

*executive committee of
the directing council*



PAN AMERICAN
HEALTH
ORGANIZATION

*working party of
the regional committee*

WORLD
HEALTH
ORGANIZATION



101st Meeting
Washington, D.C.
June-July 1988

Provisional Agenda Item 4.8

CE101/22 (Eng.)
18 May 1988
ORIGINAL: SPANISH

DRUG ABUSE PREVENTION (Item proposed by the United States of America)

This report is presented at the request of the Government of the United States of America. It summarizes the activities carried out at the national and regional levels within the framework of Resolution XVII of the XXIX Meeting of the Directing Council (1983) and outlines a series of approaches promoted by PAHO/WHO, with emphasis on research and modes of prevention and treatment.

Also presented are future alternatives with regard to the best format for the implementation of PAHO's Regional Program on Drug Abuse.

The Executive Committee is requested to review the activities that PAHO has carried out in this area, as well as the plans for the future, based on this report and the experiences and needs of the Member Countries.

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DRUG ABUSE PREVENTION

1. Frame of Reference

Resolution XLI of the XXVII Meeting of the Directing Council (1980) (1) requested the Director of PAHO to prepare a report for the XXI Pan American Sanitary Conference in 1982, summarizing the status of drug abuse in the Region and proposing new approaches that Member Countries might consider for addressing this growing health problem in their national strategies and in their PAHO country program proposals.

In response to this request, two reports, "Abuse of Narcotic and Psychotropic Substances" (2) and "Drug Abuse Prevention" (3), were presented to the XXI Pan American Sanitary Conference and to the XXIX Meeting of the Directing Council (1983), which, after examination of the report (CD29/22) (4), adopted Resolution XVII in the following terms:

"1. To urge Member Governments to:

- a) Be mindful of the need to make ongoing epidemiological assessments of the drug abuse problem, as the basis for developing appropriate prevention strategies;
- b) Review or develop their national drug abuse plans and activities with an eye toward strengthening the health sector input;
- c) Explore new mechanisms for encouraging and supporting community participation in the prevention of drug abuse.

2. To urge the Director to ensure that the Organization:

- a) Give priority to drug abuse prevention within the program budget and seek additional extrabudgetary resources to undertake drug abuse prevention efforts;
- b) Strengthen the ability of the Secretariat to provide the Member Governments with additional technical support, particularly in the control of licit drugs, the development of effective national strategies, and the development of drug abuse data collection systems;
- c) Collaborate with Member Governments in designing and planning a regional strategy to monitor, prevent, and combat drug abuse on a continuing basis, including an analysis of the necessary resources;
- d) Collaborate with Member Governments in designing and evaluating community prevention programs."

The present document reviews the activities carried out in the countries and through PAHO collaboration over the last four years in the area of prevention and the study of the problems associated with drug abuse.

2. Analysis of the Present Situation

The general attitude of the health authorities and other governmental agencies with regard to drug trafficking and abuse is one of serious concern. However, given the complexity and scope of this problem, as well as the multiple priorities for the development and health of the nations, the countries' response has not had sufficient impact to bring about a significant reduction in the production of these substances or in their social and health consequences (5).

With respect to the culture and production of these substances, photogrammetric studies indicate that the estimated area under cultivation in the countries of the Andean area is nearly 60,000 hectares, yielding a production of 118,000 metric tons of coca leaves (6).

In addition to the complex economy that is linked to this production, some countries also have processing and distribution systems that are very difficult to control. It has been duly documented that intermediate compounds in this chain are also used, in the form of a sulfate (cocaine base or basic paste) known as "basuco." The inverse of this process is used in industrialized and in-transit countries for production of the base by-product known as "crack" or "rock." Both products allow inhalation of the basic substance into the respiratory tract, which causes more acute intoxication as well as greater possibility of addiction (7).

In the industrialized countries of the Region, the prevalence of use among secondary school students has been calculated at 4 to 5% (Smart, 1985) (8) and 16.8% (4.1% for crack) (Johnston, 1986) (9). Similar studies (Torres and Jutkowitz, 1986-1987) in Latin America show prevalences among the population 12-45 years of 1.4 to 6.7%. Although these figures are not comparable, they can be taken as an indication of the need to stop polarizing the problem as a matter of "producer" and "consumer" countries, since abuse of these substances is increasing steadily among the population that is exposed to trafficking and production.

