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DRUG ABUSE PREVENTION

The following report is presented in response to Resolution XXV of the XX Pan American Sanitary Conference, which requested the Director to review drug abuse prevention in the Region.

The Director's report reviews prevention policies, strategies, and specific program activities ongoing in the Region. It also includes a comprehensive listing of prevention resources and information available in the Region.

The report emphasizes the need to strengthen drug control and regulations, and at the same time give more attention to demand reduction through governmentally-supported community action efforts involving all sectors of the community.

DRUG ABUSE PREVENTION EFFORTS IN THE AMERICAS

Introduction:

In Resolution XXV of the XX Pan American Sanitary Conference, the Director was requested to report to the XXIX Meeting of the Directing Council on drug abuse prevention efforts in the Region. In response to that resolution, the Secretariat requested drug abuse information from the Member Countries as well as individual experts, nongovernmental organizations, professional associations, universities, etc. Information from 14 countries was received. The amount and kind of information varied greatly. PAHO country project reports and other WHO and UN documents supplemented the information received directly.

The Extent and Nature of the Drug Abuse Problem

At the 1982 Pan American Sanitary Conference, the Director reported on efforts of the Member Governments and the Secretariat to improve available information on drug abuse prevalence and incidence, improve methods of analysis and evaluation, and promote the exchange of information among countries. In the Director's report, there was a rather comprehensive discussion of the limited quantity and quality of information now available on drug abuse in the Region.

Despite the fact that information on the epidemiology of drug abuse needs to be improved, much of the available data, while crude, do suggest that the drug abuse problem is growing, and is possibly growing at a faster rate than many other health problems in the Region. One indicator of the growth of the problem is the increase in the quantity of illicit drugs reported seized in the past five years. Seizures of cocaine and coca derivatives have almost doubled every two years. Similarly, seizures of many psychoactive prescription drugs have increased appreciably. The surveys which have been performed in Mexico, Peru, Colombia, Chile, Canada, and the United States of America all indicate that the Region is facing some very critical problems.

Although it may take several years before all the countries have epidemiological surveillance systems to measure the drug abuse problem and monitor its course, it is very clear that, indeed, a problem does exist and can be characterized in many of the countries as follows: increasingly high levels of abuse of cocaine and other coca derivatives, particularly among young people under 25; widespread abuse of sedative hypnotic drugs, especially among middle class women; and chronic patterns of inhalant abuse among children in the lower and middle socioeconomic groups. Largely, the problem remains hidden. However, in some parts of the Region, the drug abuse problem has reached such epidemic proportions that it is simply a fact of everyday life. The health and social impact

of that epidemic are just beginning to be felt, and in some respects the real impact may not be known for some time to come. There simply has not been enough clinical research on the health effects of long-term, high dosage use of cocaine. Nor has there ever been such a large social impact on an entire population as we are witnessing in parts of this Region. Apart from the costs to Governments of treating and rehabilitating drug abusers for their dependence as well as for the complex medical and psychiatric sequelae of drug abuse, it is important to consider the hidden costs. No one has yet come up with a formula for assessing the cost to society of supporting large numbers of individuals who literally dedicated their childhoods to the pursuit of intoxication at the expense of learning, building, and contributing.

It is in this context that drug abuse prevention needs to be viewed. The Secretariat has devoted little of the following discussion to the question of whether or not the drug abuse problem is significantly large to merit attention. In this document, the underlying assumption has been that drug abuse is a significant problem for a large number of Member Governments, that the problem will continue to grow in importance if appropriate policies and measures are not adopted, and that the primary issue under consideration is HOW the Secretariat and Member Governments can collaborate to be most effective.

A Framework for Understanding Drug Abuse Prevention

The WHO convened an Expert Committee in 1974 to discuss prevention. Although the Report was written almost a decade ago, much of what was said still is true today. The Committee defined the broad purpose of prevention, as follows (TRS 551, pp. 32-35):

"To prevent or reduce the incidence and severity of problems associated with the nonmedical use of dependence-producing drugs."

It goes on to say that this broad purpose is best broken down into specific, quantifiable objectives, thereby facilitating the selection of criteria to be used in evaluating effectiveness. The objectives include:

"(1) To limit the availability of specific dependence-producing drugs;"

- through control of licit, manufacture, production, distribution, manner of use, etc.
- through control of illicit manufacture, production, distribution, manner of use, etc.

- "(2) To reduce social acceptance of, interest in, and demand for dependence-producing drugs;"
- through the development and establishment of alternatives to drug-taking behavior;
 - through increased community understanding and awareness;
 - through modification of interests and attitudes of persons at high risk;
- "(3) To reduce the incidence and severity of complications (mental, physical, behavioral, social) experienced by persons involved in the nonmedical use of dependence-producing drugs;"
- "(4) To improve understanding of the causes of problems associated with the nonmedical use of dependence-producing drugs, and of the effectiveness of various approaches and techniques in preventing these problems."

Clearly, these are still very broad objectives--so broad in scope that, indeed, they go well beyond the traditional boundaries of the health sector. The social, psychological and economic aspects of drug abuse are important in its development and etiology, and hence take precedence over the medical or pharmacological nature of drug abuse insofar as prevention is concerned. Like any human behavior, drug-taking is complex and multifactoral. Because drug abuse results from the interaction of the drug and an individual in a social context, prevention strategies aimed at only one of these elements will be inadequate.

In setting drug abuse prevention objectives, several barriers, including the level of public awareness, economic interests of drug traffickers and producers, strong cultural norms favoring drug use, public media and social views on drug use need to be taken into account. Likewise, a full accounting of resources including health and educational institutions, professional associations, government agencies, parents groups and others. It should be emphasized that resources for prevention begin with the commitment and energy of community leaders who have developed their own vision of the costs of the drug problem for their communities.

Clear problem definition and the setting of realistic, measurable objectives are essential to any prevention program. If the problem is defined in terms of measurable, specific indicators, then the effectiveness of the prevention program can be measured by examining a set of clearly defined factors. Many programs evaluate the completion of their implementation objectives as indicating success, rather than the extent to which the problem has changed. For example, this might include a head count of how many people received educational materials or it might include the measurement of attitudes before and after an intervention. Of equal or greater importance is the measurement of drug use behavior before and after, with and without intervention.

