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WHO's Role, Strategies and Activities in the Drug Dependence Programme with Special Emphasis on Developing Countries

by

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Introduction

The programmes of the World Health Organisation are directed to attaining defined national health goals that contribute to improvement of a country's health status through methods that the country can apply now at a cost it can afford now

The mental health programme of the World Health Organisation aims at preventing or reducing mental and neurological disorders and psychosocial problems including those related to alcohol and drug dependence, at improving effectiveness of general health services through an intervention based on an increased awareness of mental health aspects of social action and change

This programme has been developed in co-operation with countries, international agencies, and progressive mental health, social welfare and public health workers The needs of developing countries are the primary consideration of the programme's activities which deal with priorities selected on the basis of their social relevance.

The central feature of the effort is that mental health is viewed as an integral part of public health and social welfare programmes rather than as a highly specialised set of skills and knowledge that can be applied only in special institutions. The provision of a mental health input into health efforts as part of the overall plan of socio-economic development, the utilisation of culturally adapted methods of proven applicability, effectiveness and acceptability to the population and co-operation with countries are therefore basic elements of the programme's strategy.

Responsibilities

Efforts to deal with the problems associated with alcohol and drug dependence are a specific example of the work carried out within the mental health strategy. WHO's major responsibilities for these two health disorders are.

(i) to collaborate with countries in planning, managing and evaluating programmes concerned with the assessment of the magnitude of the problems related to alcohol and drug dependence as well as the prevention of new cases, and the treatment and rehabilitation of existing cases

(ii) to collaborate with countries in the training of health, social welfare, education and other professions, involved in the management of alcohol and drug dependence problems

(iii) to stimulate, co-ordinate and promote research required for more effective programmes

(iv) on the basis of investigations, to recommend to the UN Commission on Narcotic Drugs whether a substance should be controlled nationally or internationally and the level of such control, based on the benefit/risk ratio of the use of the substance:

(v) to give advice in the planning and implementation of alcohol and drug dependence programmes sponsored by UN agencies and other intergovernmental and non-governmental organisations

Objectives

WHO's primary objectives in the field of drug dependence control are a natural consequence of its responsibilities and the strategy of the mental health programme.

1. To increase the effectiveness of health and social service delivery systems in developing low cost approaches to treatment, rehabilitation and social reintegration.

2 To develop strategies for treatment and prevention through primary health care and within the framework of country health programmes.

3. To ensure adequate and relevant training programmes are provided to meet manpower needs, especially in developing countries

4 To fulfil the responsibilities identified within the International Drug Control Conventions.

5. To strengthen the planning of effective prevention and control programmes through the international collection and exchange of data in the epidemiology of drug dependence

6. To co-ordinate international research and stimulate national research programmes in drug dependence.

In order to reach these objectives, WHO is undertaking, or plans to undertake, a number of activities within the context of the strategy mentioned below

A. WHO Strategy in Development of Primary Health Care

Many of the rural, agricultural areas, such as Northern Thailand, Afghanistan and Pakistan, where opium is produced, have little or no health service. Frequently opium is the only medicine available and, therefore, it is used widely for symptomatic relief of pain and illnesses. In these areas, simply eliminating opium production, without providing alternative systems for treatment of the illnesses common to the region, is insufficient.

The fundamental purpose of primary health care is to assist the people in a community to develop basic health services in areas where none now exist. Unlike previous efforts to provide basic health services to communities, the Primary Health Care Programme assists the community to develop its own resources. The Primary Health Worker is drawn from the community and thereby retains a close identification with the people he or she serves. In developing countries the Primary Health Worker is usually not a physician, but is a person from the community provided

with basic training in simplified health care and methods for prevention of disease

It has frequently been noted that crop substitution in opium producing areas must be linked closely to a broad programme of community development - involving social, economic, educational and other measures designed to provide a balanced programme to improve the quality of life of the affected population

A direct, mutually helping relationship between primary health care, drug dependence programmes, UNFDAC crop substituion activities and other UN programmes directed towards drug abuse control in countries with a serious drug problem is a logical, realistic and positive thrust

The following principles established as some of the guidelines for the development of primary health care are relevant to this objective

(a) Primary health care activities should be fully integrated with the activities of the other sectors involved in community development (agriculture, education, public works, housing, communications)

(b) The local population should be actively involved in the formulation and implementation of health care activities so that health care can be brought into line with local needs and priorities. Decisions upon what are the community needs requiring solutions, should be based upon a continuing dialogue between the people and the services

(c) The health care offered should place maximum reliance on the available community resources, especially those which have hitherto remained untapped, and should remain within the stringent cost limitations that are present in each country.

