Release issued (WHO/77 Rev.) .

C. DEVELOPMENT AND IMPLEMENTATION OF PRIMARY PREVENTION PROGRAMMES

GLOBAL INITIATIVE FOR PRIMARY PREVENTION OF SUBSTANCE ABUSE

Eight primary prevention projects were planned in South Africa and seven were implemented during 1996. Four of these provide community based interventions (training of community workers, training of youth leaders, peer education and a day care programme). A fifth project to provide training as part of a community development programme is planned for 1997. Two projects were planned and implemented which coordinate and support these projects at the field level in the collection and interpretation of data for baseline situation assessments and project monitoring and evaluation. One project was planned and implemented to support the South African Alliance for the Prevention of Substance Abuse (SAAPSA) in its role as national coordinator for primary prevention projects in South Africa.

Protocols and guidelines for baseline situation assessments, and for the monitoring and evaluation of primary prevention projects, were developed. Standardized project reporting formats were also developed. These protocols and guidelines were specifically designed for community based organizations with limited resources for project monitoring and evaluation. Training in the application of these protocols, guidelines and reporting formats was provided at two workshops in South Africa and Central and Eastern Europe (Slovakia). Protocols, guidelines and reporting formats were tested and implemented in South Africa. Ongoing technical and some financial support for assessment, monitoring and evaluation of primary prevention projects in South Africa was provided.

During 1996, work commenced on developing primary prevention initiatives in Central and Eastern Europe. The initial phase of the project will be to support the development of a strategic approach to addressing youth substance abuse problems, by encouraging the formation of a National Taskforce in each project site to review and determine the key priorities for action within each country. The project is currently in an early planning stage. Following an initial period of training, baseline assessment, and establishment of monitoring systems, it is expected that activities will commence in Bulgaria, the Czech Republic, Estonia, Latvia, Lithuania, Poland and Slovakia..

A training workshop was held in July in Liptovsky Mikulas, Slovakia for representatives from the seven countries. The workshop was facilitated by staff from PSA and technical advisors from the University of Cape Town, and the Polish Institute of Psychiatry and Neurology. The main purpose of the workshop was to train participants in all aspects of undertaking baseline assessment, monitoring and evaluation of project activities.

ALCOHOL POLICIES IN DEVELOPING COUNTRIES

A Taskforce of international experts, including representation from developing countries, was established in 1996 to oversee a project which focuses on alcohol-related problems and their prevention and management in the context of developing societies. The project supports the development and publication of selected case studies and new analyses based on data and

information from developing societies. A central product of the project will be a publication reviewing the evidence on alcohol consumption, alcohol-related problems, and their prevention and management in the context of developing societies. The Taskforce met once during 1996 to outline the study, to assign tasks to working group members, and to list potential case studies and case study investigators.

RESPONDING TO PUBLIC HEALTH CONSEQUENCES OF AMPHETAMINE-TYPE STIMULANT (ATS) USE

A new initiative was launched by PSA in 1996 which seeks to better understand the health and social consequences of ATS use; to identify gaps in current knowledge and identify and test promising response to ATS use in different cultural settings.

In November, 1996 expert participants from fifteen countries, observers from six international organizations and representatives of the Swiss Federal Office of Foreign Affairs and the Swiss Federal Office of Public Health met in Geneva to review: the pharmacology and epidemiology of ATS; health risks and other consequences of ATS use; the social context and prevention of ATS use; treatment and care of ATS users; and policy responses to ATS use.

The meeting identified promising prevention, treatment and policy responses and proposed a strategic public health response. A full report of the meeting and its recommendations is currently under review and will be disseminated during 1997. Preliminary findings were presented to UNDCP's 2nd Expert Meeting on Amphetamine-type Stimulants held in Shanghai, China in November 1996. The outcome of this meeting will be presented at the fortieth session of the Commission on Narcotic Drugs.

A second phase of this initiative will be developed which will implement a series of cross national studies which will contribute further to our understanding of the extent and health consequences of ATS use; and identify and test promising prevention treatment and policy approaches in different settings.

MODEL PROGRAMMES FOR DRUG AND ALCOHOL PREVENTION AMONG WORKERS AND THEIR FAMILIES - ILO/WHO/UNDCP PROJECT

Project implementation continued in the five participating countries: Egypt, Mexico, Namibia, Poland and Sri Lanka. Through the involvement of companies in each country, the project is expected to reach over 200 000 employees. The five-year project is nearing completion and the focus of activities in 1996 was the further development of the work/family/community component and expansion of the national ARMADA groups (Alliance of Resource Managers Against Drug Abuse). National/regional dissemination seminars were organized in Egypt, Mexico and Namibia. Drafts of national project compendia were prepared in each country. The first draft of ILO/WHO/UNDCP Manual of Drug and Alcohol Prevention among Workers and their Families was prepared.

TREATMENT AND CARE

A. SERVICE DEVELOPMENT

HEALTH PROFESSIONAL EDUCATION

As a follow-up to the 1995 meeting, participants from six countries (Morocco, Nigeria, Spain, Sri Lanka, the United Kingdom and the United States of America) prepared a three-year action plan to respond to identified local needs, with clear objectives, addressing problems and impediments to the implementation of effective teaching and training of health professionals, and outlining specific strategies to overcome them.

A PSA document was prepared reviewing progress made to date in the area of medical education and training in psychoactive substance use issues, including an overall WHO strategy for action at the local, national and international levels.

Funds are being sought to test and implement such an overall strategy in selected countries and to develop training materials and minimum curriculum guidelines for medical and nursing schools.