A considerable amount of experience with drug abuse prevention has been accumulating--particularly in Canada, the United States of America and Mexico. The consensus of most of the research and evaluation thus far performed seems to indicate that successful prevention programs will be broadly-based in both focus and content. That is, prevention will be most effective where there are multiple activities taking place in the community at a number of levels including inputs through the mass media, social, and civic groups, religious groups, educational and health institutions, recreational associations, etc. Educational and informational campaigns aimed at the general public or at specific high risk groups such as children and adolescents have largely been ineffectual in isolation. When combined with other kinds of prevention activities, however, the educational and informational components can be extremely positive, useful elements.

In general, prevention must be well-grounded in the context of the community where the drug problem occurs. Epidemiological research and surveillance of the problem must be performed to guide planning and establish baseline data for evaluation purposes. In setting objectives, the possible barriers and the resources which exist in the community must be taken into account. Borrowed strategies should be investigated for proven validity before implementation on a large scale, in another social context. Where messages are directed at youth, families, institutions, etc., the content should be reinforcing and similar. Evaluation for program effectiveness should also monitor possible side effects.

An Overview of Drug Abuse Policy in the Region

The country statements that appear in Proposed Program and Budget, Pan American Health Organization 1982-1983 and 1984-85 were reviewed as well as several of the available National Health Plans. Alcohol and drug abuse were identified as significant problems in eight of the 14 PAHO/WHO country statements. Of the five recent National

Health Plans reviewed, four included discussions of alcohol and drug abuse problems and prevention activities. From this review, it can be concluded that alcohol and drug abuse are problems of increasing concern at the national policy level of the Member Countries.

However, only a few national health plans include clearly defined objectives and specific activities in the substance abuse field. Responsibility for drug abuse may lie directly with the Ministry of Health, but more likely it is shared among the Ministries of Health, Social Security, Education, Justice, Interior, and/or various institutes created to support particular research or service functions. Attempts at coordination among diverse agencies, institutes or programs may take the form of interministerial cooperative programs, commissions, task forces, or a task force, commission or office created by executive/legislative mandate. The participation of several sectors of Government involved in drug abuse planning and programming is useful but it is equally important that each sector's responsibility be well-defined. In many countries in the Region, areas of responsibility lack definition, and as a result it is common to find two or more sectors of Government actively "competing."

In several countries, there are interministerial commissions on drug abuse including Brazil, Colombia, Costa Rica, Ecuador, Peru, Venezuela, and very recently one has been formed in Chile. The role of the commissions varies. Some are active in program development. Others provide a training and technical assistance function. Some are directive and others support the activities of the separate ministries. They can be a vehicle for collaborative, integrated programming. There are also examples of policies designed to integrate drug abuse activities in a central office. In theory, such centralization is intended to promote multisectoral planning and programming and facilitate the integration of drug abuse activities into other existing services systems such as health, education, and social welfare. In general, the model which seems to be evolving in the Region is one of a central body which has no program or budget responsibilities itself but merely serves to coordinate activities of the individual ministries.

Strategies aimed at controlling the availability of dependence-producing substances

Few of the countries responding to the Secretariat's request for information on prevention activities included discussion of efforts to implement the international drug control treaties through improved drug management and regulatory measures. In part, this is because many of the Ministries of Health in the Region do not really consider drug control a drug abuse prevention activity, but indeed, it is very fundamental and

very basic to the topic at hand. In most of the countries, responsibility for drug control and regulation lies with a department whose main functions have to do with ensuring that good quality pharmaceutical products are available in the appropriate quantity to meet the health needs of the country. This section in the Ministry of Health--a section which is often understaffed, working with cumbersome recordkeeping systems, besieged with problems of supply management--is unlikely to view drug abuse prevention as one of its priority objectives. As a result, many of the countries in the Region, which have ratified the international drug control treaties have not implemented the treaties.

PAHO/WHO has been providing assessment and technical assistance in several countries, but in many of the countries of the Region, regulatory and control conditions still are inadequate. Responsibility for maintaining and monitoring records is often ill-defined or nonexistent. Information from existing inventories may not be used in purchasing decisions. The result is often a gross over or under supply of particular psychotropic drugs at the national level. An uncoordinated distribution system may result in local shortages or an abundance of drugs that do not necessarily reflect national needs. Local outlets often lack the resources or training to control the dispensing of drugs or report properly on units dispensed. The result is an opportunity for diversion of raw materials and pharmaceutical products into the illicit market and uncontrolled sale of dependence-producing substances over-the-counter. Another result is the almost uncontrolled entry of new psychoactive substances into the local licit market. In many Caribbean countries, for example, there are very few barriers to the importation of new psychoactive drugs into the market, since there may no formal Committee mechanism to review new drugs. This kind of situation increases the risk that pharmaceuticals with a high abuse potential relative to their therapeutic value will be introduced into the national market.

Passage and implementation of the international drug treaties are, of course, fundamental. However, there are a number of related activities not called for under the treaties which can be undertaken by both the public and private sector. For example, the American Medical Association has taken a leadership role in bringing together professional associations, local medical societies, law enforcement and health agencies, the pharmaceutical industry and others in a nationwide effort to reduce the misuse, abuse, and diversion of prescription drugs. The major goals of the program include: a better definition of the prescription drug abuse problem; development of methods to identify and intervene with substandard prescribers and dispensers of drugs; to

promote better prescribing and dispensing practices; to foster better patient education on the use of prescription psychoactive drugs. Along the same lines, PAHO/WHO and UNFAC are sponsoring a Caribbean Seminar on the Safe Use of Psychotropic Drugs in December in Barbados, where some of these issues will be discussed in the Caribbean context. A similar seminar was held in Buenos Aires, three years ago. Prescription drug abuse is one area which is growing in importance and which can be addressed by low cost, collaborative programs such as the one organized by the AMA in the United States.

Prevention Strategies in the Region

In several of the countries of the Region, the Ministries of Health have begun to develop treatment services within the health services system. The experiences of these countries with the development of prevention strategies and plans is of interest because it parallels what took place in the United States of America and Canada 20 years ago.

In most countries which offer services, there has been an attempt to isolate the drug abuser from society. Treatment facilities are built long distances from the communities where the drug abuse problem exists. Where treatment services are offered in a psychiatric or general hospital, the barriers between the providers and the patients are often so great as to make the provision of care and follow-up difficult or impossible. Personnel from the treatment center are often hospital-based. Outreach to the community is minimal, and the resources of the treatment program remain unknown and underutilized by the community.