(d) Primary health care should use an integrated approach of preventive, promotive, curative and rehabilitation services for the individual, family and community. The balance among these services should vary according to community needs and may well change over time.

B. Integration with Country Health Programming

Country Health Programming (CHP) is a planning process to assist governments to identify and implement priority health programmes in the context of their overall socio-economic development. It emphasises the interaction between the health sector and other relevant sectors, thus placing health in a broad perspective Country Health Programming is based within the health authority of the participating country, and the health authority works closely with the WHO Country Representative Country Health Programming can provide stimulus for drug programme development and the infrastructure to ensure that drug dependence activities are planned and co-ordinated within the existing health and social care delivery systems.

The fundamental need is for the country authorities to decide whether or not drug dependence is a serious social-health problem. If so, then a national programme for drug dependence should be formulated, based on the best available data and a realistic assessment of the resources available in the country.

This is an important concept because a very real danger exists that the infusion of relatively large sums of money for drug dependence control can very easily influence the priorities of a country. In addition, commitment of the government is required for any programme to be effective and this is especially true for drug dependence control.

C. Technical Co-operation among Developing Countries

In the past a major part of WHO's activity was concerned with providing

technical assistance to developing countries. Recently, a new strategy of technical co-operation has developed which requires WHO to support the efforts of countries to develop self-reliance in health matters, to act as a catalyst in improving health rather than as a provider of aid. This policy decision has had, and will have, a significant effect on the programme of WHO, Drug Dependence Programmes included.

WHO's Drug Dependence programmes are therefore designed to help the countries solve their own problems, to develop their own technology and adapt knowledge from other places to their own needs

As a part of this strategy, the concept of Technical Co-operation amongst Developing Countries was developed which calls for greater co-operation between countries with similar geographic and socio-economic conditions

WHO's Drug Dependence programme now, and in the future, will place more emphasis on utilisation of training facilities, consultants, and information available from other countries of the same region or with similar socio-economic conditions, as the country in need

In this connection, and in response to the Resolution of the General Assembly 32/124, a number of regional workshops are being planned in which participants will discuss mutual problems and experiences and try to work out solutions and develop models for prevention and treatment that are based on local conditions. This workshop in Teheran in which we are participating, is the first one: two other inter-regional workshops will be held in Bangkok and Chiang Mai in November 1979.

D. Interagency Co-ordination

Programmes to reduce supply and demand are, of necessity, multisectorial. Law enforcement, crop replacement, treatment and rehabilitation, education, prevention, are all important activities and each agency has a role to play. The health role is primarily that of treatment but it is also greatly concerned with prevention, rehabilitation and education Treatment cannot

hope to be successful without rehabilitation and social reintegration so WHO's programmes, in co-operation with those of ILO, must also be concerned with counselling, follow-up, and social reintegration of the treated person. WHO's Primary Health Care Programmes will provide treatment for the dependent persons but will also play a major role in prevention of dependence caused by lack of proper medical care and in educating the people against dysfunctional drug use WHO's epidemiology programmes are concerned with developing instruments and conducting surveys for determining trends. This information will assist law enforcement officers, and education, prevention and treatment specialists to be more efficient. These programmes are also developing tools for treatment evaluation which will assist in the development of more effective models for treatment and rehabilitation.

The need for effective co-ordination and collaboration between the various agencies and organisations involved in drug control activities is self-evident. An Inter-Agency Advisory Committee on Drug Abuse Control has been established to facilitate such co-ordination and collaboration and ECOSOC has often referred to the need for such co-ordination. At present, such formal mechanisms fill mainly an information exchange need and, while informal co-ordination exists between most of the agencies for the day to day activities we are involved in, it would seem more attention could be paid to co-ordination in planning and implementing activities and in developing a long term strategy for reducing supply and demand.

For example, task forces or working groups of representatives from each of the involved agencies should plan the multisectorial programmes to ensure that all facets of the programme are implemented at the proper time. The introduction of strict law enforcement and poppy crop destruction projects without crop replacement and treatment and rehabilitation projects being in

place, creates as many problems as it solves

The presence of UNDND Liaison Officers in Burma, Thailand and Pakistan, has been an invaluable aid in co-ordinating activities in these countries, not only for UNDND activities but for the other involved agencies as well.

