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ABUSE OF NARCOTIC AND PSYCHOTROPIC SUBSTANCES. PROGRESS REPORT

The Director presents this report in response to the request of the Executive Committee at its 84th Meeting (Resolution XI). It discusses the extent of the drug abuse problem in the Region, current activities of PAHO in this field, program funding sources, and suggested approaches for the future. It emphasizes the need to establish mechanisms such as surveillance systems for monitoring the drug abuse situation and to set up procedures for the utilization of these data in strategic planning of preventive action, particularly regulatory control. In addition, it proposes that the Governments include such activities in their national health plans and biennial PAHO program and budget. The paucity of extrabudgetary sources of funding is also discussed, and it is proposed that the Governments collaborate closely with the Organization in seeking such funding.

STATUS OF DRUG ABUSE IN THE REGION

There are indications that drug abuse has increased substantially over the past few years in several countries in the Region. However, there is little hard data available from the majority of the countries, making it impossible to determine the exact extent and magnitude of the

problem or the trends with regard to specific substances. The only countries for which good epidemiological data exist are Canada, Colombia, Mexico, Peru and United States of America. In Peru, however, research was limited to the city of Lima.

The major drugs of abuse in Latin America and the Caribbean are as follows, in the order of their social and public health impact: alcohol, the sedative-hypnotics (including tranquilizers and sleeping pills), derivatives of coca, amphetamines, inhalants, and marijuana. Neither PAHO nor the Governments has sufficient data to assess the relative importance of these drugs of abuse, nor to monitor the changing pattern and trends of abuse. The epidemiological studies which have been performed to date are limited in scope, of varying degrees of reliability in their results, and fail to predict future patterns of abuse. New pharmaceutical drugs and new forms of use of traditional drugs such as coca present serious problems. With the entry of new pharmaceutical products into the market each year, the task of monitoring and controlling such substances becomes enormous. Loop-holes in drug regulation oftentimes limit effective control of the sale of these drugs. In some cases, a particular pharmaceutical product is known to be widely abused, but action--short of a total ban on the sale of the product--is hampered by the lack of effective control mechanisms. For example, in one country a cough medicine containing codeine is sold without control, despite the fact that it contains a Schedule I substance and growing evidence that the bulk of sales are made to persons who are abusing the product on a wide scale.

Although alcohol remains the drug of most widespread abuse and greatest consequence in the Region, other drugs, particularly tranquilizers, barbiturates, and analgesics, are beginning to present serious problems. In a Mexico City study, 40 per cent of the women and 30 per cent of the men admitted having taken sedative-hypnotic drugs in the past 12 months. The age distribution for use indicates that middle-aged persons, not teenagers, are the heaviest users.

Recently, the U.S. Food and Drug Administration released data on drug prescribing in the U.S. Not surprisingly, Valium was found to be the most frequently prescribed drug in the United States of America, with over 5 billion pills dispensed in 1979. Once thought to be innocuous, Valium is now considered by many authorities to be addictive after prolonged, heavy use. The FDA is now asking that special patient labels be used and that drug advertising carry warnings to physicians.

An important problem being seen in Peru, Bolivia, and, to some extent, Ecuador, is coca paste smoking. The few research studies done to date of coca paste smoking and its clinical and psychosocial effects indicate that the drug is quite powerful and dangerous when abused heavily.

An epidemiological study performed in Lima, Peru, last year demonstrated that coca paste smoking affects persons in all age and socioeconomic groups. However, the study also pointed out that tranquilizers, cough medicines with codeine, and analgesics containing opiate derivatives, were all far more widely abused, by larger percentages of the population, than anyone had previously thought. Fully 15 per cent of the population 12-45 years of age had used tranquilizers in the past year without a medical prescription, most of them on a regular basis. The study found that smoking cigarettes among children begins at an early age (6-10 years), and that the onset of drinking alcohol follows soon after. According to the calculations of the the authors, there are 100,000 male and 10,000 female untreated alcoholics in Lima.