Marijuana, for example, is still produced for local consumption in countries of the Caribbean, Latin America, and even in the English-speaking countries of Northern America. Consumption, according to the same studies, ranges between 21.2 and 38.8% (Smart, 1985; Johnston, 1986) (8,9) in the industrialized countries. In two developing countries (Colombia and Peru), it ranges between 6% and 11% (Jutkowitz and Torres, 1986-1987) (10,11). However, experimentation with drugs has reached a level of 50% in some countries (9). It should be pointed out that the growing and processing of cocaine and marijuana tends to shift from one

place to another, depending on when the crops and laboratories in the cultivation areas are destroyed. The Amazon region, according to international monitoring agencies, is a point of concern in this regard (6).

As a result, the substances are available at lower prices and in forms that are more potent and addictive.

It should be mentioned that inhalants, such as solvents, amyl nitrate, glue, and others, are used by youths in marginal areas, as well as by special groups in the developed countries (amyl nitrate and butyl nitrate among 4.7% of students, according to Johnston, 1987) (9).

It is also important to mention the consumption of psychotropic substances, in view of their widespread lawful distribution and their association with medical attitudes regarding their prescription, which has a direct influence on consumption habits. The monitoring and control of psychotropic substances is indispensable for reducing consumption, which has been estimated by some studies at 2.1% (secondary school students, Johnston, 1986) (9) and at 3.3% (Smart, 1985) (8). Comparatively, in the developing countries these substances show higher levels of consumption, as indicated in the studies by Juskowitz, Torres, Medina-Mora, Miguez, and Florenzano, who have found levels of prevalence from 4.4 to 9.3% (10,11,13,14,15). (There is no mention, however, of what proportion corresponds to medical prescriptions.)

Other substances, such as heroin, morphine and its synthetic derivatives, amphetamines, mecualona, barbiturates, and hallucinogens, are used to a much lesser degree, except in the developed countries, where heroin is being used by older age groups than in the past (lower incidence).

For the most part, the industrialized countries of the Region have indicated their concern over this high level of consumption on various occasions. Although consumption takes place throughout the population, in the last decade it has registered an alarming increase among the school population, to the point that a major and ongoing campaign has been launched to reduce the demand for drugs among the school population and in the workplace.

Proportionally speaking, the countries identified as producers and in-transit have registered intense levels of consumption, mainly among the young marginal population, although consumption among groups that were traditionally considered nonvulnerable (14) is growing steadily.

It should be mentioned that the age distribution in the developing countries that are Members of PAHO is concentrated in the younger brackets: 60% are under the age of 25. If we add the presence of adverse socioeconomic conditions, the marginality caused by mass immigration to the cities, the related violence, and the school dropout rate, this problem will become even more severe unless effective action is taken.

Table 1 shows the progression of the young population in Latin America by subregion, which gives an idea of the magnitude of this emerging problem.

This phenomenon of relative growth of the juvenile population is associated with high levels of urbanization, even higher than those observed in the general population. Thus, the overall urban population is 63% of the total, while the proportion of young people is over 85%. There is a flood of internal migration of young people from rural to urban areas in most of the Region, and many suppose that this trend will intensify in the future. In addition, this urban concentration will focus on the large metropolises, whose urban fringes are considered to be areas at risk for contracting diseases and for negative behavior in young people and adolescents. The studies carried out in two countries of the Region (Míguez 1983) (13), which showed a high prevalence (12%) (13) of the use of inhalants in marginal areas, support this demographic observation.

So far there has been no systematic study of the consequences of drug abuse in terms of mortality, morbidity, and psychosocial deterioration. However, there has been a clear increase in the demand for medical and social services, and the police forces have observed an increase in unlawful activities related to the sale and trafficking of drugs, as shown in reports from the countries at several regional and subregional meetings. In addition, there is a clear relationship between the transmission of acquired immune deficiency syndrome (AIDS) and intravenous drug use, according to studies carried out in the United States of America, Canada, and some of the European countries, calling for ongoing preventive action and epidemiological surveillance.

3. Review of the Studies Undertaken in the Countries

Although there has been a modest increase in the information available on drugs, the corpus of data is not sufficient to demonstrate empirically the magnitude, nature, and distribution of production and consumption.

