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The Role of the World Health Organization in the Prevention and Treatment of Drug Abuse

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I HISTORICAL PERSPECTIVE

Since its inception in 1948, the World Health Organization has been increasingly engaged in the field of the complex problem of drug abuse and alcoholism. In historical perspective its functions and responsibilities have been shaped by several factors.

Constitutionally, drug abuse features as an important area within the mandatory purview of WHO as the directing and co-ordinating organ of international health. Over the years, WHO's role has been significantly developing, along with growing national and international interest for dealing more effectively with this problem. Within its organizational machinery and in co-ordination with other related United Nations agencies, a number of decisions and resolutions have been undertaken and these have become the guiding principles in WHO's operational framework; they will be briefly dealt with here.

1. WHO Resolutions

Between 1949 and 1977, a series of resolutions adopted by the World Health Assembly, WHO Executive Board and Regional Committees have provided policy and priority directives for the initiation and conduct of activities in the field of both alcohol and drug dependence.

(a) World Health Assembly (WHA)

The WHA, the membership of which comprises ..... countries, has shown increasing concern over self-administered dependence-producing drugs and has adopted several resolutions between 1953 and 1977 to this effect [1 - 6]. In 1976, for example, the Twenty-Eighth WHA requested the Director General :

(i) to accelerate the development of the reporting programme on the epidemiology of drug dependence;

(ii) to further develop world-wide exchange of information and to continue to foster activities related to prevention, treatment and rehabilitation and research in these fields:

(iii) to sustain efforts to increase the financial support necessary for effective implementation of the expanded programme in the field of drug dependence;

(iv) to assist governments, in accordance with their requests, within the limits of available financial and technical resources and in continuing collaboration with the United Nations Fund for Drug Abuse Control, to develop and apply integrated services for prevention, early detection, treatment and rehabilitation at the community level,

(v) to develop further activities related to the monitoring of adverse side effects of psycho-active drugs in relation to their risk of abuse and dependence potential;

(vi) to foster activities to determine the dependence potential of chemical substances having an effect on mood and behaviour, and to prepare guidelines for the safe and effective use of psycho-active drugs, and

(vii) to bear in mind the need to provide staff members to enable WHO to contribute effectively to the efforts of the United Nations system of organizations in the field of drug abuse control.

(b) WHO Executive Board

As a leading body in international health, the WHO Executive Board has been effectively instrumental in the promotion of activities connected with the health problems of drug dependence and in the promotion of relevant programmes in this field. Its decisions have tremendously affected WHO policy towards drug abuse and its resolutions as early as 1949[7] and 1953[8] initiated valuable work and ensured the continued efforts which have been carried out throughout the world.

(c) Regional Committees (RC)

At a regional level, several resolutions and recommendations have been made by the various WHO Regional Committees. More relevant to the

Eastern Mediterranean Region, the resolutions taken in 1955[9], 1957[10] and 1958[11] form important historical landmarks along the road of activities in this part of the world. In 1955, for example, the Regional Committee, WHO Eastern Mediterranean Region (EMR), requested the Regional Director "to include the problem of drug addiction and its control among the activities of EMR". In the following year the Regional Committee pursued this further and again requested the Regional Director "to continue his studies of this important subject".

2. Co-ordination of Activities

In 1958, WHO took a leading part in the Conference organized by the Economic and Social Council of the UN for the adoption of a single convention on narcotic drugs, to replace by a single instrument the existing multilateral actions in this field. It is now playing an active role in the adoption and implementation of the Convention.

The need for effective co-ordination was further met when the United Nations Economic and Social Council (ECOSOC) established a Commission on Narcotic Drugs to advise the Council on international action to be taken to combat drug abuse. Furthermore, the Administrative Committee on Co-ordination formed an Inter-Agency Advisory Committee on Drug Abuse Control. Through this Committee, of which WHO is an active member, it has been made possible to review and follow up recommendations and co-ordinate concerted efforts made by the Commission on Narcotic Drugs, ECOSOC and the UN General Assembly, as well as by all agencies concerned, namely UNDP, WFP, ILO, FAO, UNESCO and WHO.

3. All abused drugs as one problem

Within the United Nations system, some agencies separate the health and social problems related to alcohol from problems associated with other drugs. The United Nations Commission and the United Nations Division of Narcotic Drugs, for example, do not interpret alcohol as

being within the frame of reference of the International Conventions. Alcoholism, however, as a public health problem, has always been the concern of WHO. In country planning and programming, it has been considered important to deal with all abused drugs, including alcohol, as one problem.

