WHO Expert Committee on Drug Dependence

Twentieth Report

Technical Report Series 551

World Health Organization, Geneva 1974

This report contains the collective views of an international group of experts and does not necessarily represent the decisions or the stated policy of the World Health Organization.

WORLD HEALTH ORGANIZATION

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The World Health Organization (WHO) is one of the specialized agencies in relationship with the United Nations. Through this organization, which came into being in 1948, the public health and medical professions of more than 140 countries exchange their knowledge and experience and collaborate in an effort to achieve the highest possible level of health throughout the world. WHO is concerned primarily with problems that individual countries or territories cannot solve with their own resources—for example, the eradication or control of malaria, schistosomiasis, smallpox, and other communicable diseases, as well as some cardiovascular diseases and cancer. Progress towards better health throughout the world also demands international cooperation in many other activities : for example, setting up international standards for biological substances, for pesticides and for pesticide spraying equipment ; compiling an international pharmacopoeia ; drawing up and administering the International Health Regulations ; revising the international lists of diseases and causes of death ; assembling and disseminating epidemiological information ; recommending nonproprietary names for drugs ; and promoting the exchange of scientific knowledge. In many parts of the world there is need for improvement in maternal and child health, nutrition, nursing, mental health, dental health, social and occupational health, environmental health, public health administration, professional education and training, and health education of the public. Thus a large share of the Organization's resources is devoted to giving assistance and advice in these fields and to making available—often through publications—the latest information on these subjects. Since 1958 an extensive international programme of collaborative research and research coordination has added substantially to knowledge in many fields of medicine and public health. This programme is constantly developing and its many facets are reflected in WHO publications.

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WHO EXPERT COMMITTEE ON DRUG DEPENDENCE

Geneva, 8–13 October 1973

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WHO EXPERT COMMITTEE ON DRUG DEPENDENCE

Twentieth Report

INTRODUCTION

The WHO Expert Committee on Drug Dependence met in Geneva from 8 to 13 October 1973.

The meeting was opened on behalf of the Director-General by Dr T. Lambo, Assistant Director-General, who welcomed the participants and the representatives of the United Nations, the United Nations Educational, Scientific and Cultural Organization, the International Narcotics Control Board, and the International Council on Alcohol and Addictions. Dr Lambo noted that WHO Expert Committees, Scientific Groups, and Study Groups over more than two decades had given attention to (*a*) the identification of dependence-producing drugs that can produce individual, public health, and social problems ;[1] (*b*) the similarities and differences between dependence on socially unacceptable dependence-producing drugs and dependence on those whose use was acceptable or tolerated ;[2] (*c*) the provision of services for the prevention and treatment of dependence on alcohol and other drugs ;[3] (*d*) principles for the management of drug dependence problems ;[4] (*e*) the use of cannabis ;[5] (*f*) youth and drugs ;[6] and (*g*) the epidemiological study of drug dependence.[7] Only a few of these expert groups, beyond making recommendations relative to the imposition of controls on the availability of particular drugs, had taken up the question

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[1] *Off. Rec. Wld Hlth Org.*, 1949, No. 19, pp. 29–34 ; *Wld Hlth Org. techn. Rep. Ser.*, 1950, No. 21 ; 1952, No. 57 ; 1954, No. 76 ; 1955, No. 95 ; 1956, No. 102 ; 1957, No. 116 ; 1958, No. 142 ; 1960, No. 160 ; 1960, No. 188 ; 1961, No. 211 ; 1962, No. 229 ; 1964, No. 273 ; 1964, No. 287 ; 1965, No. 312 ; 1966, No. 343 ; 1969, No. 407 ; 1970, No. 437 ; 1971, No. 478 ; 1972, No. 495.

[2] *Wld Hlth Org. techn. Rep. Ser.*, 1949, No. 9 ; 1951, No. 42 ; 1952, No. 48 ; 1954, No. 84 ; 1955, No. 94 ; 1967, No. 363 ; 1973, No. 516.

[3] *Wld Hlth Org. techn. Rep. Ser.*, 1950, No. 42 ; 1952, No. 48 ; 1957, No. 131 ; 1967, No. 363.

[4] *Wld Hlth Org. techn. Rep. Ser.*, 1970, No. 460 ; 1973, No. 516.

[5] *Wld Hlth Org. techn. Rep. Ser.*, 1971, No. 478.

[6] *Wld Hlth Org. techn. Rep. Ser.*, 1973, No. 516.