Looking at the age distribution and pattern of use of psychotropic substances, it is clear that, although youngsters 10-19 years are involved, large percentages of young adults and middle-aged persons are frequent users of psychotropic and narcotic substances. For example, 21 per cent of persons 40-45 years are users of tranquilizers for which they have had no medical prescriptions. These data reveal that considerably larger percentages of the population are using these substances than would be medically indicated.

These findings illustrate the kind of patterns which are beginning to emerge. Drug abuse is not confined to adolescents, nor is it confined to illicit substances. In fact, the greatest abuse noted is among those substances which are legally manufactured, marketed, and sold through retail channels.

As for the social, economic, and health consequences of drug dependence, there is little data available to assess the situation fully. Epidemiological studies and studies of patient populations do not really give us much information on the consequences of use. However, we do suspect that a large percentage of industrial and traffic accidents are drug-related, that a significant fraction of suicides involve psychotropic substances, that school and work productivity are diminished to some degree by drugs, and that a growing percentage of persons who would otherwise be economically and socially contributing to their communities and families are disabled or impaired. Research performed in the U.S. indicates that the total economic cost of alcohol-related disabilities alone amounts to well over $10 billion per year.

ACTIVITIES OF PAHO

Currently, PAHO has a full-time regional advisor in drug dependence stationed in Washington, D.C. This individual is responsible for the regional program as well as the development and implementation of country

projects. In addition to promotional and developmental activities carried out at the regional level, PAHO collaborates with three centers (in Mexico, Canada, and the United States of America) which have been designated WHO Collaborating Centers in Drug Dependence Research and Training. Additional centers in Argentina and Brazil are now being considered for designation as WHO Collaborating Centers. The centers extend the resources of WHO and PAHO in providing technical cooperation to neighboring countries.

It might be important to mention that PAHO/WHO periodically carries out seminars and workshops at the regional and country level, depending on the availability of resources and interest expressed by the countries. Last year PAHO, the U.S. Department of State, UNFDAC, and the Government of Peru jointly sponsored the Inter-American Seminar on Coca and Cocaine in Lima, Peru, in which scientists from 10 countries participated, and contributed to the publication of a monograph on the subject.

This year, WHO/PAHO is co-hosting with the Government of Argentina the Seminar on the Safe Use of Psychotropic Substances, in Buenos Aires. The seminar is designed to address the needs of drug regulation authorities for up-to-date information, guidance in improving compliance with international drug legislation, and assistance in identifying national problems in this area.

The Organization is also carrying out a feasibility study for implementing a drug abuse surveillance system in Mexico, Peru, and Argentina. If pilot projects can be successfully mounted in these countries, then, depending on the availability of resources, PAHO will attempt to provide technical cooperation to other countries which express an interest in this area. PAHO is actively working with Peru and Bolivia in executing country projects aimed at training, research, and the development of treatment services. Similar projects are now being formulated with the Governments of Ecuador and Colombia. Finally, PAHO is now carrying out a study on the management of pharmaceuticals at the local health center level in Ecuador and Panama. It is hoped that this study will provide some information on the utilization and handling of psychotropic drugs in primary health care. PAHO is undertaking the study because the local health center hospitals are an important link in health care delivery, and several aspects of the management of pharmaceuticals, including psychotropics, need to be examined. This project includes the compilation of case study data from several health centers, publication of summary findings as well as the preparation of plans for similar reviews in other countries, and guidelines for auxiliary pharmacy workers in such facilities.

FUNDING SOURCES

In addition to funds set aside in its regular budget for drug dependence, PAHO is now utilizing support from UNFDAC for country projects and a grant from the U.S. Bureau of International Narcotics Matters for a project on drug abuse surveillance.

UNFDAC-supported projects are continuing in Peru and Bolivia. This year Colombia and Ecuador have applied for UNFDAC support, and PAHO/WHO is providing technical cooperation aimed at securing the necessary support and designing and executing these projects.