Usually, the development of knowledge and the formation of opinion and awareness in decision-making groups are based on anecdotal information from mass-media "docudramas."

A description of the steps taken by PAHO to improve this information will be presented below. At the same time, it is appropriate to undertake a brief review of the studies that are currently under way.

The fact that these studies have been conducted indicates that national resources have been assigned for research on the subject. This has been reflected in the formation of a high-level technical group for the exchange of information and advisory services with neighboring countries. The outlook for the future in this area is described in the chapter on measures taken by the Organization to promote research.

Table 1

POPULATION 15 TO 24 YEARS OF AGE (IN THOUSANDS) AND
 PERCENTAGE OF THE TOTAL POPULATION IN THAT AGE GROUP,
 BY SUBREGION, 1960, 1980, AND 2000
 REGION OF THE AMERICAS

Subregion	Population 15 to 24 years			% of total		
	1960	1980	2000	1960	1980	2000
Latin America	38,511	73,384	107,270	17.9	20.2	19.0
Caribbean	3,693	6,351	7,474	18.1	20.7	17.3
Continental						
Central America	8,845	18,051	31,507	17.9	20.2	20.2
Temperate						
South America	5,100	7,314	8,487	16.6	17.8	16.4
Tropical						
South America	20,874	41,068	59,807	18.1	20.0	19.0
North America	27,197	46,654	43,038	13.7	18.8	14.6

Source: United Nations. Demographic Indicators of Countries. Estimates and Projections as Assessed in 1980. ST/ESA/SER.A/82. New York, N.Y., 1982.

The studies cited, although some of them have not yet been completed, show:

- A high prevalence of alcohol consumption (as high as 87%).
- A high prevalence of tobacco consumption (20% in students to 70% in the population 12-45 years) (9,11).
- A range in the figures for the prevalence of marijuana consumption of from 6 to 8% in the developing countries. The levels of experimentation in Canada and the United States of America would range from 21 to 40% (consumption during the 12 previous months) (8,9,10,11).

- A range in the consumption of cocaine and basic paste of between 6.6 and 17% in the Region. Experimental use by secondary school students tends to be lower in the Region (1 to 2%), although the high school dropout rate seems to indicate that the figures obtained from the general population for this age group are more relevant (8,9,10,11).
- Very low rates of heroin consumption in the Region, although there is a group of older consumers in cities in the industrialized countries (8,9).

It should also be noted that, although there is a trend toward the stabilization of tobacco consumption in the United States of America and Canada. This does not hold true for the rest of the countries, which show prevalences of up to 70% among the general population (9,10).

4. Actions Undertaken by the Countries

The Governments of the Member Countries have addressed the drug abuse problem from several angles:

4.1 The formation of national commissions, with a view to enacting or modifying the legislation that the government should put into effect. These commissions usually are designated by the President of the Republic or the Prime Minister. Their basic functions are:

- To allocate resources for combating illicit cultivation and traffic.
- To issue policies and directives.
- To establish control measures.
- To set standards for prevention and treatment.
- To provide coordination between the government and community agencies.

In some countries, the commission appoints working groups or advisers to set up programs.

Most of the countries of the Region now have national commissions with the aforementioned functions, although there are some individual differences among them. Budgetary allocations are greater for control programs in comparison with the programs for prevention and treatment. Also, there is a trend toward unnecessary duplication of efforts, possibly indicating the need to strengthen strategies for intersectoral coordination.

4.2 Programs for Treatment and Prevention

With respect to intrasectoral action, some initiatives have been taken by the Ministries:

Table 2

RECENT SURVEYS CARRIED OUT IN VARIOUS
COUNTRIES OF THE REGION

Country	Study	Methodology	Stage of Implementation	Agency
BAHAMAS	Student population General population Population in prisons	Representative sample Cross-section study	At press Design Analysis	Natl. resources PAHO advisors
BERMUDA	Secondary school survey	Representative sample Cross-section study	Published in 1984	Natl. resources
COLOM- BIA	Urban population	Representative sample Cross-section study	Published in 1987	Natl. resources
COSTA RICA	General population	Representative sample Cross-section study	At press	Natl. resources
ECUADOR	General population	Representative sample Cross-section study	Design and planning	Natl. resources Advisory services, School of Social Studies, Ann Arbor, Michigan
JAMAICA	Student population General population	Representative sample Cross-section study	Analysis	Natl. resources PAHO advisors
MEXICO	General population	Representative sample Cross-section study	Under way	Natl. resources
PERU	General population	Representative sample Cross-section study	Published in 1986	Natl. resources Development Assoc. Inc.