The personnel of the treatment program become caught up with the pressures of providing treatment. Bureaucratic structures and antiquated administrative procedures reward personnel who provide traditional services in the hospital setting, while failing to recognize or reward those persons whose activities have less visible or less measurable outputs such as prevention activities. In some extreme cases, prevention activities have such low priority for the treatment center that they do not appear in the plan of activities and there are no norms developed to indicate what is expected of the staff.

Part of the problem, of course, is that far less is known about prevention than about treatment. The technology is a lot more primitive, and what may be effective in one environment may not work in another population, even in the same country or city.

However, that is not to say that nothing can be done. A lot can and is being done.

A variety of school-based educational information programs have been started in many countries in the Region. Research has indicated, however, that drug information alone may increase student drug use rather than prevent it. Other prevention programs aimed at imparting social, communication and decision-making skills also have been developed. Unfortunately, there is also little scientific evidence of the validity of these strategies either. A promising new approach is training students to "say no" in practice situations in which they might be offered drugs. The training has proven effective in several university-based research projects, and currently, more schools are being included in a large-scale evaluation.

Outside the school setting, prevention may take the form of community awareness campaigns through the mass media, posters, pamphlets and seminars. The most promising of such campaigns are those that involve community groups in learning about the local drug situation and motivating the groups to create their own prevention activities. An aware community and cooperative relationships among school authorities, the health sector, police, courts and parents can increase social control of drug use.

Another primary prevention approach involves alternatives to drug use. The strategy is based on the theory that motivation for drug abuse is complex, but once understood, other activities can be substituted to fill the same needs. Examples are high risk activities like rock climbing for adventure, sports for social needs, group counseling for emotional needs and special study groups for intellectual needs.

Secondary prevention programs involve early identification of the initiate drug user and some forms of counseling, treatment, or other intervention. Opportunities for early intervention programs occur in institutions with "captive audiences" such as schools, industry, health, military and the criminal justice system. The essential elements of a program involve training staff to recognize or test for signs of drug abuse and establishing referral agreements with local treatment programs.

New Prevention Programs in the Region

A comprehensive report on projects in the Region which use community resources for new prevention and treatment approaches is beyond the scope of this paper. However, four promising program models were

selected for description and analysis of the role of the Public Health Sector in their development. They are: Fundación PROMETEO in Colombia, Centros de Integración Juvenil in Mexico, National Federation of Parents for Drug-Free Youth and Channel One in the United States.

Fundación PROMETEO

Fundación PROMETEO began in 1975 as a private, nonprofit organization. The founder is a psychologist who hosted a television show on family problems. In response to her television program she received an increasing number of requests for help with drug problems. She organized a group of physicians, psychologists, sociologists and other professionals to devise a strategy for confronting the drug problem in Bogotá. The committee created Fundación PROMETEO and a program which includes residential and nonresidential services. Professional services are drawn from local universities and other health sector resources. The services offered are: medical; social adjustment; individual, couple, group and family therapy; and occupational training. There is a small fee for service and the remaining expenses are covered by private and public donations and fund-raising activities. PROMETEO also carries out media campaigns via radio, television, courses, conferences, and the press. Its programs are based upon research sponsored by the Foundation in both epidemiology in the community and studies of client characteristics. The number of service centers has expanded in Bogota in response to increasing demand and the Foundation has been requested to expand into other cities.

Although the program was initiated in the private sector of the community, it now receives Government support from the Health and other Ministries. PROMETEO may be a viable model for adaptation in other cities and countries, because it provides services and important prevention interventions in the community to a large number of people at low cost. However, no formal evaluation of its impact has been performed.

Centros de Integración Juvenil (CIJ)

The CIJ began as the result of private initiative in response to a publicity campaign conducted by a professional association of women journalists. The first step was the creation of a youth work center staffed by a team of psychiatrists, psychologists social workers and a limited number of volunteers. Psychiatric outpatient counseling was the initial approach to drug abusers. The number of centers increased in response to demand and by 1976 there were 29 Centers in the country and over 350 volunteers. The Federal Government began supporting the program during its period of initial growth. In 1975 the Centro Mexicano de

Estudios en Farmacodependencia (CEMEF) was established by presidential decree for research and evaluation to provide direction for drug abuse treatment and prevention efforts. Research by CEMEF led CIJ to change its approach from strictly clinical to biopsychosocial. From 1977 to 1980 the program expanded into the community with out reach prevention programs and into other areas of adolescent health.

Each Center, within its immediate environment, establishes working relationships with individuals and groups affected by/or simply interested in the drug abuse problem, whether they be public, private or socially oriented. The resulting human, financial and monetary resources are managed by groups of local patrons made up of community representatives. The incorporation of volunteers follows a planned training and orientation schedule of activities. They may then become leaders of prevention or intervention strategies with CIJ support.

Though the CIJ is different in each community where it operates, all programs have some elements in common. They are: medical-social counseling by an interdisciplinary team for drug abusers, their families and social groups; epidemiological studies; community education, social and development projects. Counseling is extended into the home of the patients and a residential half-way house facilitates their reintegration to society in case of required hospitalization.

In order to improve coordination and efficiency of operations CIJ integrated its programmatic and financial information structure with that of the Health Sector and in 1982 become a semigovernmental organization. Its governing board, the Patronato Nacional, includes, in addition to community representatives, representatives of the Secretaries of: Government, Health, Education, Labor, Social Welfare, Public Works, and Programing and Budget. Recently the CIJ has been incorporated into the System for Integral Development of the Family (DIF) which falls under the auspices of Social Welfare.

National Federation of Parents for Drug-Free Youth

In the United States, parents began organizing peer groups for discussion of drug problems in two Southern states in 1977. They concentrated their efforts on control of marijuana smoking and influencing the media on the subject in their local areas. The U.S. National Institute on Drug Abuse (NIDA) funded the research and publication of a book about their experience entitled Parents, Peers and Pot. During 1977-1979, the groups multiplied spontaneously across the country and focused their attention on anti-paraphernalia laws and on the permissive attitudes portrayed and supported by the mass media. They gained sufficient

credibility to be endorsed by the President's Office on Drug Abuse Policy in 1980. Expansion of the movement was facilitated by the Government sponsorship of the first family forum on drug abuse, a national meeting for the exchange of information and experiences among interested parents.