E WHO Collaborating Centres

In addition to other activities, WHO has made efforts to establish an effective collaborative relationship with a number of well developed centres of excellence in the field of drug dependence, as well as in other areas. So far three centres have been designated as WHO Collaborating Centres for Research and Training in Drug Dependence, the Addiction Research Foundation, Toronto, the Centro Mexicano de Estudios en Farmacodependencia, Mexico, and the National Institute on Drug Abuse, Rockville, USA. Three other centres are under consideration for designation as WHO Collaborating Centres.

The objectives of this strategy are:

1. To develop through WHO leadership, a co-ordinating and planning mechanism whereby the resources of knowledge and experience at present residing in developed research and training institutes and institutions in the field of alcohol and drug dependence, may be applied, possibly after appropriate modifications, to maximum benefit elsewhere, especially in developing countries

2. To promote international collaboration in research and training in priority areas

3. To bring the attention of scientists and institutes to the needs of developing countries and priority areas which are not being adequately supported or researched.

4. To assist WHO in a review and evaluation of various policies and programmes for the reduction of the demand for and supply of drugs, including alcohol.

5. To collaborate with WHO in carrying out research studies and testing the dependence-liability of drugs

The responsibilities of WHO will be

1. Determination in collaboration with countries, of overall priorities in research, training and services.

2. Selection and development of centres which will collaborate in the programme

3. Assistance in selecting and placing trainees in appropriate training programmes

4. Co-operation with the designated centres in organising special training opportunities designed to meet specific needs with particular reference to developing countries

Drug Dependence and Alcohol Related Problems

One anomaly of the approach to drug problems within the United Nations system is the arbitrary separation, by some agencies, of alcohol related health and social problems from problems associated with other drugs. The focus of concern of both the United Nations Commission and the United Nations Division of Narcotic Drugs is intimately related to the requirements of the International Conventions, which have been interpreted to exclude considerations of problems related to alcohol.

Alcoholism (now termed more precisely, 'alcohol dependence syndrome'[1]) as a public health problem has always been a concern of the World Health Organisation, which regards it as a specific type of drug dependence. Therefore WHO has encouraged countries to consider, in planning and implementing of programmes, all drug related problems together with those related to alcohol.

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[1] This term replaced 'Alcoholism' in the Ninth Revision of the International Classification of Diseases, adopted by the Twenty-ninth World Health Assembly 1976.

In 1966 an Expert Committee on Services for the Prevention and Treatment of Dependence on Alcohol and Other Drugs, agreed that 'while the extent and nature of the problem, i e type of drug dependence and patterns of use and abuse, vary widely from country to country, the relatively frequent transfer from one drug of dependence to another, the not infrequent abuse of drugs in combination, the complex and changing patterns of abuse, and the rapid development of new drugs with potential for abuse, make it important that dependence on alcohol and other drugs be considered as facets of one problem, psychic dependence of various kinds being the common factor.'[2]

In the same report differences between approaches to alcohol and drug dependence are noted 'A combined approach to alcoholism and drug dependence does not apply equally to all aspects of the problems Differences in local conditions, such as social structure, personal and cultural attitudes, and the incidence and prevalence of dependence on various agents have to be taken into account. In general, a combined approach will apply most usefully to research and will be less applicable to control measures, with treatment and education falling in between'.

One of the WHO projects in this field is.

WHO Collaborative Drug Dependence Programme at a Country Level

During the past few years several major collaborative programmes have been developed on a country level, these include Afghanistan, Burma, Egypt, Iran, Malaysia, Pakistan, Peru, Thailand, Vietnam, and others.

In these programmes, the major emphasis of current work is on the development of effective treatment programmes in developing countries using operational research to optimize the use of resources. The objectives of these programmes are to develop at national and local levels, flexible and dynamic

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[2] Wld Hlth Org. techn. Rep. Ser. 1967, No 363, p8 & 9

management systems that will assist the prevention and reduction of non-medical use of drugs The approach involves (1) the training of key personnel through fellowships, (2) epidemiological surveys in rural and urban target communities and (3) the introduction and systematic evaluation of treatment programmes. In addition to the development of more realistic and effective treatment approaches, these activities are expected to contribute to knowledge about the aetiology and nature of drug dependence problems In the implementation of these programmes WHO staff at HQ, Regional and WHO representative level are actively collaborating with the national authorities.