- The Ministries of Health have commissions or working groups to supervise or carry out treatment and prevention programs. Usually the mental health departments are placed in charge of national drug abuse programs.
- The Ministries of Interior or Justice in some countries have set up working groups to coordinate primary prevention activities, especially with regard to campaigns to shape opinion in order to win public support for the national programs.
- The Ministry of Education usually forms part of the national groups or commissions. Although some countries have curricular or para-curricular programs on prevention, available information is scattered and is not consistent with any specific line of programming.

4.3 Other Actions

Treaties or Agreements with International Agencies and Bodies

Some governments have signed bilateral agreements with these agencies, although we do not have any information on them at this time. Still, PAHO/WHO has advised the countries in specific projects of this nature, and these are described in the section on resource mobilization further on.

It is important to mention, as well, some nongovernmental agencies that are active in prevention and treatment in the countries: ICAA (International Council on Drug Abuse and Addiction), PRIDE (Parent Research Institute on Drug Abuse Educators), CREA shelters, The White Cross, CEIS, Teen Challenge, Operation HOPE.

Development of the Infrastructure

This is perhaps the area that has progressed the least, since there are few specialized programs in the public sector. As a rule, established care centers, especially in the area of psychiatry, have adjusted their programs to absorb the demand for care for addicts. Detoxification, referral to centers for rehabilitation, and follow-up have not been able to cover the demand for services. Some countries have set up rehabilitation centers; these are difficult to maintain and their services are directed only to the most affected population. Programs for early intervention are scarce and limited within the community. The promotion of self-help groups that work with the health resources should be given more attention by the countries in view of their greater capacity to mobilize the community and their potential for expanding service coverage.

In regard to specialized training courses, mention can be made of those offered by the National Commission on Drug Abuse through the University of Buenos Aires in Argentina, and by the National School of Public Health in Medellín, Colombia. They offer graduate-level courses in drug abuse and epidemiology, respectively.

5. Summary of PAHO Actions

PAHO/WHO's action against drug abuse is an integral part of the Health of Adults Program (16), which has the following components: prevention and control of alcoholism and drug abuse; accident prevention; health of the disabled; health of the elderly; prevention and treatment of mental and neurological disorders; noncommunicable disease prevention and control; and eye health.

The basic orientation of this program with regard to the approaches utilized in the development of drug abuse prevention is described as follows:

Principal Approaches

1. Resource mobilization
2. Dissemination of information
3. Training programs
4. Promotion of research

5.1 Resource Mobilization

PAHO has supported the countries in the mobilization of resources at the national level and has also facilitated coordination between international organizations to enable them to better focus their efforts toward solving this problem.

Promotion of the Formation of Collaborating Centers

These centers carry out treatment and prevention programs and mainly assist the designated country in the formation of resources and in research. The exchange of information among them helps in the enhancement of technical quality, but especially in the development of a network of local resources that will serve as a model for other interested countries.

Agreements and plans of action have been established with the following centers:

Addiction Research Foundation of Toronto (PAHO/WHO Collaborating Center). This center collaborates with PAHO/WHO in the formation of resources, technical advisory services, dissemination of information, and the development of appropriate technologies for clinical and epidemiological research.

- Mexican Institute of Psychiatry (PAHO/WHO Collaborating Center). This institute carries out multinational research projects, provides technical advisory services, and facilitates resources for training programs.

- National Institute on Alcoholism and Drug Abuse of Costa Rica (PAHO/WHO Collaborating Center). This Institute collaborates with neighboring countries in the training of human resources, conducts multinational research projects, and contributes to the dissemination of information.
- Mental Hospital of Antioquia in Medellín, Colombia. The Hospital has prepared a plan of action for the training of human resources and for research on the consequences of drug use.
- Honorio Delgado, Hideyo-Noguchi Mental Health Institute in Lima, Peru. This Institute has prepared a plan of action for the training of resources and the development of registers for the epidemiological surveillance of problems related to drug use in Peru.