By 1980 the National Federation of Parents for Drug Free Youth was established with an office in Florida to serve approximately 300 groups. The Federation developed a set of materials to help organize new groups and received over 18,000 requests for the kit. State-wide coalitions began to develop across the country. In 1982 a second office was opened in Washington, D.C., to begin lobbying for legislative action to support drug abuse prevention. The NIDA continued to support the movement through sponsoring three Family Collaboration Workshops in 1982, providing technical assistance and distributing materials. It is estimated that there are more than 700 parents' groups in the Federation and their influence is a matter of public record at the state and local levels. The Government attributes much of the credit for the recent decline in marijuana use among students to the efforts of the movement.

Channel One

Channel One is a community organizing and development project which involves local business, government, youth and the community at large in resolving community problems in the United States. Two aspects of the program are thought to contribute toward drug abuse prevention:

1. The problems and conditions selected for resolution are often those that give rise to drug abuse;
2. The youth involved have the opportunity to experience themselves as an influential part of the community, capable of making significant contributions.

The program began as an idea and a commitment on the part of a small group of concerned citizens to involve local youth in community improvement. They obtained funding from the NIDA as a pilot project in 1973. The material results included the construction of an educational resource center for the town, and the restoration of a graveyard. As a side-product, a small number of young people obtained a feeling of accomplishment and learned to believe in their own abilities.

A large insurance company whose home office was nearby became interested in the project. The company committed the time of its agents in ten cities to provide leadership in helping the communities mobilize their resources to resolve local problems that might be contributors to

drug abuse. Success with those projects led the insurance company to expand the Channel One Program into 28 States. By 1981 there were approximately 55 different companies involved in over 200 programs.

The U.S. NIDA has developed orientation and training materials as start-up kits, and provides technical assistance and funding of start up costs. The procedure developed includes the following steps: orientation, planning, identification of community resources and leaders, organization of leadership into a steering committee, definition of program structure and local funding sources, involvement of community youth in identifying community problems, organization, and implementation of projects.

The above four examples of prevention programs are presented because of the advantages they present to Governments. They were created out of community ownership of and commitment to the drug abuse problem. Extensive resources and leadership are provided by nongovernmental sources. The Government's involvement was supportive through technical assistance, materials development, pilot project finding, and evaluation. The Government may become more deeply involved as the program expands and demonstrates its effectiveness. The program may, as in the case of CIJ, become institutionalized. In any case, because all of these programs draw on community resources, they are less costly and serve local needs more directly than if they were operated by Government agencies.

The Role of Research and Evaluation

It is very important that research be performed to evaluate the effectiveness of prevention strategies and specific programs. Program evaluation in drug abuse prevention is an extremely complex and challenging area of work. Because there is little expertise in and few resources to support it, evaluation is often overlooked. A brief overview of some significant efforts in evaluation is given below. Many of the research efforts at the Addiction Research Foundation, Toronto, Canada, have been directed toward evaluating prevention strategies and specific technologies. A number of excellent research reports on both methods of evaluation and evaluations of programs are available through ARF.

The Faculty of Medicine at the University of Chile has produced a number of research articles on the epidemiology of drug abuse and the social and psychological factors associated with drug abuse. This research served as a basis for preparing health and education professionals for work in the drug abuse field.

The Instituto Latinoamericano de las Naciones Unidas para Prevención del Delito y Tratamiento del Delincuente (ILANUD) produced an evaluation of drug abuse prevention and control systems in Costa Rica which is quite comprehensive and illustrative of the kinds of methodological problems plaguing this field.

The Instituto de Psiquiatría of Mexico conducts research in school and community-based education programs for prevention and Centros de Integración Juvenil (CIJ) conducts epidemiological research and evaluations of clinical methods used in treatment.

The U.S. National Institute on Drug Abuse supports research on the efficacy of such prevention activities as media campaigns, school prevention programs and family education. Thus far, their research has demonstrated the efficacy of training young people to resist peer pressure to take drugs. Preparing young people to "say no" has significantly reduced cigarette smoking in several studies in school settings. The U.S. National Institute on Alcohol Abuse and Alcoholism also conducts research on prevention of alcohol abuse. Examples of areas of ongoing research include studies of the effects of regulatory measures on drinking behavior; the impact of community alcohol education strategies; and alcohol education and teacher training.

Human Resource Development for Prevention

Throughout the Region, there is a scarcity of personnel with the necessary technical expertise to develop, implement, and monitor prevention programs. Because prevention is conceptually and technically complex, it is not possible or reasonable to expect to rely on short (less than one month long) courses for training staff, and yet, in many of the countries in the Region, national prevention programs are being designed and managed by persons with very little formal training or experience in prevention. However, several Governments have been very active in developing human resources. The Center for Orientation on Drugs of the Division of National Health Education of the Brazilian Ministry of Health is training university professors of education. The training course covers drug abuse information and is designed for professors of future teachers of the first and second grades. The training activity supports a national drug abuse prevention education program which focuses on those two grades. In Venezuela, the Centro de Capacitación of the Comisión Contra el Uso Indebido de Drogas, conducts human resource development for prevention through training policymakers, educators, and law enforcement and health professionals.

In addition, WHO has several collaborating centers which are active in training activities. The Psychiatric Institute of Mexico has developed and delivers courses and workshops in alcohol and drug abuse for social workers, physicians, psychologists and teachers. The U.S. National Institutes for Drug Abuse support training and education efforts in prevention through research and technical assistance to state governments and private voluntary organizations. It also continues to provide support for training health professionals through medical schools and colleges. The Spanish Family Guidance Center in Miami, Florida, another WHO Collaborating Center, also provided training in prevention.

In addition to the efforts of specialized training centers concerned with drug abuse, it is noteworthy that a number of spontaneous, grass roots prevention training activities have developed almost independently of any Government assistance. An interesting example is the training carried out by a parents group in Santa Cruz, Bolivia. A local psychiatrist served as a technical resource to the group and ran the training on an ad hoc basis. Although he did not have a vast amount of technical information or expertise available to him, the community of Santa Cruz was facing a serious coca paste smoking and cocaine abuse problem. It would have been unwise to await assistance from national or international authorities. The community had to act on its own with whatever resources it had available. The training enabled the community to expand its resources through the use of paraprofessional volunteers.

Information Systems and Resource Networks in the Region

In the annex to this document a listing of institutional resources, information systems, and bibliographies is provided. However, some of the key resources in the Region deserve mention here.

A number of information systems in the Region which have been developed to support drug abuse research, training, and prevention efforts. The systems compile, categorize, and store scientific and other information and make it accessible to Governments, researchers and the general public. Some of the systems are computerized and/or offer services via telecommunications networks.