[7] *Wld Hlth Org. techn. Rep. Ser.*, 1973, No. 526.

of other approaches to prevention.[1] Many governmental and other organizations have initiated a wide variety of activities designed to reduce the present and future problems associated with the nonmedical use of various dependence-producing drugs, and other organizations plan to do so. Current preventive approaches include efforts to (*a*) prohibit completely the nonmedical use of certain drugs, (*b*) discourage but not prohibit such use of other drugs, (*c*) inform community leaders and potential and existing users about the possible consequences of drug use, (*d*) provide ready access to attractive activities not associated with drug use, and (*e*) carry out early case-finding activities designed to help limit the spread of drug use. Objective evaluation of the policies, approaches, and methods used is difficult, but insufficient efforts have been made to determine not only their effectiveness but their financial and other costs. Some approaches, when inappropriately applied, could well exacerbate drug-related problems instead of reducing them. It was therefore fitting that the Committee be invited to assess current and possible future approaches to the prevention of problems associated with the nonmedical use of dependence-producing drugs and to consider means of increasing the effectiveness of activities intended to help achieve prevention.

PART I

WORK OF INTERNATIONAL BODIES CONCERNED WITH DRUG DEPENDENCE

The widespread interest in and concern about the individual, public health, and social problems associated with the use of certain dependence-producing drugs outside of acceptable medical practice continue to be reflected by the activities of various international organizations. The Committee was pleased to note and comment on some of these endeavours.

1. WORLD HEALTH ORGANIZATION

The Committee, having been informed that the Twenty-sixth World Health Assembly had (*a*) stressed anew the need for the World Health Organization "to encourage and assist the development of improved preventive treatment and rehabilitation and training programmes and the

[1] *Wld Hlth Org. techn. Rep. Ser.*, 1967, No. 363, p. 35 (section 3); 1970, No. 460, p. 30 (section 3.4); WHO Regional Office for Europe (1971) *Measures for the prevention and control of drug abuse and dependence*, Copenhagen (EURO 5412 IV, report of a Working Group); WHO Regional Office for Europe (1972) *Health education programmes concerning drug abuse in young people*, Copenhagen (EURO 5418 IV, report of a Working Group).

pursuit of needed knowledge in the field of drug dependence ",[1] (*b*) emphasized the importance it attached " to developing means for the international collection and exchange of data on the prevalence and incidence of drug dependence, and on the complex psychological, sociocultural, internal and external factors associated therewith ", and (*c*) requested that efforts be intensified to implement the expanded programme in the field of drug dependence approved by previous World Health Assemblies,[2] learned of the activities undertaken by the Organization to these ends. It took particular note of the work of two WHO expert groups ; [3] the activities of the WHO Regional Office for the Americas in helping to establish a centre in Central America for the study of dependence on alcohol, in providing training courses, and in undertaking planning for epidemiological studies in that Region ; the assistance given to countries by the WHO Regional Offices for the Eastern Mediterranean, South-East Asia, the Western Pacific, and Europe ; and the conference conducted by the latter Regional Office on evaluation of treatment methods.[4] Note was also taken of the continuing work on three WHO projects [5] begun in the previous year with the assistance of the United Nations Fund for Drug Abuse Control (UNFDAC), the initiation of an UNFDAC-assisted study in Iran on the effectiveness of various methods utilized in treating narcotic-dependent persons, and progress made on the UNFDAC-supported Treatment and Rehabilitation Project in Thailand.

2. UNITED NATIONS

The United Nations Fund for Drug Abuse Control (UNFDAC) [6] now has resources of approximately US $10 million and has made funds available to a number of international bodies for a wide variety of programmes in the field of drug dependence. Noting that in the past it had not been pos-

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[1] *Off. Rec. Wld Hlth Org.*, 1973, No. 209, p. 27 (Resolution WHA26.52).

[2] World Health Organization (1973) *Handbook of resolutions and decisions of the World Health Assembly and the Executive Board, Vol. I, 1948–1972*, p. 123 (Resolution WHA24.57) ; p. 124 (Resolution WHA25.62).

[3] Working Group on Guidelines for Collaborative Reporting on the Non-medical Use of Dependence-producing Drugs, Geneva, 13–18 August 1973 ; Working Group on WHO Drug Dependence Research and Training Centres, Geneva, 20–24 August 1973.

[4] WHO Regional Office for Europe (1974) *Comparison and evaluation of methods of treatment and rehabilitation for drug dependence and abuse*, Copenhagen (EURO 5423 IV, report on a Conference).

[5] Study on the chronic effects of long-term cannabis use ; study on the therapeutic effectiveness of maintenance in the management of narcotic-dependent persons ; preparation of a brochure for medical and related professions on the nonmedical use of dependence-producing drugs.

[6] *Wld Hlth Org. techn. Rep. Ser.*, 1973, No. 526, p. 7 (section 2).

sible to achieve effective suppression of the supply of dependence-producing drugs where a very substantial demand existed for their use (e.g., the attempted prohibition of the use of alcohol in Norway and the USA and of opium and opiates in Iran and Thailand), the Committee was pleased to learn that UNFDAC and the international bodies concerned were endeavouring to develop a truly balanced approach to the problems of supply and demand. Only through such an approach in a given geographic region did there appear to be any realistic hope of reducing the extent and seriousness of present and future problems associated with the nonmedical use of drugs.