In 1966, the WHO Expert Committee on Services for the Prevention and Treatment of Dependence on Alcohol and Other Drugs emphasized that "while the extent and nature of the problem ...vary widely from country to country, the relatively frequent transfer from one drug dependence to another, the not infrequent abuse of drugs in combination, the complex and changing patterns of 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"[12].

4. United Nations Fund for Drug Abuse Control (UNFDAC)

In 1971, the UN General Assembly adopted resolution A/RES/2719 (XXV) on technical assistance in the field of drug abuse control and welcomed the establishment, as an initial measure and as a matter of urgency, of a United Nations Fund for Drug Abuse Control, to be made up of voluntary contributions. The resolution was based on the decision previously taken by the Economic and Social Council for the establishment of a programme of action aiming at the implementation of short-term and long-term policy recommendations to deal with drug abuse. WHO, among other designated specialized agencies, was invited to "co-operate fully in the planning and execution of programmes pertinent to the drug abuse problem in all its aspects". Since then, close co-operation between WHO and UNFDAC has been mutually useful and generally effective.

5. Convention of Psychotropic Substances

WHO had participated in the several years of preparatory work on the Draft Protocol considered in January - February 1971 at the United

Nations Conference, at which a new Convention on Psychotropic Substanes was adopted[13]. At the same Conference, WHO was requested to encourage research on substances capable of replacing the amphetamine drugs. The WHO Expert Committee on Drug Dependence, in its Sixteenth Report[14], formulated criteria for determining the need for control of dependence - producing drugs and concluded that such drugs not then under international control could be divided into four groups, each requiring a different level of control. At the following meeting of the same Committee[15], consideration was given to 226 psychoactive drugs and 38 were recommended for control.

According to Article 2 of the Convention, WHO is requested to communicate to the United Nations Commission on Narcotic Drugs an assessment of the substances under consideration "including the extent or likelihood of abuse, the degree of seriousness of the public health and social problem and the degree of usefulness in medical therapy, together with recommendations on control measures, if any, that would be appropriate in the light of its assessment".

In observing the Articles of this Convention in its particular field of competence and in implementing the expanded programme of activities, WHO has been operating in close co-ordination and in concerted action with the United Nations and with other specialized agencies against drug abuse.

II GENERAL FEATURES OF DRUG ABUSE

Before describing WHO objectives and activities in this field, it seems appropriate to give a broad outline of the general features of drug abuse in developing countries.

1. Common features

From a general review of the historical perspective of drug dependence in countries such as those of WHO Eastern Mediterranean

Region, the following five common features can be clearly seen :

(a) the long past of drug dependence, to a varying degree, in all the countries,

(b) the fact that no country has been immune to the abuse of drugs,

(c) the variation of the drug abused according to the environment,

(d) the change in drug abuse and in the pattern of dependence according to time, place and circumstances,

(e) the importance of the availability of drugs liable to be misused and their social and cultural acceptance.

2. Causes and challenging issues

Since ancient times drug abuse has been wrapped in mythical notions and bizarre ideas. It has been sought as a pleasure-inducing agent.

Similar to other psycho-social behaviour, the determining factors in drug abuse can be seen within the parameters of identification, motivation, stimulus and reward effects and feeding - in mechanisms, which are commonly seen within the peer-groups. Various assumptions have been advanced to explain the phenomena of drug abuse, ranging from metabolic[16] to psycho-dynamic disorders[17]. In brief, the causes have to be viewed within the context of the personality of the user, the psycho-pharmacological effects of the misused drug and the psycho-social environment. However, the primary cause of drug dependence will continue to be a challenging issue and there may not be one single cause. It is not often clear why should one country within one region, which produces for instance, cannabis , does not fall victim to its dependence while another becomes an easy prey to such a hazard.

One of the potential challenges for developing countries is the abuse of new synthetic drugs. In some of the countries, for example, which are undergoing rapid socio-economic changes and constructing long-distance motorways, the abuse of amphetamines by truck-drivers has been increasingly

reported. Other stimulants have been popular with the student population.

More recently, the abuse of methaqualone in the form of Mandrax, has created in many developing countries similarly to what was previously observed in some developed countries[18], alarming concern due to its serious complications such as escalation to alcoholism, cardio-vascular complications, unconsciousness, epileptic seizures, etc.