The Addiction Research Foundation of Canada, a WHO Collaborating Center in Alcohol and Drug Dependence, has considerable experience with both the development of drug prevention technology and the evaluation of its effectiveness. The Foundation can be a valuable resource to countries in the planning stages of prevention programs by providing expertise in the selection and evaluation of prevention strategies, techniques, and materials. It also maintains one of the most complete libraries on substance abuse in the world.

The Centro de Integración Juvenil (CIJ) of Mexico operates an information clearinghouse called the Center for Information and Interchange. Current periodicals and books are catalogued and clients of the system receive monthly reports on current information by field of interest and/or relevant bibliographies.

The U.S. Government funds and operates drug and alcohol information clearinghouses and the Drug Abuse Communications Network (DRACON) which supplies state and local Governments, universities, and domestic and international institutions with reports on current publications by field of interest and/or relevant bibliographies.

Venezuela is developing a computerized National Network of Information and Documentation on Drug Dependence in conjunction with the National Council on Scientific Research and Technology. The system is scheduled to begin operation this year and will contain scientific information of interest to institutions involved in drug abuse prevention and to the public in general.

The Acuerdo Sudamericano sobre Estupefacientes Psicotr6picos is developing a Centro Sudamericano de Documentación en Farmacodependencia at the site of its Permanent Secretariat in Buenos Aires. The Secretariat has identified the major drug abuse related data bases in the 10 Member Countries and established communications access to their information via satellite. The Center offers information retrieval services using the combined information centers of South America in law enforcement, education, and health. Searches are conducted for a fee with a reduction for institutions working in the drug dependence field.

In Peru, the OFECOD in the Ministry of the Interior, maintains a library of drug abuse information and publishes a periodic newsletter for persons working in drug abuse treatment, prevention, and research.

Regional Drug Abuse Prevention in the Context of the International Strategy and Policies for Drug Control

At its 29th session, the United Nations Commission of Narcotic Drugs approved a plan of action for international drug control. Included in that plan were a number of policy measures aimed at achieving a balance between the supply and demand for psychotropic and narcotic substances as well as measures aimed at reducing both the supply and the demand.

The policies and strategies outlined by the Commission in the area of drug abuse prevention are broad and have direct implications for

both PAHO'S Regional program in drug abuse, as well as the individual countries' programs. Since they are significant and do represent the consensus of the United Nations in this regard, they bear repeating here as follows:

- "(a) To collect, analyze, and evaluate, by national, regional, and international bodies, data on the incidence, prevalence, and other characteristics of illicit or improper use in order to identify social groups at risk and psychosocial problems linked with such use;
- (b) To provide, by national authorities, preventive educational programs which stimulate interest in healthful activities and provide positive alternatives to drug taking which are consistent with the social values of each country;
- (c) To provide, by national authorities, with regional and international support where appropriate, education and training for students, teachers, parents, magistrates and personnel of community welfare services and those dealing with youth problems and family health. Provision should also be made for the provision of information on the intelligent use of illicit drugs.
- (d) To promote conservative prescribing practices by physicians and to encourage them to use their influence with patients to support nondrug efforts to cope with psychic and social stresses. The efforts of WHO should encourage the sharing of training materials for physicians and others which have been demonstrated to be useful in that field;
- (e) To encourage dissemination of information, including school text books, with a view to promoting understanding among the general public of the harmful effects of drugs and of the risks associated with drug abuse, particularly among young people, as well as to discourage publications which stimulate drug abuse."

Although a number of important activities have been undertaken by the Secretariat and by the individual countries in each of the above areas, much more needs to be done. Furthermore, in order for individual Governments as well as the Secretariat to chart progress, it is going to be important for us to outline a plan aimed at specific, measurable goals. Very few of the Governments of the Region have attempted to prepare such a plan, and where it has been prepared, it has usually grown out of an initiative from a Ministry other than the Health Ministry. Since most of the above areas fall well within the scope of action and fundamental mission of national health authorities, the active participation and involvement of the health sector in the development and execution of national prevention plans is essential.

Conclusion

Drug abuse is becoming one of the fastest growing health problems in the Region. However, few countries have developed comprehensive policies, strategies, and plans for drug abuse prevention and control. Much of the current activity in prevention is sporadic, ad hoc and only rarely, evaluated. Expertise in the area of drug abuse prevention is very limited, and few countries have devoted the necessary resources to developing specialized technical personnel. Although community groups are carrying out some important prevention activities, few of these programs have been systematically evaluated and documented, and thereby, made available as models for other communities to consider. Cooperation between the public and private sector has brought important cost savings and increases in the effectiveness of some programs. It has been suggested that Governments might consider formalizing mechanisms to promote and facilitate community groups' programs by providing seed money, technical support, and evaluation.

At present, PAHO's role in the drug abuse field in the Region has been primarily that of support for country programs. The Secretariat has been providing technical cooperation for the health-related aspects of projects financed by the United Nations Fund for Drug Abuse Control, as well as some technical assistance to countries engaged in assessing their drug abuse situation. The Directing Council may wish to have the Secretariat take a more active role in collaborating with Governments in defining clear, effective policies and adopting and evaluating concrete strategies.

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INSTITUTIONAL INFORMATION SOURCES*

The main institutional sources of information on drug abuse are described briefly in this annex. In order to determine the availability of services or publications, contact should be made directly with the respective organization.

THE UNITED NATIONS AND SPECIALIZED AGENCIES

1. The United Nations Funds for Drug Abuse Control (UNFDAC)
United Nations
Vienna International Centre
P.O. Box 500
A - 1400 Vienna
Austria

UNFDAC is a trust fund of the United Nations, supported by voluntary contributions from governments and private sources. Its role is to furnish assistance to governments in drug abuse control. Since its creation in 1971 the Funds has financed a wide range of projects aimed at reducing the illicit supply of drugs, the illicit demand for drugs and illicit traffic which links the two. Increasing support is being provided for programs endeavoring to reduce the illicit demand for drugs--including those in the fields of prevention, treatment and rehabilitation. In addition, the Fund is providing support for a number of multisectoral country programs which involve coordination and integration of efforts to reduce illicit supply, provide treatment, rehabilitation, prevention including education and information, community development, crop substitution and law enforcement.

2. United Nations Division of Narcotic Drugs
United Nations
Vienna International Centre
P.O. Box 500
A - 1400 Vienna
Austria

* This annex has been partially excerpted from: Resource Book on Measures to Reduce Illicit Demand for Drugs, United Nations, 1979.