It was noted that the programme of the United Nations Division of Narcotic Drugs had been substantially expanded in the last two years as a result of, among other things, support made available by UNFDAC. Particular efforts were being made to assist in the development of programmes in given geographic areas that would simultaneously seek to decrease the illicit production of narcotics, suppress illicit traffic, and reduce the demand for such drugs through treatment and rehabilitation and educational activities. The Division was now implementing or had completed some 30 projects supported by UNFDAC, including such activities as country projects of the type just noted, training seminars for enforcement officials, and biochemical research.

In addition to the long-standing (and recently expanded) activities of the United Nations Division of Narcotic Drugs, the Committee noted that within the last two years the United Nations Social Defence Research Institute had undertaken to foster epidemiological and evaluative research by study teams in a number of countries, and the United Nations Division of Social Affairs had become concerned with community reactions to the nonmedical use of drugs [1] and the broad, social implications of the problems associated with such use.

Acting on a resolution adopted by the United Nations Commission on Narcotic Drugs,[2] the Economic and Social Council had invited WHO to assist the Commission " by preparing timely reports on the epidemiological patterns of drug abuse ",[3] an invitation that was accepted, subject to the availability of funds, by the Twenty-sixth World Health Assembly.[4]

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[1] United Nations Division of Social Affairs (1972) *Expert Group on drugs in modern society : community reactions to drug use by young people*, Geneva (Document SOA/ESDP/1972/7).

[2] United Nations, Commission on Narcotic Drugs (1973) Document E/5248, p. 143, Resolution 10 (XXV) (*Economic and Social Council : Official Records*).

[3] United Nations, Economic and Social Council (1973) *Official Records, Fifty-fourth Session, Resolutions, Supplement No. 1*, Document E/5367, p. 21 (Resolution 1781 (LIV)).

[4] *Off. Rec. Wld Hlth Org.*, 1973, No. 209, p. 27 (Resolution WHA26.52).

The Committee was informed about a number of other resolutions adopted by international bodies that, among other things, (*a*) invited appropriate international agencies to cooperate fully in the United Nations programme of action in this field and " to pay special attention, in the formulation of their own programmes relating to the socio-economic consequences of drug abuse, to appropriate means of combating this abuse " ;[1] (*b*) considering that " action by governments and international organs and organizations must be taken simultaneously on all fronts : prevention of abuse, repression of illicit traffic, control of production, manufacture, distribution and consumption, development of training and education, scientific research, treatment and rehabilitation " and that better coordination of all efforts was required, requested " the Secretary-General to study the problem and attempt to solve it " ;[2] (*c*) authorized the establishment of a " sub-commission on illicit drug traffic and related matters in the Near and Middle East " and work on the same problems by an *Ad Hoc* Committee for the Far East Region ;[3] and (*d*) recommended " Governments that are not yet parties to the Convention on Psychotropic Substances [4] to ratify or accede to this Convention ".[5] In connexion with point (*b*) above, the Committee was pleased to learn of a recent meeting of various United Nations agencies convened by the Administrative Committee on Co-ordination at which it was recommended that an inter-agency advisory committee on drug abuse control should be established to address itself to the coordination of programmes in this field. In connexion with item (*d*) above, the Committee was disappointed to learn that only 13 countries had so far adhered to the Convention on Psychotropic Substances and expressed the hope that the Convention would soon come into force.[6]

3. INTERNATIONAL NARCOTICS CONTROL BOARD

The International Narcotics Control Board had continued to exercise its responsibilities under existing international treaties limiting the use of

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[1] United Nations General Assembly. Resolution 3014 (XXVII). In : *Official Records of the General Assembly*, Twenty-seventh Session, Supplement No. 30 (A/8730), p. 68.

[2] United Nations, Economic and Social Council (1973) *Official Records, Fifty-fourth Session, Resolutions, Supplement No. 1*, Document E/5367, pp. 19–20 (Resolution 1777 (LIV)).

[3] United Nations, Economic and Social Council (1973) *Official Records, Fifty-fourth Session, Resolutions, Supplement No. 1*, Document E/5367, pp. 19–21 (Resolutions 1776 and 1780).

[4] United Nations (1971) *Conference for the Adoption of a Protocol on Psychotropic Substances*, Vienna (Document E/CONF.58/6).

[5] United Nations, Economic and Social Council (1973) *Official Records, Fifty-fourth Session, Resolutions, Supplement No. 1*, Document E/5367, p. 19 (Resolution 1773 (LIV)).

[6] Adherence or ratification by 40 countries is required.