3. Constraints

There are several constraints that beset the development of planning and programming for meeting the needs of countries in the field of drug dependence. In brief these are :

(a) lack of accurate information, which is so important for proper planning and decision-making;

(b) shortage of qualified manpower and inadequacy of formal training programmes,

(c) deficiencies of facilities and lack of good models for effective preventive, therapeutic and rehabilitative programmes;

(d) lack of laboratory facilities for the analysis of narcotic and psychoactive drugs in urine, blood, etc.;

(e) still not all the countries are parties to the International Convention;

(f) some national activities suffer from fragmentation and isolation; central organization and administrative set-ups are often defective and incapable of co-ordinating inter-related efforts of the various ministries and agencies;

(g) difficulties of co-ordinating national activities with those of the international community;

(h) some of the laws dealing with drug dependence are out-moded and out-dated.

In the face of these constraints it is important that use should be made of experiences of other countries that these should be adapted to national needs and resources, and that practical and relevant programmes be developed within the overall social, health and cultural systems of the respective countries. This by necessity calls for a firm commitment by responsible governmental bodies and for the establishment of an effective mechanism for pooling national resources, close co-ordination and efficient collaboration.

III WHO OBJECTIVES IN DRUG DEPENDENCE

While WHO aims at preventing and reducing mental health problems in general and endeavours to strengthen the health services and develop expertise for achieving this aim, collaboration at country, regional and international levels for the prevention, treatment and rehabilitation of alcoholism and drug abuse is regarded as one of the principle objectives in the Organizations's programme. The objectives as summarized below are designed to :

(a) Increase effectiveness of the delivery system :

(i) By developing an effective low cost approach for more appropriate and better rehabilitation of drug dependent persons, thus increasing the efficiency of the health and social service delivery system;

(ii) By developing more appropriate strategies for prevention and treatment through primary health care and within the framework of country health programmes in countries where such collaboration is most needed.

(b) Train and develop manpower resources :

By collaborating to the extent possible in the provision of training programmes and development of manpower resources, especially in developing countries.

(c) Promote research activities :

By stimulating national research activities and co-ordinating international research in drug dependence.

(d) Facilitate exchange of information

National and international collection and exchange of information and data in the field of epidemiology of drug dependence are facilitated with a view to developing a more appropriate approach and better planning in the prevention and control of drug abuse.

(e) Fulfil requirements of International Conventions

WHO is carrying out the responsibilities specified in the International Conventions concerning drug abuse.

(f) Undertake work with other United Nations Agencies

WHO is working in close partnership with other United Nations agencies and organizations which have direct responsibilities in this field, in order to achieve the overall objectives for proper prevention and effective control of drug abuse.

IV WHO ACTIVITIES IN THE FIELD OF DRUG DEPENDENCE

1. Early Activities

With WHO's increasing concern with the problems of drug abuse, a series of activities has been developed. Early activities were mainly directed towards the following areas :

(a) Identification of psychoactive drugs

Since WHO's inception one of its important activities has been the identification of psychoactive drugs liable to be abused and still not under international control.

(b) Development of concepts and definitions

Along with international work in the field of drug dependence, the need for more dynamic concepts and scientific definitions has been increasingly felt. The evolution of new trends and the development of more appropriate concepts can be generally seen from the varying terminology in recent literature.

The term "drug dependence", for example, which has been introduced and internationally accepted during the last two decades[19], was preceded by the still often-used terms of "addiction" and "habituation".

The evolution of concepts and terminology is clearly reflected in the names of various WHO Committees : Expert Committee on Habit-Forming Drugs (1949); Expert Committee on Drugs liable to produce Addiction (1950 - 1955), Expert Committee on Addiction -Producing Drugs (1956 - 1963), Expert Committee on Dependence-producing Drugs (1963 - 1966), and the present Expert Committee on Drug Dependence.

(c) A variety of topics

More recently attention has been given to a variety of topics, namely the management of drug dependence [20], the use of cannabis[21], youth and drugs[22], the international collection of data[23], epidemiological study[24], survey of problems and programmes connected with alcohol-related disabilities[25], detection of dependence-producing drugs in body fluids[26], etc.

The conclusions reached on these topics by WHO Expert Committees and Scientific Groups represent the cream of world-wide experience and international views and provide extremely useful guidelines in the field of drug dependence.