A preliminary list of resources at the country level can be found in the Repertorio sudamericano de instituciones que actúan en el campo de la farmacodependencia, Doc. ASEP/SP/1 (Buenos Aires, South American Agreement on Narcotic and Psychotropic Substances, Permanent Secretariat, 1981).

The Division serves as the secretariat of the Commission on Narcotic Drugs and is the principal coordinator of international efforts to control drug abuse. It publishes the Bulletin of Narcotics, the Information Letter, reports on studies as well as information submitted by governments such as annual reports on the extent, patterns and trends of drug abuse, illicit transactions as seizures and laws and regulations, it procedures technical documents for the Commission and implement its decisions. The Division provides training for personnel from different countries and executes or coordinates a number of projects financed by UNFDAC which deal with various aspects of drug abuse control. The United Nations Narcotics Laboratory of the Division which classifies and indexes scientific literature on drugs of abuse also coordinates and carries out research on these substances, studies methods to identify them and trains scientists in this field.

3. United Nations Centre for Social Development
and Humanitarian Affairs
United Nations
Vienna International Centre
P.O. Box 500
A - 1400 Vienna
Austria

This Centre's involvement in the reduction of illicit demand for drugs is effected through its European Social Development Programme. Its concern has been mainly with the response of the community to drug abuse and the role of community involvement in the prevention of drug abuse and the social reintegration of drug-dependent persons.

4. United Nations Social Defense Research Institute (UNSDRI)
Via Giulia 52
00186 Rome
Italy

The Institute has undertaken a number of studies, participated in and organized various international conferences on the subject of drug abuse. A number of reports on these have been published.

5. The International Narcotics Control Board (INCB)
United Nations
Vienna International Centre
P.O. Box 500
A - 1400 Vienna
Austria

The International Narcotics Control Board was created to promote compliance by governments with the various drug control treaties. The Board endeavors, in cooperation with governments, to limit the

cultivation, production, manufacture and utilization of narcotic drugs to the amounts necessary for medical and scientific purposes, to ensure that the quantities of these substances necessary for legitimate purposes are available, and to prevent the illicit cultivation, production, manufacture of, trafficking in and use of, these substances. Since the entry into force of the 1971 Convention on Psychotropic Substances, the functions of the Board include also the international control of these substances.

6. The International Labour Office (ILO)
Route des Morillons 4
1211 Geneva 22, Switzerland

The ILO's field of responsibility in programs of drug abuse control covers those areas of illicit demand reduction concerned with the social and vocational reintegration of drug-dependent persons. This involves, in particular, providing advice to governments on the development and organization of vocational organization services for drug dependants including vocational guidance and assessment, vocational preparation, job placement and follow-up, as well as shelter workshops, cooperatives, small industries, self-employment schemes and the training of specialized staff. The ILO encourages involvement of government authorities, employers and trade unions in the designing and implementing of such programs.

7. The United Nations Education, Scientific and Cultural Organization (UNESCO)
7, place of Fontenoy
75700 Paris
France

As the United Nations' specialized agency responsible for educational, scientific, cultural and information activities, UNESCO in the field of drug abuse control has concentrated its efforts on education, information and social reintegration through education. It has also developed programs of information exchanges among scientists on drug-related subjects and has studied the role of information media in this regard. It has sponsored workshops and meetings to assist countries to assess the nature of the problems associated with illicit drug use in their region, exchange information and experiences in resolving or preventing these problems, particularly through developing programs of education, information and mass media as well as programs of cooperation in developing educational methods and materials and in the training of educational personnel. UNESCO publishes reports on studies, meetings of experts and other informational material in the field of its activities.

8. The World Health Organization
20, Avenue Appia
1211 Geneva 27, Switzerland

Regional Office for the Americas

525 Twenty-Third Street, N. W.
Washington, D.C. 20037

WHO activities in drug dependence are concerned mainly with treatment, rehabilitation and prevention. In particular, they are concerned with the development of effective low-cost approaches to treatment and rehabilitation, especially through primary health care in those countries where little or no health or social care systems exist. They facilitate international research in drug dependence, and provide training programs to increase manpower, especially in developing countries.

The World Health Organization is obliged, under the international drug control treaties, to recommend to the United Nations Commission on Narcotic Drugs whether particular substances should be controlled internationally. This judgment is based on investigation of the dependence-liability and abuse potential of drugs, as well as their therapeutic usefulness.

WHO publishes a Technical Report series; reports on meetings of Expert Committees on Drug Dependence, meetings of scientific groups, seminars and studies concerning drug dependence.

EDITOR'S NOTE

Publications of the United Nations and its specialized agencies may be obtained by writing directly to the respective organization. However, a more comprehensive guide to the publications and periodicals of the United Nations is:

Publications of the United Nations Systems - A Reference Guide, compiled and edited by Harry N.M. Winton, R. R. Bowker Company, New York and London

OTHER INTERGOVERNMENTAL ORGANIZATIONS: REGION OF THE AMERICAS

Inter-American Institute of the Child
Avenida 8 de octubre 2904
Montevideo, Uruguay

The Institute is a specialized center of the Organization of American States. In recent years, a drug abuse unit was developed at the Institute to provide technical cooperation to Governments and other institutions in the inter-American region. The Institute collaborates in training, research, and technical assistance activities.

South American Agreement
Combate de los Pozos 2133
1245 Buenos Aires, Argentina

NONGOVERNMENTAL ORGANIZATIONS

1. The International Council on Alcohol and Addictions (ICAA)
Case Postale 140
1001 Lausanne
Switzerland

Regional Office for the Americas:

c/o Dr. Ayush Amar

Sao Paulo, Brasil

The Council is an association of organizations and institutions concerned with the prevention and treatment of alcoholism and/or drug dependence. Its objectives are the study of alcohol and addiction problems and the dissemination of information for purposes of public health and welfare. To achieve its objectives, the Council provides for: a bureau to function primarily as a coordinating agency and information centre; international study and research committees and the publication of their reports; organization of international progress, symposia and annual international institutes; ongoing relations with other international organizations whose activities are related to drug and alcohol problems.

ICAA publishes reports on studies, proceedings of meetings as well as the journal Drug and Alcohol Dependence and a newsletter dealing with alcohol and drug problems.

2. The International Union for Child Welfare (Union Internationale de Protection de L'Enfance
Case postale 41
1211 Geneva 20
Switzerland

This Organization has studied recent trends in drug abuse, primarily by young people, and methods for its early detection and treatment. Its findings are reported through its journal: The International Child Welfare Review (Review international de l'enfance).