COSTS AND EFFECTS OF TREATMENT

Eight workbooks providing guidelines on how to conduct treatment evaluation were drafted by a group of experts in Canada and the United Kingdom. They cover the following topics: the role of programme evaluation in the planning and delivery of substance use treatment services; planning for evaluation of a substance use treatment service; assessing community needs for substance use treatment services; outcome evaluation; process evaluation; assessment of client satisfaction with substance use treatment services; costs of services; and economic analyses of treatment services.

Each of the workbooks will be supported by case studies based on existing data on successful treatment evaluation projects. Fifteen scientists from 11 developing and developed countries were identified and contracted for the preparation of such studies. They will cover a variety of aspects of treatment evaluation, ranging from needs assessment of treatment services in South Africa, an outcome evaluation of brief cognitive therapy for alcohol and drug abuse in Brazil, and a pooled analysis of various studies on economic evaluation of drug treatment services. These will provide examples of what types of questions can and cannot be answered by each type of study, what lessons were learned and what needs to be done in future studies.

These materials will be combined, edited and used for the development of a training package on treatment evaluation, which will then be field tested in selected countries. A meeting and training workshop with principal investigators from those countries will be held in 1997, enabling them to plan and carry out projects on treatment evaluation at the same time as they will test the materials and methods proposed in the workbooks.

STRENGTHENING OF BIOMEDICAL RESEARCH INTO SUBSTANCE USE ISSUES

The WHO/NIAAA international fellowship programme supported two young scientists (one from Belarus and one from the Republic of Korea) to attend the meeting of the International Society on Biomedical Research on Alcoholism held in Washington D.C. Additionally, a symposium of the Latin American Society for Biomedical Research on Alcoholism was held also in Washington with the participation of approximately 50 scientists, in collaboration with PSA.

PROJECT ON STATE AND TRAIT MARKERS FOR ALCOHOL CONSUMPTION AND ALCOHOL DEPENDENCE

A meeting of all principal investigators of the project was held in Washington D.C. to discuss progress to date and plan for preliminary analysis of data and publications. One paper was published with the results of the pilot phase.

PSA will continue to provide technical and managerial support for the continuation of the study. In collaboration with the principal investigators, PSA will prepare a document reviewing the process of planning and establishing the international study, logistics involved, problems found, and updated reports from each of the seven participating countries.

WOMEN, VICTIMIZATION AND SUBSTANCE USE

During 1996 a Seminar was held, with financial support from the Government of the Netherlands, which brought together project managers, researchers and trainers from seven countries, interested in planning a coordinated approach to addressing women's substance use. Participants developed a project which aims to strengthen the provision of services to women who experience problems related to substance use, by providing training in gender sensitization and awareness, and by identifying practical interventions which are appropriate for women. The participants agreed that the project should "twin" countries to encourage mutual support, information exchange and shared strategies to overcome common obstacles.

EXPERT COMMITTEE ON DRUG DEPENDENCE

The 30th meeting of the Expert Committee on Drug Dependence was held in Geneva on 14-18 October 1996. Nine working papers were commissioned from internationally recognized scientists in the field of treatment for substance use disorders. Experts selected from the WHO Panel of Experts, representing all WHO regions, were invited to the meeting, and were entrusted with the task of carrying out the pre-review of seven psychoactive substances (alprazolam, diazepam, dihydroetorphine, nicotine, ephedrine, remifentanil and sumatriptan), and to discuss

the current knowledge on treatment and its application to the changing substance abuse situation of the world today. Additionally the Committee discussed CND Resolution 1 (XXXVIII) on Prohibition of Heroin and reached a consensus opinion on this matter for the Director-General's consideration.

A report describing the conclusions of the discussions held and recommendations made by the Committee was prepared, revised and sent for publication.

ORAL HEALTH IMPLICATIONS OF PSYCHOACTIVE SUBSTANCE USE

During 1996, contacts were established with the WHO Collaborating Centre on Oral Health and Migration, at the University of Leeds; WHO Oral Health Unit; and the Medical Research Centre, International Organization for Migration, for the development of a study of the oral health implications of use of betel nuts, khat, tobacco and other psychoactive substances among immigrants. It was agreed that WHO should design the study protocol with the assistance of an expert in oral pathology and public health. However, the project has been temporarily postponed due to the lack of resources.

PHARMACOLOGICAL TREATMENT

A report of a meeting held in Toronto in October 1995 was prepared, presenting a review of international issues in medications development for pharmacological treatment of substance use disorders, factors that promote or impede the development of medications for such disorders and recommendations for promoting research and action in this area. The report was revised and published and will be disseminated among pharmaceutical companies, NGOs and collaborating centres.

B. COMMUNITY EMPOWERMENT

YOUTH AND SUBSTANCE USE WORKSHOP GUIDE

With funds provided by the MENTOR Foundation, the second meeting of experts was held in Bilbao, in February 1996. The draft manual was reviewed by all participants and recommendations for further changes were made. A protocol for field testing the draft was discussed and agreed during the meeting. The manual was translated into Spanish, Romanian, Singalese, Portuguese and French. Field testing took place in Bolivia, Honduras, the Philippines, Romania and Sri Lanka with both the translated and original version. Sites prepared and returned final reports making specific recommendations for changes.

All relevant recommendations were incorporated into the draft and a version in English was finalized.

Funds are being sought for printing and disseminating the English version, and for revising, printing and disseminating the French, Portuguese, Romanian, Spanish and Singhalese versions. If funds are available, additional training workshops will be planned and held in at

least one lusophone and one francophone African country, to help in the dissemination of the manuals at the local level.

STREET CHILDREN AND OTHER YOUTH IN ESPECIALLY DIFFICULT CIRCUMSTANCES

In addition to funds from IOGT International, funds were secured from the MENTOR Foundation to complete Phase II of this project.