With regard to the mobilization of international resources, PAHO has succeeded in setting up an interinstitutional group that includes agencies that contribute technical and financial resources for the study of and fight against drug abuse at the international level.

This group has the following objectives:

- To coordinate the actions to be developed in the Region under the Regional strategies of PAHO/WHO and OAS/CICAD (Inter-American Commission on Drug Abuse).
- To provide reciprocal support for the projects undertaken by these agencies.
- To obtain technical and administrative feedback for the optimum utilization of the resources.

This group met three times in 1986 and 1987, and it has been successful in coordinating such initiatives as the Caribbean Subregional Meeting on the Reduction of the Demand for Drugs (Belize, 1987) (17), the II Meeting of the Executive Committee of CICAD (Washington, 1987), and the Meeting of the PAHO/OAS Advisory Group for the Epidemiological Study of Drug Abuse. It is in the process of coordinating an OAS/PAHO/NIDA information system for a data bank on drug abuse.

PAHO/WHO-UNFDAC Projects

PAHO/WHO has worked jointly with the United Nations Fund for Drug Abuse Control (UNFDAC), which is a United Nations agency for the prevention of drug abuse.

Over the last four years, tripartite UNFDAC/PAHO/Country projects have been concluded with Colombia, Jamaica, and Peru.

These projects have been beneficial in regard to the:

- Training of human resources through courses, seminars, and fellowships in the country and abroad.
- Development of traditional and nontraditional treatment and rehabilitation programs (community participation and self-help groups).
- Procurement of equipment for data processing and for the toxicological analysis of human body fluids.
- Production of training manuals.
- Development of modalities for community action and the development of leadership within the community.

A project with the Bahamas has contributed, in addition, to the study of the prevalence and distribution of drug abuse among the general population, secondary school students, and the prison population.

PAHO/WHO-AID Projects

This U.S. agency is funding, under the technical direction of PAHO advisers, an epidemiological research project in the general and student population in Jamaica.

In addition, similar USAID projects have been carried out in Mexico and Peru, although without the direct participation of PAHO.

5.2 Dissemination of Information

Owing to the budgetary and financial constraints of recent years, PAHO/WHO has not had sufficient resources to properly meet the demands for scientific information and other requirements. The key publications, with respect to guidelines, standards, reports, etc., are selectively distributed.

At the same time, work is at a very advanced stage on a provisional draft for a project to coordinate the various information centers in the Region through the Health of Adults Program, which already has the technical capacity and the necessary equipment. Access has been granted to the information at NIDA (National Institute on Drug Abuse), the data bank of the OAS, and the National Library of Medicine of the United States. The project will permit not only the dissemination of information but also exchanges with the countries.

5.3 Training Programs

The component for training the resources that are responsible for the three levels of care in the health sector has received high priority in the national programs, PAHO/UNFDAC, and in PAHO's Regional program.

In this regard, PAHO has collaborated with a group from the University of Chile in the organization of two international seminars (1987 and 1988) on the development of courses on alcoholism and drug abuse at the Schools of Medicine, Nursing, Social Work, and Psychology. Some countries have attempted to expand this program to include the primary health worker and other community agents. PAHO is in the process of preparing a training manual for these workers that includes modules on prevention and treatment.

Regarding prevention, a program is being developed for the exchange of experiences in health promotion and education for adolescents. The Prevention Centers in Medellín (SURGIR), Lima (CEDAR), San José (IAFA), and the OAS Inter-American Children's Institute in Montevideo will develop a series of instructional workshops with counselors, professors, health promoters, and young students with a view toward developing systems that provide practical and effective prevention (August 1988).

The Mental Health Department of the Colombian Ministry of Health, together with national professionals, has prepared guidelines and manuals based on training seminars funded by UNFDAC. Finally, the Danish Cooperation Agency (DANIDA) and PAHO/WHO organized a comprehensive training course for technicians from the Andean countries who also have administrative responsibilities (Bolivia, 1987).

In the same vein, PAHO/WHO will collaborate during the present year in a seminar/workshop for this subregion, to be financed by ICAA (International Council on Alcohol Abuse and Addiction), a nongovernmental advisory agency of WHO (November 1988) (18).