INTERNATIONAL INFORMATION CENTERS

1. Addiction Research Foundation
33 Russell St.
Toronto, Ontario M5S 2S1
Canada

This Foundation conducts programs of research (clinical, applied and basic), training, public education, community development and public policy and program planning. Since 1977, it has been designated a World Health Organization Collaborating Centre for Research and Training on Alcohol and Drug Dependence Problems.

Library and information services comprise more than 500 journals and periodicals, 60,000 reprints and articles, and more than 8,000 books, reports and theses, mainly in the English language, although a number of non-English publications are also included. A large number of audio-visual materials are also available. Citation lists, acquisition lists, information reviews on selected topics and a catalog of educational materials are available. A tabloid newspaper reflecting national and international issues and trends is published. It also publishes the Journal Addictions and other informational material.

2. Instituto Mexicano de Psiquiatría
Calz. México-Xochimilco No. 101
México, 22, D.F., México

This Centre is primarily concerned with research in a number of areas related to drug abuse. Its library has been expanded to serve not only the staff of the Centre, but other interested professionals. All holdings are on microfiche and other libraries using this system are being established in Venezuela, Argentina, Brazil, Colombia and Panama. The collection comprises more than 12,000 articles and 2,500 books; it aims to establish broad coverage of the relevant international literature. Literature searches are normally made only for visitors to the library. Photocopies of articles appearing there are available at a nominal cost.

3. Dialog
Lockheed Information Systems
Code 5020/201
3251 Hanover Street
Palo Alto, California 94304
United States of America

Operated by the Lockheed Space and Missile Corporation, this computerized information retrieval system contains over 75 data bases. The DIALOG data bases cover applied science and technology, medicine, social sciences and humanities, business and economics. Among the data bases relevant to drug abuse are: Psychological Abstracts, 1967-; SCISEARCH, 1974- (Science Citation Index and Current Contents); SOCIAL SCISEARCH 1972- (Social Science Citation Index); Sociological Abstracts, 1968-; Excerpta Medica, 1975-; International Pharmaceutical Abstracts, 1970-, Information regarding access to this system is available from the above address.

4. Drug Abuse Epidemiology Data Centre (DAEDAC)
Institute of Behavioral Research
Texas Christian University
Fort Worth, Texas 76129
United States of America

The data base of this non-profit research archive includes original data from 85 studies and aggregate data from 5,000 studies (in English). The aggregate file is increased at the rate of 1,200 studies a year. Surveys are mainly epidemiological, but include all social science aspects of drug abuse, with data from the United States of America, Canada and Mexico. Treatment research and evaluation data are also included. A classified bibliography of all DAEDAC holdings is published bi-monthly and is available on payment of subscription. Specialized bibliographies and literature searches are also available on subscription. A free catalog of Original Data Files, containing a brief description of each data file, is also available.

5. The National Clearinghouse for Drug Abuse Information
National Institute on Drug Abuse
P.O. Box 1908
Rockville, Maryland
United States of America

This Clearinghouse, operated by the National Institute on Drug Abuse on behalf of the Federal Government agencies engaged in drug abuse programs, is the focal point for federal information on drug abuse. It collects and disseminates information on education, treatment, drug effects, community programs and research. More complete information about the availability of the publications can be obtained from the above address.

6. Excerpta Medica
P.O. Box 1126
1000 BC Amsterdam
The Netherlands

This extensive service now publishes 43 individual abstracts journals, five of which have relevance for drug dependence. These are: Public Health (Section 17); Psychiatry (Section 32); Drug Literature Index (Section 37); Pharmacology (Section 30); Drug Dependence (Section 40). The journal Drug Dependence (see listing in annex II) is published 12 times a year, comprising about 2,300 items, about half of which are in the English language, although all have English abstracts. Subscription rates are available from the above address.

7. Informasjonbanken for Narkotikaproblemer
Gaustad Sykenhus
Boks 24, Gaustad
Oslo 3, Norway

This Centre scans about 60 periodicals a year and has an input of approximately 160 items annually. Citations are from Scandinavia, Europe and the United States of America. Emphasis is on the medical aspects of drug problems, but related subjects are also covered.

8. Institute for the Study of Drug Dependence
Kingsbury House
3 Blackburn Road
London NW6 1XA
England

This Institute is an independent, non-profit, interdisciplinary center. In addition to its information activities, it also conducts research into drug education, organizes conferences and study groups and provides consulting services in the development of similar information services. Literature on all aspects on non-medical drug use is covered, including scientific papers, reports and material from the underground press. The collection currently comprises more than 30,000 items published since 1968 and is growing at a rate of about 2,000 items annually. The library has about 900 English language books and a collection of 30,000 U.K. press cuttings. The entire collection is fully indexed by country, subject and date. A classified accessions list is issued monthly, providing the normal citation data for each item. It is available on subscription.

9. Institut für Dokumentation und Information
über Sozialmedizin und öffentliches Gesundheitswesen
Postfach 5408
D 4888 Bielefeld
Federal Republic of Germany

This service is designed essentially for professionals in the medical and social service fields. Some 750 journals are scanned and up to 25,000 items are processed annually, including articles, monographs and reports. About 6,000 of these are abstracted annually and are published in a number of documentation journals. The journal Dokumentation: Gefahrung durch Alkohol, Rauchen, Drogen, Arzneimittel deals with alcohol, tobacco and other drugs of dependence. It contains 800 abstracts a year. Abstracts are in English (approximately 75 per cent), French or German. It is available on subscription.

10. National Library of Medicine
8600 Rockville Pike
Bethesda, Maryland 20014
United States of America

The collection in this library covers all medical science, with materials from other disciplines having a strong medical orientation. The Medical Literature Analysis and Retrieval System (MEDLARS) became an on-line computer system in 1971 and is now referred to as MEDLINE, containing references to approximately 600,000 citations from 3,000 health-related journals. Services include indexing, literature searching, consulting, copying and micro-reproduction, distribution of audiovisual materials; data collection and analysis, inter-library loans, reference and referral services and research systems analysis and design.

In Europe, access to MEDLINE can be obtained through the BLAISE system (British Library Automated Information Services); INSERM in France; DIMDI in the Federal Republic of Germany; the Karalinska Institutet in Sweden.

Items relating to drug abuse can be made accessible through the use of descriptor terms assigned to individual items. Information about costs of services can be obtained at the above address.