During the first half of 1996 field visits were made to 24 project sites where local project implementation was evaluated utilizing a standardized evaluation instrument specifically developed for that purpose. In addition, final Phase II site reports have been received from 22 collaborating organizations. These evaluation and site reports have been reviewed and analysed and a draft consolidated Phase II evaluation report has been prepared. The report highlights a number of conclusions and makes a series of recommendations for Phase III of the project.

Project sites visited included Alexandria and Cairo (Egypt); Mexico City (Mexico); Tegucigalpa (Honduras); Managua (Nicaragua); Santafé de Bogotá, Bucaramanga, Cartagena and Medellín (Colombia); Cochabamba (Bolivia); Asunción (Paraguay); Rio de Janeiro (Brazil); Prague (Czech Republic); Moscow (Russian Federation); Saskatoon (Canada); Bombay and Thiruvananthapuram (India); Manila (Philippines); Sydney (Australia), Lusaka (Zambia); Dar es Salaam and Mwanza (Tanzania); Kampala (Uganda); and Santo Domingo (Dominican Republic).

In addition to evaluation site visits, a number of exploratory site visits were made to assess potential new project sites and collaborating partners. Projects and organizations were visited in San José (Costa Rica), Johannesburg and Pretoria (South Africa), Kathmandu (Nepal), Stockholm (Sweden) and Alexandria (Egypt).

Although most participating sites were unable to complete all objectives outlined in the Phase II project, there were considerable achievements, with: the strengthening of the WHO/PSA methodology; the expansion and consolidation of the global network of collaborating partners, including over 70 governmental and nongovernmental organizations involved in the implementation of the project in 26 countries; the collection of information from over 6,000 street children (3,000 through focus groups) and over 1,500 service providers and community members; the training of approximately 2,000 street educators, health workers and street youths; and the piloting of the training package and evaluation and monitoring manual in 22 sites.

Work commenced on the revision of the two draft documents *Street Children, Substance Use and Health: Training for Street Educators* and *Street Children, Substance Use and Health: Monitoring and Evaluation of Street Children Projects* based on the outcome of the field level piloting. A range of WHO programmes (including Adolescent Health, Mental Health, and Health Education), and other UN agencies (including UNAIDS, UNICEF, UNESCO, ILO and UNFPA) and international nongovernmental organizations have been consulted in the revision process. Additional training modules and sections are being developed in the areas of drug prevention and treatment interventions, HIV/AIDS, sexually transmitted diseases, reproductive health and general adolescent health.

Professional video recording of project sites was conducted in Mexico City, Cochabamba and Manila, with additional video footage obtained from Johannesburg. A 20 minute video, illustrating the lives of street children and the implementation of the project, has been produced for educational purposes and for presentation at scientific meetings.

Various international meetings were attended to present the project and to expand the network of collaborating organizations. Meetings attended included the European Conference on Street Children Worldwide (June, Amsterdam) and the World Congress against Commercial Sexual Exploitation of Children (August, Stockholm). The project has also been linked with the UNAIDS Inter-Agency Working Group on HIV and STD Prevention among Especially Vulnerable Young People.

Work commenced on planning for the development and implementation of Phase III of the project.

COMMUNITY APPROACHES TO TREATMENT AND CARE

With support from the UK Overseas Development Administration (ODA), a Working Group on Psychoactive Substance Use and Primary Health Care/Community Involvement in Care was established including representatives from Nepal, Pakistan, Trinidad and Tobago, Vietnam and Zimbabwe. The Working Group had its first session in Harare, in March 1996, to discuss the feasibility of the project and to make arrangements for implementation of treatment and care interventions in order to build up demonstration models for developing countries. The report of the meeting has been published as a MSA/PSA Document.

With the sustained support of ODA and additional funds from UNDCP, the second session of the Working Group was convened in Pokhara, Nepal, on 9-13 December 1996. Following a thorough discussion on research and training, the Working Group agreed to launch a study on field interventions for implementation and monitoring of treatment interventions, involving both the primary health care system and the local community. Contracts were issued for conducting this phase of the project during 1997.

INDIGENOUS POPULATIONS AND SUBSTANCE USE

In March, a Project Planning Meeting for Phase II of the Indigenous Peoples and Substance Use Project was held in San José, Costa Rica, hosted by the Instituto Nacional sobre Alcoholismo y Farmacodependencia (IAFA) and funded by Health Canada and SIDA. The meeting provided an opportunity for Indigenous people from six countries to meet to discuss the design and implementation of Phase II of the Project. The meeting was also attended by representatives from WHO/MSA/PSA, PAHO, Health Canada, ILO and UNDCP. Eleven project activities were identified and an Indigenous Project Advisory Group was established. These activities included:

1. to develop a reference document on community action strategies;
2. to prepare guidelines for policy development for governments;
3. to conduct a survey of national policies and legislations;
4. to develop training materials and methods for indigenous communities;
5. to develop communication and dissemination methods;

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6. to develop a programme of research;
 7. to develop community assessment instruments and methods;
 8. to provide advice to the UN Working Group on Indigenous Peoples;
 9. to make a contribution to Healing Our Spirit Worlwide III Conference;
 10. to establish an international network of indigenous organizations and expertise;
 11. to develop strategies for workforce development.

Three Indigenous people were seconded to MSA/PSA to establish an Indigenous Project Team, including secondees from Australia (supported by Commonwealth Department of Health Drugs of Dependence Branch and Queensland Health), Canada (supported by Health Canada) and New Zealand (supported by the Alcohol Advisory Council of New Zealand). Priority was given to activities 1,2,3,7 and 10. The Team prepared three draft action documents: *Developing Community Action*; *Policy Guide for Governments*; and *Community Monitoring and Evaluation Methods*. A survey instrument was prepared to gather information on policies and legislation relating to indigenous peoples and substance use. An International Indigenous Database was established containing a directory of Indigenous organizations and Indigenous human resources.