In addition to WHO country collaborative programmes, there are other specific activities in the field of research, workshops and seminars, including a study on the Long-Term Effects of Cannabis Use in Man, Research on Maintenance of Narcotic-dependent Persons, and Research on dependence-liability of thebaine derivatives.

General Considerations for Planning and Implementing WHO Collaborative Programmes at a Country Level

The global nature of the problem and its negative impact on social, health and economic development, particularly in developing countries. the rapid change of patterns of drug use and types of drugs used from country to country and other known characteristics of the phenomenon, require great flexibility in the planning and development of appropriate responses.

Some of the important factors to be considered when planning and implementing a programme on a country level in the field of drug dependence are as follows·

Modalities of Treatment (public health model)

Taking into consideration WHO's important role as international co-ordinator in the field of health, and because of the considerable gap in resources,

knowledge and experience in the field of drug dependence between developed and developing countries, undoubtedly countries can benefit from a well organised, international system for exchange of information and experience. Therefore, one of the basic principles in developing a programme is to select and adapt the experiences of other countries to the needs, resources and social, health and cultural system of the country.

There are three basic factors which must be considered in the use of any drug - the drug, the human being using the drug and the social and cultural context in which the drug transaction takes place Any model of intervention based exclusively on any one factor is not likely to succeed and everyone is well aware of the complexity of each of these elements

A second basic principle is the integration of drug dependence services with other existing services Provision of services for treatment and rehabilitation of drug dependent persons should be, wherever possible, integrated with other health, welfare and economic development programmes. The magnitude and nature of the health and social damage from drug abuse has to be assessed within the context of, and measured against the overall health, social and economic problems in the country

In many countries, particularly the developing onces, manpower and financial resources are limited, and where many other health and social problems require urgent attention, it would be unwise to establish specialised institutions exclusively for treatment of drug dependent patients. Specialised institutions and facilities are recommended for the purpose of research, development and tresting of pilot programmes and training manpower

The third principle is training manpower required for implementation of drug dependence programmes. While there is a need for some specialists in clinical research, epidemiology and programme planning, other health

and social workers could be trained to apply their specific skills. In many developing countries it is unrealistic to develop a wide range of specialists exclusively for the programme. Medical assistants, primary health care workers, community nurses and other health auxiliaries, could be trained in the field of drug dependence in order to carry out their tasks under the supervision of a physician and others with advanced training Other professionals outside the health field, such as welfare workers, teachers, police and recovered patients, can make valuable contributions to both prevention and treatment programmes.

The fourth principle is collaboration and co-ordination with other WHO programme activities at a country level.

Steps are being taken to co-ordinate activities concerned with drug dependence with a number of other WHO programmes that have important contributions to make in assisting countries to plan and develop appropriate health and social services

The accumulated knowledge and experience gained from working directly with many countries in planning and developing health programmes for under-served populations, combined with the technical knowledge about drug dependence, could provide a strong foundation for developing basic programmes at the country level.

WHO Project on the Research and Reporting on the Epidemiology of Drug Dependence

Recognizing the need for international co-ordination to improve the comparability and scientific quality of epidemiological data on drug dependence, WHO initiated in early 1975 the Research and Reporting Programme on the Epidemiology of Drug Dependence with financial assistance from UNFDAC. The approach has been to develop practical methodologies to meet the priority data collecting needs of countries with serious problems of drug abuse. Data collecting activities are carried out by

the network of collaborating institutions, the majority of which are in developing countries. WHO staff and consultants co-ordinate and facilitate the work by designing instruments and methods and by assuming responsibility for cross national analysis of data generated Collaborating investigators and consultants are brought together on an annual basis to review progress, priorities and future plans

The first two projects that were completed involved the development and testing of a self-administered questionnaire for young people, primarily students and an epidemiological case reporting form The finalised instruments, along with the results of their testing in different countries, are now being finalised for publication These WHO instruments contain the same core data items and the principle of comparability of core data items has been established between WHO and the UNDND in their respective data collecting activities If the published instruments become widely used, they should contribute to international comparability of data in this field.

In 1978 there are three collaborative data collecting studies to finalize methodologies for.

Intensive Case finding of Drug Users in Target Communities
Surveys of Non-Student Youth
Evaluation of Drug Dependence Treatment Methods

They differ from earlier collaborative studies in that each centre will collect data on sufficiently large samples to permit publication of the results of their individual studies for use by national programme planners The Evaluation of Treatment study will generate data on the outcome of treatment in five developing countries where there has previously been no systematic treatment evaluation research.