Although funding requests are now processed through regular UNDP channels, UNFDAC maintains its own set of project criteria and procedures. Thus far, the projects funded have been relatively small (in the $30,000-$150,000 range) and of only one year duration. This tends to foster piecemeal approaches and a very precarious year to year short-term planning horizon. The development of an adequate infrastructure and skilled personnel requires the assurance of at least a three year plan. We are hopeful that UNFDAC will begin adopting this type of approach to project planning.

The grant from U.S. State Department/INM was offered to PAHO for a very specific project. It is understood that INM itself is not a regular funding source but will support specific activities, depending on their priorities, from time to time.

In summary, then, external funding sources are limited and the support of the Governments is needed in identifying financing mechanisms. For example, UNDP represents an important source of funding, particularly if broadly defined projects incorporating several aspects of the drug abuse problem can be identified. Multisectoral projects using several demand and supply reduction strategies simultaneously would be indicated. Insofar as UNFDAC is concerned, again, support is quite limited and almost "token" in nature. The bulk of UNFDAC funding continues to go to South-East Asia, while Latin America receives a relatively minor share of the funds available.

PAHO is concerned about the funding problem, and has taken steps to try to resolve it. The continued assistance of the Governments is needed in order to influence private and intergovermental funding sources such as UNFDAC to contribute to the support of the regional drug abuse program.

NEW APPROACHES

PAHO/WHO has continually stressed the need for multisectoral approaches to the drug abuse problem, yet very few of the Governments have provided the necessary institutional framework for this type of approach to be implemented successfully. Drug abuse, like so many other health problems, is also a social and economic problem. As such, the inputs of several sectors of Government are needed. A treatment program or a prevention campaign should not stand in isolation from other kinds of programs.

The authority for drug abuse programming in a country should be vested in a special agency which has the political power to act swiftly and decisively to mobilize resources and adapt to changing conditions in the most effective way. Many of the Governments have set up multisectoral councils to provide a review and advisory capability. As advisory bodies, they often lack the authority and resources to act. Instead, executory functions are vested in a wide variety of agencies in different ministries. It is believed that an examination of the organization of drug abuse policies, activities, and authority structure, is, therefore, critical to assure that there are effective mechanisms not only for identifying problems and needs but also clear mechanisms for taking appropriate action.

Continuous surveillance of the changing pattern of drug abuse is vital to enable decision-makers to plan and adapt programs. Isolated epidemiological studies, which measure conditions at a given point in time and whose results are difficult to interpret and utilize, do not really assist planners and decision-makers to take the kind of timely and strategic actions that are felt to be necessary. This is one reason why PAHO is promoting the development of effective surveillance and monitoring systems. Another very important reason stems from WHO's and the Governments' responsibilities under the 1971 Convention on Psychotropic Substances, wherein it is agreed that data be collected on the public health and social problems associated with psychotropic substances as well as information on their therapeutic usefulness. Thus far, most of the data used to evaluate these substances is coming from industrialized countries. The situation in the developing countries is largely unknown. Furthermore, it is felt that the differing social, economic and public health considerations in the developing countries do impact on the risk/benefit ratios of these psychotropic drugs, making it imperative that data be collected systematically in some of these countries.

It is believed that surveillance systems, such as the one being developed, are important but are not enough. A plan should be developed detailing the ways in which information is to be used at the central level as well as the local levels.

The Governments and the Organization should look for opportunities to build drug abuse components into broader programs, such as general drug control efforts. There are a number of important objectives which can be accomplished through such broad projects; for example, reporting mechanisms established to serve information needs concerning the availability, sourcing, and expenses for pharmaceuticals can also provide information needed for regulatory decisions.

Not much has been said about treatment and rehabilitation programs, but the importance of providing these types of services should be reiterated. In several countries, however, the approach has been to start with these services. In the foregoing comments, the suggestion has been made that the development of adequate structures and reporting systems supersedes the establishment of services, and, indeed, facilitates their development.

In conclusion, it is necessary, to stress the importance of very basic organizational work to 1) set up national structures with effective likages within and outside the ministries of health; and 2) establish reporting and decision-making mechanisms that facilitate quick and effective action.