The Project Team strengthened collaborative links with various UN agencies, including the United Nations Commission on Human Rights and ILO. Presentations of the project were made at the Fourteenth Session of the UNHCR Working Group on Indigenous Populations and the Interagency Consultation on Indigenous Populations. A joint consultation between MSA/PSA and the Division of Strategic Support (SSC) was held to consider broadening WHO's activities in the area of health for indigenous peoples.

SUBSTANCE USE AND UNSAFE SEXUAL BEHAVIOUR

The project proposal was revised in consultation with UNAIDS. Funding was secured to pilot the project in Zimbabwe in collaboration with UNAIDS. A consultant from London will be travelling to Zimbabwe in early 1997 to assist local collaborators design the study methodology.

C. ACTION-ORIENTED RESEARCH

DRUG SUBSTITUTION AND TREATMENT

A brief survey questionnaire on drug substitution programmes was sent to approximately 70 countries as part of a review on the current status of such treatment approaches around the world.

A draft study protocol for a WHO Multi-centre Asian Opioid Substitution Pharmacotherapy Trial was prepared. A draft manual on Training on Drug Dependence and Methadone Maintenance Treatment was prepared in association with WPRO. These two documents will be reviewed at a project meeting (Opioid Substitution Programmes in Asia) planned to be held in Kathmandu in February 1997. The meeting will bring together representatives from opioid substitution programmes in Australia, Hong Kong, India, Nepal, Switzerland, Thailand and Viet Nam. The meeting will also prepare an instrument for evaluating existing opioid substitution programmes in Asia.

PSA collaborated with the Drug and Alcohol Services Council of South Australia in the development of a protocol for studying the pharmacology of tincture of opium with regard to its use as a substitution drug.

Site visits were made to a number of opioid substitution programmes, including programmes in New Delhi (India), Kathmandu (Nepal) and Mae Chan (Thailand). Technical advice has been provided through WPRO to assist in the establishment of a pilot methadone programme in Viet Nam. Presentations on drug substitution approaches were made at meetings in Riga (Latvia) and Vilnius (Lithuania).

DRUG INJECTION STUDY

A centre in London was contracted to develop and pilot in four cities the rapid assessment methodology and instrument. UNAIDS is collaborating in the development of this qualitative method. A centre in New York was contracted to develop the survey methodology and instrument.

A meeting of the project Executive Committee and other collaborators was held in July in Vancouver during the XIth International Conference on AIDS. Apart from the 20 cities originally identified as potential project sites, further sites are being considered in South Asia, the Central Asian Republics and Eastern Europe.

The project is being linked with the UNAIDS Interagency Task Force on Injecting Drug Use and HIV Infection in Eastern Europe.

REGIONAL RESPONSES TO COCAINE PROBLEMS

Terms of reference for the peer review of the various project reports were prepared and peer reviewers identified. The project documents for peer review will be sent to reviewers in early 1997 with the review process expected to be completed during 1997.

POLICIES, LEGISLATION AND PROGRAMMES ON TREATMENT AND REHABILITATION FOR DRUG AND ALCOHOL DEPENDENCE

A contract has been signed with an external publisher for the publication of the manuscript prepared in collaboration with the WHO Collaborating Centre on Health Legislation, Harvard University. The final manuscript is currently being edited and a publication is expected to be issued in 1997.

HEALTH IMPLICATIONS OF CANNABIS USE

The summary report drafted in 1995 was revised and updated, including new epidemiological information on cannabis use from various countries in Europe and Africa. The revised version was sent to 30 reviewers, representing all WHO regions for comments. The final manuscript will be issued by PSA in 1997.

DISABILITIES AND PSYCHOACTIVE SUBSTANCE USE

This project is being conducted in collaboration with the WHO unit on Rehabilitation and the Programme on Mental Health. The joint project name is "Equal Opportunities for All: A Community Rehabilitation Project for Slums".

The aim of the collaborative project is to assist the community in building up and strengthening supportive structures to manage persons with physical and/or mental disabilities and social disadvantages, including those due to the use of psychoactive substances. The project will expand to cover other persons with disabilities and social disadvantages but who often do not benefit fully from community services, such as nomadic groups, indigenous peoples, and refugees.

During 1996 local projects were established in Salvador and Santarem, Brazil, and Nairobi, Kenya. New local projects are expected to be launched in India and other sites in Africa in 1997.

REGULATORY CONTROL

A. ASSESSMENT OF PSYCHOACTIVE SUBSTANCES

EXPERT COMMITTEE ON DRUG DEPENDENCE

In addition to discussing treatment-related questions, the 30th Expert Committee on Drug Dependence conducted a pre-review of several psychoactive substances in the context of their international control in October 1996.. The Committee recommended dihydroetorphine, ephedrine and remifentanyl for critical review at the next session of the Committee. Tobacco was identified for pre-review also at the next session of the Committee.

INTERNATIONAL CONTROL OF DEPENDENCE-PRODUCING SUBSTANCES

As a result of continued discussions with INCB, agreement was reached within the international drug control treaties in order to allow the timely provision of controlled medicines in emergency situations. Endorsing this proposal, both the UN Commission on Narcotic Drugs and the World Health Assembly adopted a resolution requesting WHO to draw up model guidelines to assist national drug control authorities with simplified export-import control procedures in emergency situations. In response to these resolutions, an international consultation was held in September to draw up these Model Guidelines. The 8th International Conference of Drug Regulatory Authorities held in November recommended a trial implementation of the Model Guidelines by national regulatory authorities.