The project is also reviewing existing experience and methodologies in other priority areas of epidemiological research. For example, a comprehensive international review is being prepared on the use of case registers and

national case reporting systems in drug abuse. In addition, a workshop on epidemiological and intervention programmes in rural opium using communities will be held in Thailand in 1979. Both of these projects receive financial support from sources other than UNFDAC. A general population survey of drug abuse in Peru is being implemented as part of the UN/Peru Programme of Drug Abuse Control.

As the number of studies increase so does the time required to prepare reports for publication. And as the data collecting activities have become larger and more complex, it has been necessary to shift data processing responsibilities to collaborating institutions In 1978-79 the Addiction Research Foundation in Canada will be analysing data for the non-student youth survey and the University Sains Malaysia, with financial assistance from the Government of Malaysia, will be analysing the intensive case finding and treatment evaluation data. For this reason, the next meeting of collaborating investigators will be held in Penang, Malaysia in early 1979.

WHO Inter-Regional Workshop on Drug Dependence

In the spirit of technical co-operation between countries, WHO plans a series of workshops. The first is to hold a series of five workshops in five of the WHO regions to permit countries to exchange ideas and experience in dealing with drug dependence Participants will be senior public health administrators responsible for and with experience in operating such programmes. They would also examine what research and information is available and what is required to more effectively plan and operate drug dependence programmes, and to establish mechanisms for co-ordination and collaboration between the countries and programmes of the region. This is the first workshop, and the second and third workshops will be held in Thailand in 1979.

WHO Study on 'Drug Dependence in socio-cultural context - a guide for Programme Planning'

The objective of this study is to produce guidelines to assist governments

in planning suitable and effective programmes for treatment and rehabilitation of drug dependent persons. Using a case-study approach, the Study will look at the socio-cultural patterns of drug use in several countries and attempt to determine common factors. It will then examine essential elements of health care planning and strategies for reducing demand. It will thus provide guidelines for designing country programmes on drug dependence. This study will be finalised and published in 1979.

The role of international drug control treaties in improvement of health

The Single Convention on Narcotic Drugs of 1961, simplified and unified the earlier treaties and continued to assign to WHO the role of evaluating drugs and making recommendations to the UN Commission on Narcotic Drugs. This Convention continued to control drugs obtained principally from plant material, i.e. opium, cannabis and coca leaves as well as morphine-type synthetic drugs.

The increasing availability in recent years of a large number of synthetic psychotropic substances has led to their widespread abuse in many parts of the world. Concern about this problem led to the ratification of the Convention on Psychotropic Substances, 1971, which came into force on 16 August 1976. This Convention requires WHO to recommend to the UN Commission on Narcotic Drugs whether a psychotropic substance is to be controlled nationally and internationally and how The recommendations of WHO are determinative as far as medical and scientific evidence is concerned.

Under the 1971 Convention on Psychotropic Substances, 32 substances were placed under four schedules. Schedule 1 contains generally hallucinogens, subjected to strict control measures, stricter than narcotics and substances in Schedule 11 (generally amphetamines and similar stimulants), Schedule 111 (generally shorter acting barbiturates and similar CNS depressants) and Schedule 1V (generally longer acting barbiturates and similar CNS

depressants) and minor tranquillizers which are successively less strictly controlled. The basis for recommending control of psychotropic substances is their dependence liability, abuse potential and actual abuse on the one hand, and their therapeutic usefulness on the other.

The testing and evaluation of drugs in general and psychotropic substances in particular is complex technical work and requires considerable expertise. Nevertheless, the Convention provides a mechanism for the international community to decide as early as possible whether a substance creates a drug abuse problem so that remedial steps can be taken. As synthetic pharmaceutical products are increasingly available in all parts of the world, this drug control mechanism offers equal benefit to the developing and developed countries

In controlling drugs, the Convention requires data on the therapeutic usefulness of psychotropic substances to be weighed against the social and public health problems resulting from the abuse and dependence-liability of these substances. To obtain this information, careful studies must be carried out in places where these drugs are being used and abused, including the developing countries, in addition to the information which can be obtained from behavioural/pharmacology laboratories. As part of its technical co-operation strategy, WHO is working closely with the developing countries in developing methods to obtain the data and information required to schedule psychotropic substances.