5.4 Promotion of Research

With 22 experts in attendance from the various disciplines that contribute to research on drug abuse, the PAHO/OAS Advisory Group on Epidemiology met in Argentina in 1987.

This meeting's general objective was to achieve a multidimensional and interdisciplinary consensus for the inter-American area on the definition of propitious mechanisms of action for the study and systematic epidemiological surveillance of the problems arising from the production, illicit trafficking, and levels of demand for psychoactive substances in the Americas and to facilitate cooperation and the exchange of information on this topic between Member Governments and the respective regional organizations.

Specific objectives

1. To exchange relevant information between the officers responsible for the local programs and technical programs of the OAS and PAHO with a view to facilitating the preparation of a Plan of Action.

2. To review general documents on models for the collection of data, surveys, and methods recommended for the study of all aspects of the problem--consumption, production, and the illicit traffic of narcotic and psychotropic substances.
3. To identify the Region's priorities for research on drug abuse.
4. To discuss the modalities and techniques for research that are deemed most practical and feasible for the Region.
5. To review methods that have a high degree of sensitivity, validity, and reliability for the collection and dissemination of information.
6. To discuss the bases for a regional consultation among advisory experts with respect to projects for the establishment of data banks.
7. To explore active or potential resources in the Region for the:
 - a) Training of human resources at Regional centers;
 - b) Execution of research projects.

As follow-up to the conclusions and proposals of this meeting, a financial contribution was obtained from the U.S. Drug Enforcement Agency in order to initiate an epidemiological study on drug abuse.

Fifteen researchers from the Region will prepare a national profile, utilizing the guidelines designed by PAHO (19). At the same time, studies will be conducted with a view to enhancing the quality of registration, measuring psycho-social consequences and, in particular, characterizing special populations who have a high prevalence of substance abuse.

This group of experts will review the projects that are under way, e.g. national surveys, profiles, and special studies. As such, it will be the first group of Regional Correspondence, using instruments that will ensure the comparability of the results (tentative date: January 1989 in Miami) (19).

6. Outlook for the Future

Efforts should continue to be made to support and facilitate the development of the programs described in the foregoing components, with special emphasis on the development of strategies and mechanisms of action aimed at ensuring that the countries of the Region have:

- Trained human resources in all sectors and in the various disciplines.
- An infrastructure that offers an alternative to the medical model, which allows greater coverage and community participation (promotion of leadership, community organization, awareness and incentive for self-help groups).

- Information systems, data banks, mechanisms for epidemiological surveillance, and interdisciplinary studies that contribute to an understanding of the etiology and risk factors that play a role in drug abuse.
- Programs that shape public opinion through the media and through public health education and promotion with a view to creating an awareness of the problems related to the production, illicit trafficking, and consumption of psychoactive substances.
- Optimum intersectoral coordination aimed at preventing unnecessary duplication and rivalry between the various sectors that are responsible for or promote programs of this nature.

The PAHO/WHO Regional Program on Drug Abuse, which includes alcohol and tobacco, should maintain its role of leadership and collaboration in order to move ahead with the following initiatives:

- Coordination with international agencies and bodies, including nongovernmental entities.
- Development of an inter-American network of information on drugs in collaboration with the OAS, NIDA (National Institute on Drug Abuse), and participating centers in the countries.
- Continued efforts geared to providing the countries with practical and accessible methodologies that will permit a systematized study of the problems related to drugs and alcohol, their etiology, and the distribution and identification of risk factors.
- Facilitation and promotion of information programs that use modern communication systems.
- In view of current demographic phenomena, which show a progressive and appreciable increase in the young population being exposed to adverse economic and sociodemographic conditions, it would be advisable to promote intersectoral programs that improve the environmental conditions of the groups at risk.
- Similarly, in view of the increased exposure of ever younger vulnerable groups and of all the social strata to drugs, it would also be advisable to strengthen promotion programs for health and education in the young school population and among those who have joined the work force at a young age or who are unemployed in the communities.
- Promotion of research as an important tool for the future, since it contributes to clarifying fundamental problems related to the etiology, scope, and distribution of drug abuse, thereby providing a point of support for decision-making, policies, and the development of programs.

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