Faced with the growing problem of amphetamine-type stimulant abuse, regulatory staff actively participated in UNDCP activities aimed at strengthening control measures against diversion for abuse of stimulants and their precursors.

EARLY WARNING SYSTEM FOR ABUSE OF MEDICINAL DRUGS

Support was provided for five national experts, one each from Bangladesh, Colombia, Ghana, Nigeria and Sri Lanka, to be trained in case identification and reporting adverse drug reactions at a training seminar organized by the WHO Collaborating Centre for International Drug Monitoring in Sweden in May. Abuse-related adverse drug reactions were fully integrated in the training programme in consultation with the organizer, with a technical staff member of PSA participating in the seminar as a lecturer.

In September, national institutions in Argentina, Brazil, Estonia, India, Iran, Mexico, Philippines and Sri Lanka were supported in exchanging information and experience with those already well-established in the international drug monitoring network.

B. REGULATORY SUPPORT

SUPPORT FOR REGULATORY CONTROL OF DRUGS OF ABUSE

In Africa, **Ethiopia** was supported in the organization of local training workshops for drug inspectors. Arrangements were made to carry out a drug utilization study in order to ascertain how training and regulations influence the medical use of controlled drugs. Based on experience gained through past training seminars, the Ministry of Health produced and widely disseminated in June two guidelines, one on the handling of controlled drugs and the other on special prescription papers to be used. Support to the Federal Ministry of Health of **Nigeria** continued towards the setting up of local distribution outlets so that local hospitals would eventually have easier access to medicinal narcotic drugs. The Drug Control Council of **Zimbabwe** was supported in the finalization of their draft drug control legislation through an intensive workshop of interested parties in December.

In coordination with the European Regional Office, WHO participated in international training seminars for regulatory personnel organized by UNDCP in Helsinki in June and in Brussels in December, as well as in the study programme sponsored by the Government of Japan for regulatory personnel from Asia and South America held in June-July in Tokyo. The WHO participants at these seminars stressed the importance of the linkage with overall pharmaceutical regulations and of balancing the need to ensure the availability of controlled drugs for therapeutic purposes, and the need to prevent their diversion for abuse.

C. RATIONAL USE OF CONTROLLED MEDICINES

RATIONAL USE OF PSYCHOTROPIC DRUGS

An expert was sent to Pakistan in January to conduct a field study to review the effects of regulation on the availability and use of several controlled drugs. Based on the findings, concrete recommendations were presented to the authorities on regulatory measures conducive to the rational supply and use of controlled medicines.

In response to the concern about the use of certain stimulants for the treatment of attention deficit disorder in children, significant country variations in the use of stimulants for this disorder were reviewed in relation to advertising practices.

In recognition of the risk of the inappropriate use of benzodiazepines, a guide for their rational prescribing was developed for use in training or educational activities.

SPECIFIC TOBACCO-OR-HEALTH CONTROL ACTIVITIES

A. NATIONAL AND INTERNATIONAL TOBACCO CONTROL PROGRAMMES

STRENGTHENING TOBACCO CONTROL

In 1996, work continued on the project entitled "A Global Approach to Strengthening Tobacco Control", which is funded by the Canadian government. Proceedings of a 1995 tobacco control training seminar for Central and Eastern Europe were published as a PSA technical report (WHO/PSA/96.9) and have already been translated into Russian. The report is being widely distributed throughout Eastern Europe. A tobacco control country mission was conducted in Ukraine in October which served to assist the country with implementing comprehensive tobacco control strategies and programmes. In November, a WHO country mission to advance tobacco control legislation was conducted in Poland. In 1996, funding continued for a regional secretariat in Warsaw. Funding was provided for the preparation of training materials and a Russian status report in the Russian language. Meetings were held in June and September to plan for further project activities in Central and Eastern Europe.

In April 1996, a tobacco control mission, focusing on the use of smokeless tobacco, was held in Laos. In October, PSA staff conducted a tobacco control seminar and led a workshop to develop an action plan for strengthening tobacco control in South Africa. As part of a strategy for strengthening tobacco control in Brazil, planning meetings were held in November for the initiation of the Brazilian National Cancer Institute as a WHO Collaborating Centre.

In November, a meeting of international tobacco control experts, WHO regional advisers, and TOH Collaborating Centres was held to strengthen collaboration on global tobacco control. All partners stressed their commitment to realizing the objectives outlined in the WHO/TOH Plan of Action for 1996-2000, with the main focus on research, communication and policy. This meeting led to the development of specific plans, strategies and responsibilities for achieving these goals. TOH Collaborating Centres agreed to play an expanded role, particularly in providing the technical expertise to help develop new TOH Collaborating Centres in regions where none currently exist.

PSA has successfully collaborated with the World Bank on lending policies pertaining to tobacco. Following this, joint activities based on the economics of tobacco are under way with the World Bank at the country level to strengthen tobacco control policies and programmes, particularly in Eastern and Central Europe.

B. ADVOCACY AND PUBLIC INFORMATION

TOBACCO-OR-HEALTH PLAN OF ACTION

The tobacco or health plan of action for the period 1996-2000 was endorsed by the Executive Board and approved by the World Health Assembly. The work plan was published as a PSA publication: WHO/PSA/96.5.

INTERNATIONAL STRATEGY ON TOBACCO CONTROL

Some of the issues concerning tobacco control are beyond the domain of national tobacco control policies and legislation. In 1996, a report on the feasibility of developing an international instrument on tobacco control was presented to the World Health Assembly. The Forty-ninth World Health Assembly adopted a resolution (WHA49.17) calling upon WHO's Director-General to initiate the development of an international framework convention for tobacco control. A background paper entitled *An international strategy for tobacco control* has been issued as a PSA technical document (WHO/PSA/96.6). In order to develop a convention that is both appropriate and feasible, WHO staff have been consulting with other UN agencies which have international conventions already in place. At the end of 1996, talks had already begun with potential funders, and several governments have indicated interest in providing funds toward development of the framework.