In view of conflicting findings and statements regarding marihuana and hashish, for example, it seems instructive to note that the WHO Director-General reported in 1971 to the Twenty-Fourth World Health Assembly[27] the conclusions of a WHO Scientific Group regarding the use of cannabis and its effectson man. He pointed out that "according to recent chemical and analytical data, the content of psychoactive material both in the plant and its preparation (e.g. marihuana, hashish) differs very much depending on biophysical and geographical factors as well as conditions of storage. One plant may possess up to 40 times as much active material as another.

Some hashish preparations are as much as 15 times more potent than others. Δ^9 tetrahydrocannabinol, an important psychoactive constituent of the cannabis plant, has recently been synthetized. When used experimentally in man, it produces dose-related phenomena similar to those produced in some persons by natural plant material. The immediate effects range from mild anxiety or confusion and euphoria to occasional acute psychotoxic reactions. There are also reports of acute panic episodes and other psychic disturbances following the use of quite small amounts. All these findings lend strong support to the continuing efforts for dealing more effectively with the growing problems associated with the use of cannabis.

2. Current Activities

Based on the specified objectives, it can be briefly stated that the role of the World Health Organization in the field of drug dependence covers wide areas and the following is a summary of current activities :

(a) At country level

WHO efforts at country level are directed towards collaborating with national authorities in the following areas :

(i) Training of personnel and development of manpower resources.

(ii) Strengthening the services and facilities dealing with drug dependent persons and improving the planning and managing of those affected by such problems.

(iii) In the majority of countries, the existing models of care for drug dependent persons are still far from being satisfactory and better alternatives have to be sought. WHO is currently endeavouring to promote the development of more appropriate models, evaluating various therapeutic modalities, rehabilitation and after-care programmes.

(iv) In view of the lack of valid information regarding the nature, extent, underlying causes, etc., of drug dependence in the majority of countries,

WHO as been engaged in epidemiological studies as part of the planning process and the development of more appropriate programmes.

(v) Studying community response to drug dependence problems, general or specific, with a view to assisting in the development and effectiveness of community response and participation.

(b) At Regional level

(i) Organization of seminars, workshops and group meetings for exchanging information and sharing experiences between workers in different countries, reviewing on-going activities and monitoring progress in the field of drug dependence.

(ii) Promotion of inter-country co-operation and collaboration and facilitating the exchange of information, visits, etc.

(c) At international level

(i) Implementation of international drug conventions.

(ii) Co-ordination and development of mechanisms for facilitating WHO's contribution to otherdrug control agencies within the United Nations system.

(iii) Planning, developing and assessing epidemiological research instruments in the field of drug dependence and alcoholism.

(iv) Study of the utilization of internationally controlled drugs in relation to morbidity, mortality and effectiveness of health services.

(v) Organization of scientific group and expert committee meetings, up-dating knowledge on drug dependence and disseminating information nationally and internationally.

3. WHO activities in drug dependence through co-ordination and with other programmes

(a) Multi-agency programme

Through international co-operation WHO has been endeavouring to ensure effective contribution to the total drug dependence programme and due

emphasis has been given to the importance of co-ordination of the various elements of programmes, namely : health, law enforcement, crop substitution, etc. An example of thi may be seen in the evolving multi-agency programme in Burma, Pakistan and Thailand. Through its international efforts, bilateral relationships with other organizations and co-ordination of activities, WHO's contribution, as an integral part of the total United Nations effort in the prevention, management and control of drug dependence, has been developed and expanded.

(b) Country programmes

The problems of drug dependence in countries of the WHO Eastern Mediterranean Region, for example, can be delineated according to the following distinct areas, namely opium dependence, hashish-smoking, Khat-chewing, synthetic narcotic abuse and alcoholism. The problems vary from one country to another and WHO has been collaborating to meet the growing needs and respond to government requests. Study of the problems or assistance for the development of services has been extended to several countries in this Region, namely Afghanistan, Egypt, Iran, Pakistan and Yemen.

Two basic issues seem to be of central importance. Firstly, that the development of drug dependence programmes should be a well-integrated part of the general system for mental health care, with close co-ordination with other related health and social services. Secondly, that drug dependence activities should be co-ordinated with other WHO programmes. The linkage of drug dependence activities to current efforts for developing country health programming, primary health care, health education, etc., will generally have, as experience shows, a wider impact and more effective support than isolated programmes.

At country, regional and international levels, WHO continues to play its leading role for effective co-ordinated efforts in the field of drug dependence and alcoholism.

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