WORLD NO-TOBACCO DAY

World No-Tobacco Day 1996 centred on the theme "Sport and the arts without tobacco: Play it tobacco Free". An advisory kit, press kit, and poster were prepared and distributed to all the regions. An awards ceremony and press conference was held at headquarters to commemorate the day.

In late 1996, work commenced on the preparation of advisory materials for World No-Tobacco Day 1997.

PERIODICALS AND PUBLIC INFORMATION

Four issues of *Tobacco Alert*, the PSA tobacco or health newsletter were published during 1996. One of these issues was the advisory kit for World No-Tobacco Day 1996, designed to help Member States organize celebrations of World No-Tobacco Day under the theme "Sport and the arts without tobacco: Play it tobacco free". Another special issue of *Tobacco Alert* issued in 1996 was entitled *The Tobacco Epidemic: A Global Public Health Emergency*. This report provides comprehensive data on the global tobacco situation and offers first-time global and regional comparisons on a number of indicators concerning the extent of the tobacco epidemic.

Regular contributions on issues concerning tobacco or health were provided to specialized journals and publications. A regular WHO page was also contributed to the quarterly publication, *Tobacco Control: An International Journal*.

Work began in 1996 for the translation into English of a tobacco-or-health report, entitled *How the media can help to strengthen tobacco control programmes*.

PUBLICATION OF REGULAR STATISTICAL/MONITORING REPORTS

The dissemination of valid and timely data and information on the tobacco or health situation in Member States, regions and worldwide is an important component of PSA's global epidemiological monitoring and surveillance system. At the beginning of 1996, work was completed on a draft document entitled *Tobacco or Health: First Global Status Report*. This book contains individual country profiles for all WHO Member States, as well as a global overview of the tobacco or health situation and trends. Included in the book are first-time estimates of the worldwide smoking prevalence, based on 85 per cent of the world's population and other indicators of the extent of the tobacco epidemic. At the end of 1996, the book was undergoing WHO editorial review in preparation for publication in 1997.

In early 1996, work was completed on a draft publication entitled, *Guidelines for controlling and monitoring the tobacco epidemic*. This book serves an important role in moving Member States towards comprehensive tobacco control programmes. It offers practical guidance for proceeding towards structured and orderly implementation and management of long-term, multisectoral, comprehensive tobacco control policies and programmes. The guidelines also offer revised and updated WHO recommendations for the measurement of smoking prevalence in order to promote global standardization of this measurement. The book is currently undergoing WHO technical editing in preparation for publication in 1997.

C. TOBACCO-OR-HEALTH RESEARCH AND INFORMATION CENTRE

GLOBAL EPIDEMIOLOGICAL SURVEILLANCE

The tobacco or health database continued to provide for the ongoing collection, analysis and dissemination of data and information concerning the tobacco epidemic on a national, regional and global basis. The database was used to prepare: *Tobacco or Health: First Global Status Report*.

HEALTH RISK ASSESSMENT

Technical support for a pilot study of tobacco and disease among men in Buenos Aires was provided by PSA in collaboration with the WHO Collaborating Centre at the University of Oxford in the UK. The report on the pilot study has been prepared and will be published in the *World Health Forum*. PSA continued to provide technical support for ongoing prospective studies in Cuba, India and Mexico.

Estimates of tobacco-attributable mortality in Singapore were prepared at the request of the Ministry of Health. PSA provided technical advice to the Singaporean government to conduct a case-control study of tobacco-related diseases to assess relative risks from smoking.

SUPPORT OF REGIONAL/COUNTRY ACTIVITIES AND COOPERATION WITH ORGANIZATIONS

A. SUPPORT OF REGIONAL/COUNTRY ACTIVITIES

PSA collaborated with all WHO Regional Offices in the development and implementation of regional and country activities. PSA and the Regional Offices prepared jointly a paper on Global and Regional Dimensions of Substance Abuse for the High Level Segment of ECOSOC. Regional Offices were systematically consulted in the preparation of PSA documents and reports.

B. COLLABORATION WITH UNITED NATIONS SYSTEM

COLLABORATION WITH UNITED NATIONS AND AFFILIATED AGENCIES

PSA was represented at the High Level Segment of ECOSOC in June on International Cooperation against the Illicit Production, Sale, Demand, Distribution, and Trafficking of Narcotics and Psychotropic Substances and Related Activities. The Director-General gave an address to the meeting on WHO's role in substance abuse prevention.

PSA attended the 39th session of the UN Commission on Narcotic Drugs in April. PSA also attended the ACC Subcommittee on Drug Control in September which discussed the implementation of the System-Wide Action Plan on Drug Abuse Control (SWAP) and agreed on the expansion of thematic plans of action to be included therein. The Subcommittee also discussed the preparations for the special session of the General Assembly on drug abuse control in 1998.

The Executive Director, UNDCP and the Director-General of WHO signed an exchange of letters concerning the preparation of a joint programme framework between WHO and UNDCP. A number of project agreements were finalized between WHO and UNDCP receiving financial support from UNDCP. PSA and UNDCP staff met several times during the year to discuss areas for future cooperation. PSA and UNDCP staff attended each others' meetings. PSA collaborated closely with the INCB and attended INCB's two regular sessions in Vienna.

PSA collaborated with the ILO in the implementation of a joint ILO/WHO/UNDCP project on Alcohol and Drug Abuse Prevention among Workers and their Families. Efforts in the area of HIV/AIDS and substance abuse were greatly facilitated by funding made available by UNAIDS to PSA to cover part of related staff costs. UNDP continued to support PSA's activities on primary prevention in South Africa and in Central and Eastern European Countries.

PROMOTION OF SMOKE-FREE WORKPLACES

During 1996, an ICAO resolution calling for a ban on smoking on all international flights came into effect. While not all international flights are yet smoke-free, ICAO and WHO have jointly encouraged most international airlines to adopt smoke-free policies. Smoking is now only allowed on a small and rapidly declining number of international flights.

With some encouragement from WHO, offices of the United Nations in New York, Vienna and Addis Ababa, together with some of the United Nations specialized agencies, have recently implemented restrictions on smoking in the workplace. Efforts will be strengthened to ensure that more progress will be made in 1997 to provide greater protection from involuntary exposure to tobacco smoke in the UN system.

C. COLLABORATION WITH ORGANIZATIONS OUTSIDE THE UNITED NATIONS

COOPERATION WITH COLLABORATING CENTRES

PSA and the Center for Disease Control (CDC), USA, organized jointly in November a meeting of WHO's eight Collaborating Centres on Tobacco or Health from China, France, Italy, Japan, Poland, Sweden, United Kingdom and USA. The meeting was also attended by other WHO Collaborating Centres (Canada and Singapore) as well as prospective new Collaborating Centres on Tobacco or Health from Brazil, Cameroon, Colombia, Mexico and South Africa. The meeting focused on the strengthening of global and interregional collaboration on tobacco control and the implementation of the WHO Tobacco or Health Plan of Action, 1996-2000.

A number of other PSA activities were carried out in close cooperation with 25 WHO Collaborating Centres on Alcohol and Drugs in Australia, Canada, China, Costa Rica, France, Italy, Japan, Mexico, New Zealand, Nigeria, Poland, Russian Federation, Sweden, Thailand, United Kingdom and the United States of America. Continuous consultation was maintained with Collaborating Centres and Expert Advisory Panel Members for technical advice and project implementation.

COOPERATION WITH OTHER INSTITUTIONS

PSA continued to work closely with the European Union and its Monitoring Centre for Drugs and Drug Addiction, International Olympic Committee and ICPO/Interpol. PSA and the Regional Office for Europe attended the meetings of the Permanent Correspondents of the Pompidou Group of the Council of Europe. PSA also continued cooperation with the Pompidou Group in the implementation of the training programme for Health Professionals in Central and Eastern European Countries.

D. COLLABORATION WITH NGOs

COLLABORATION WITH NGOs IN OFFICIAL RELATIONS

PSA was represented at, and the Director-General addressed the International Council on Alcohol and Addictions (ICAA) International Institutes in Amsterdam in June. ICAA and PSA finalized a work plan for years 1996-1999. Cooperation was promoted with Consumers International, the International Federation of Pharmaceutical Manufacturers Association (IFPMA), the World Federation of Proprietary Medicine Manufacturers (WFPMM), and the World Psychiatric Associations (WPA).

COLLABORATION WITH NGOS IN WORKING RELATIONS AND WITH OTHER NGOs

Close cooperation was maintained with NGOs working in the areas of tobacco, alcohol and other drug prevention programmes and policies. The annual informal consultation between NGOs and PSA was organized in May. PSA worked with the International Organization of Good Templars (IOGT), the International Federation of NGOs (IFNGO), the National Parents Resource Institute for Drug Education (PRIDE), as well as with ICAA in the development of the Global Initiative on Primary Prevention of Substance Abuse.

PSA DOCUMENTATION

SELECTED PSA DOCUMENTS AND RELATED PUBLICATIONS

PREVENTION, ADVOCACY AND PROMOTION; TOBACCO OR HEALTH

- **Alcohol and Health: Implications for Public Health Policy.** Report of a WHO Working Group, Oslo, October 1995. Copenhagen, World Health Organization Regional Office for Europe, 1995 (cosponsored by PSA).
- **Amphetamines, MDMA, and other Psychostimulants.** Report of a WHO Meeting, Geneva, November 1996. Geneva, World Health Organization, 1997. In preparation (draft available) (WHO/PSA/97.5).
- **Evaluating Tobacco Control Activities: Experiences and Guiding Principles** C. Chollat-Traquet. Geneva, World Health Organization, 1996. Available in English, French and Spanish.
- **Guidelines for Controlling and Monitoring the Tobacco Epidemic.** Geneva, World Health Organization, 1997. In preparation (prepublication draft available).
- **International Strategy for Tobacco Control.** Geneva, World Health Organization, 1996 (WHO/PSA/96.6.).
- **Legislative Action to Combat the World Tobacco Epidemic.** Ruth Roemer. Geneva, World Health Organization, 1993. Second edition. Available in English, French and Spanish.
- **Legislative Responses to Tobacco Use.** World Health Organization. Dordrecht, Martinus Nijhoff Publishers, 1991.
- **Le Rôles des Médias à l'Appui de la Lutte contre le Tabagisme.** Genève, Organisation mondiale de la Santé, 1997. En preparation (ébauche disponible).
- **Mortality from Smoking in Developed Countries, 1950-2000** R. Peto, A.D. Lopez, J. Boreham, M. Thun & C. Heath Jr. World Health Organization and Imperial Cancer Research Fund. Oxford, Oxford University Press, 1994.
- **Responding to Drug and Alcohol Problems in the Community.** A Manual for Primary Health Care Workers, with Guidelines for Trainers. M. Grant & R. Hodgson (eds.), World Health Organization, Geneva, 1991. Available in English, Arabic, Chinese, Estonian (in preparation), French, Indonesian, Lithuanian, Portuguese, Serbian, Spanish, and Swahili.
- **Strengthening Tobacco Control in Central and Eastern Europe.** Proceedings of a Training Seminar, Warsaw, October 1995. Geneva, World Health Organization, 1996 (WHO/PSA/96.9).
- **Tobacco Alert!** A quarterly newsletter. Geneva, World Health Organization. Available in English and French on World Wide Web at <http://www.who.ch/programmes/psa/toh.htm>.
- **Tobacco or Health: First Global Status Report** Geneva, World Health Organization, 1997. In preparation (prepublication draft available).
- **Tobacco or Health: Report on Plan of Action for 1988-1995 and Plan of Action for 1996-2000.** Geneva, World Health Organization, 1996 (WHO/PSA/96.5).
- **Women and Tobacco.** Geneva, World Health Organization, 1992. Available in English, French, Spanish and Japanese.

TREATMENT AND CARE

- **A One-way Street?** Report on Phase I of the Street Children Project. Geneva, World Health Organization, 1993 (WHO/PSA/93.7). Available in English, French and Spanish.
- **A Two-way Street?** Report on Phase II of the PSA Street Children Project. Geneva, World Health Organization, 1996. In preparation (draft available). (WHO/PSA/96.14).
- **AUDIT: The Alcohol Use Disorders Identification Test: Guidelines for Use in Primary Health Care.** Geneva, World Health Organization, 1992 (WHO/PSA/92.4).
- **Description and Implementation Methodology: Street Children Project.** Geneva, World Health Organization, 1996. In preparation (draft available) (WHO/PSA/96.7).
- **Drug Injecting Study.** Report on Planning Meeting for Phase II, Bangkok, September 1995. Geneva, World Health Organization, 1996 (WHO/PSA/96.4).
- **Drug Substitution Project.** Report of Consultation Meeting, Geneva, May 1995. Geneva, World Health Organization, 1996. In preparation (draft available) (WHO/PSA/96.3).
- **Health Professional Education on Substance Use Disorders.** Report of WHO Consultation, Washington, DC, October 1995. Geneva, World Health Organization, 1996 (WHO/PSA/96.16).
- **Indigenous Peoples and Substance Use Project.** Report of Planning Meeting (Phase II), San José, Costa Rica, March 1996. Geneva, World Health Organization, 1996. In preparation (draft available) (WHO/PSA/96.15).
- **Manual on Approaches to Treatment of Substance Abuse.** Geneva, World Health Organization, 1993 (WHO/PSA/93.10).
- **Monitoring and Evaluation Handbook. Evaluation Questionnaire.** Geneva, World Health Organization, 1995 (WHO/PSA/95.13.1).
- **Multi-Centre Study on Drug Injecting and Risk of HIV.** Report. Geneva, World Health Organization, 1994 (WHO/PSA/94.4).
- **National Drug and Alcohol Treatment Responses in 23 Countries.** Geneva, World Health Organization, 1995 (WHO/PSA/95.15).
- **Preventing Substance Abuse in Families.** A WHO Position Paper. Geneva, World Health Organization, 1993 (WHO/PSA/93.9).
- **Solvent Abuse.** Report of a WHO Consultation, Geneva, December 1992. Geneva, World Health Organization, 1993 (WHO/PSA/93.8).
- **Street Children Project.** Report of Inaugural Meeting of Participating Centres, Geneva, February 1992. Geneva, World Health Organization, 1992 (WHO/PSA/92.2).
- **Street Children, Substance Use and Health: Training for Street Educators.** For Field Testing. Geneva, World Health Organization, 1995 (WHO/PSA/95.12).
- **Street Children Project: Training Workshop Questionnaire.** Geneva, World Health Organization, 1995 (WHO/PSA/95.12.2).
- **Street Children and Substance Use: Monitoring and Evaluation of Street Children Projects.** For Field Testing. Geneva, World Health Organization, 1995 (WHO/PSA/95.13).
- **Training for Street Educators Package: Evaluation Questionnaire.** Geneva, World Health Organization, 1995 (WHO/PSA/95.12.1).
- **WHO Working Group on Psychoactive Substance Use and Primary Health Care/Community Involvement in Health.** Report. Harare, March 1996. Geneva, World Health Organization, 1996 (WHO/PSA/96.8).
- **Youth and Substance Use Workshop. How to create, work with, and evaluate educational materials and activities with young people.** Geneva, World Health Organization, 1997. In preparation (draft available).

REGULATORY CONTROL

- **Deaths Related to Drug Abuse.** Report of WHO Consultation, Geneva, November 1993. Geneva, World Health Organization, 1993 (WHO/PSA/93.14).
- **Health Implications of Cannabis Use.** Geneva, World Health Organization, 1997. In preparation (draft available) (WHO/PSA/96).
- **Model Guidelines for International Provision of Narcotic Drugs and Psychotropic Substances for Emergency Care.** Geneva, World Health Organization, 1996 (WHO/PSA/96.17).
- **Parallel Distribution Systems for Narcotic Drugs and Psychotropic Substances at the National level.** Report of Joint UNDCP-WHO Technical Consultation Meeting, Vienna, June 1993. Vienna, United Nations International Drug Control Programme, and Geneva, World Health Organization, 1993.
- **Pharmacological Treatment of Substance Use Disorders: International Issues in Medication Development.** Report of Joint Consultation organized by Addiction Research Foundation, Toronto, and World Health Organization. Toronto, October 1995. Geneva, World Health Organization, 1996 (WHO/PSA/96.10).
- **Rational Use of Benzodiazepine.** Report of Working Group. Geneva, World Health Organization, 1996 (WHO/PSA/96.11).
- **Reporting Abuse-related Adverse Drug Reactions.** Geneva, World Health Organization, 1992 (WHO/PSA.92.10).

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