PERIODICAL INFORMATION SOURCES

Current Contents Journals

1. Current Contents: Social and Behavioural Sciences
Institute for Scientific Information
325, Chestnut Street
Philadelphia, Pa 19106, USA

Covers 1,100 journals which report world-wide research and practice in the social and behavioral social sciences, including: education; psychology; communications; mental health; social medicine; sociology. Also contains a section dealing with current book contents.

2. Current Contents: Clinical Practice
Institute for Scientific Information
325, Chestnut Street
Philadelphia, Pa 19106, USA

Covers some 630 journals in the fields of psychiatry, treatment and bio-medicine.

3. Current Contents: Life Sciences
Institute for Scientific Information
325, Chestnut Street
Philadelphia, Pa 19106, USA

Although none of the 950 journals covered by this periodical deal exclusively with drug abuse, it does cover articles in the fields of medicine, chemistry and pharmacology which deal with this subject. It also contains a directory of addresses of authors and a bi-annual cumulative journal index and publishers' address list.

4. Current Contents of Foreign Journals: Medical Sciences
Korean Scientific and Technological Information Centre
P.O. Box 1229
Seoul, South Korea

The text of the entries appears in the language of the original article.

Also available from:

Australia and New Zealand:
F.S. Symes Pty. Ltd.
10 Wattle Road (P.O. Box 581)
Brookvale, N.S.W. 2100, Australia

Latin America:
Ing. J. Robles G.
Boulevard Adolfo Lopez Mateos 263
Apartado 19-202
Mexico 19, D.F., Mexico

Europe:
ISI European Office
132 High Street
Uxbridge
Middlesex, England

USA:
Institute for Scientific Information
325, Chestnut Street
Philadelphia, Pa. 19106

Japan:
Mr. Takashi Yamakawa
Tautsumi Building
13-12, 1-Chome
Shimbashi Minato-Ku
Tokyo, 105

ABSTRACTS JOURNALS

1. Drug Defense
P.O. Box 1126
1000 BC Amsterdam, The Netherlands

For description of this journal, refer to listing of Excerpta Medica in annex I.

2. Dokumentation: Gefahrdung Durch Alkohol, Rauchen, Drogen, Arzneimittel
Postfach 5408
D 4800 Bielefeld 1, Federal Republic of Germany

3. Drug Abuse and Alcoholism Review
Haworth Press
149 Fifth Avenue
New York, N.Y. 10010, USA

Published bi-monthly, it covers more than 2,500 journals with more than 200 abstracts in each issue. Abstracts concentrate on prevention, treatment, rehabilitation, counseling, program evaluation, policy and agency administration.

4. Sociological Abstracts
Sociological Abstracts Inc.;
Box 22206
San Diego, Cal. 92122, USA

Published five times annually, it contains abstracts of sociological research and academic papers from around the world. Of particular interest for drug abuse systems, may be the following sections: The Family and Socialization; Sociology of Health and Medicine; Social Problems and Social Welfare; Studies in Poverty; Studies in Violence; Social Control; Group Interactions; Social Psychology; Social Change and Economic Development. Texts are predominantly in English, but occasionally in French or German. All abstracts are in English.

5. Biological Abstracts
Biosciences Information Services of Biological Abstracts
2100 Arch Street
Philadelphia, PA 19103, USA

This journal covers genetics, biophysics, biochemistry and nutrition. Screens 8,000 journals and publishes approximately 140,000 abstracts annually. It references abstracts and indexes literature on the world life sciences research.

6. PSYCHOLOGICAL ABSTRACTS
American Psychological Association
1200 Seventeenth Street, N.W.
Washington, D.C. 20036, USA

This journal is published monthly and covers more than 950 psychological journals, technical reports, monographs and other scientific documents. It publishes approximately 30,000 abstract records annually.

SPECIALIZED JOURNALS

1. ADDICTION THERAPIST
3418 Drummond Street
Montreal, P.Q. H3G 1Y2, Canada

Published quarterly, this journal concentrates on addiction therapy and therapeutic communities.

2. ADDICTIONS
Addiction Research Foundation
33, Russell Street
Toronto, Ont., Canada

This quarterly journal publishes articles of interest to personnel engaged in research, treatment of prevention in the fields of drug dependence and alcoholism.

3. ADDICTIVE BEHAVIOURS. AN INTERNATIONAL JOURNAL
Pergamon Press Inc.,
Maxwell House
Fairview Park
Elmsford, N. Y. 10523, USA

This quarterly journal contains original research, theoretical papers and critical reviews. It focuses on problems of alcoholism, drug abuse, smoking and obesity. Articles cover such disciplines as biochemistry, psychology, sociology, psychiatry, neurology, and pharmacology.

4. ADDICTIVE DISEASES. AN INTERNATIONAL JOURNAL
Spectrum Publications, Inc.,
86-91 Sancho Street
Holliswood, N.Y. 11425, USA

Published quarterly.

5. ALKOHOL OCH NARKOTIKA ALCOHOL AND OTHER DRUGS
Centralfoerbundet foer Alkohol och Narkotikaupplysning
Karlavaegen 117
115 26 Stockholm, Sweden

Published eight times a year, the text is in Swedish, with English summaries.

6. AMERICAN JOURNAL OF DRUG AND ALCOHOL ABUSE
Marcel Dekker Journals
270, Madison Avenue
New York 10016, USA

Published three times annually, this journal provides a medically oriented forum for the interchange of ideas among pre-clinical and social modalities in the treatment of drug abuse and alcoholism.

7. AUSTRALIAN JOURNAL OF ALCOHOLISM AND DRUG DEPENDENCE

Australian Foundation on Alcohol and Drug Dependence
T & G Building
London Circuit
Canberra, ACT 2601, Australia

Published quarterly.

6. BRITISH JOURNAL OF ADDICTION
Longman Group Ltd.
43-45, Annandale Street
Edinburgh EH7 4AT, Scotland.

Published quarterly, articles are drawn from international sources.

9. BULLETIN ON NARCOTICS
United Nations Publications
Sales Section
New York, N.Y. 10017, USA

or

United Nations Publications
Sales Section
Plais des Nations
CH-1211 Geneva 10, Switzerland.

Published quarterly in English, French and Spanish, this journal attempts to cover all aspects of national and international drug control, the work of the international bodies in this field, research developments, prevention of drug abuse, treatment, rehabilitation, and the social reintegration of drug-dependent persons.

10. CONTEMPORARY DRUG PROBLEMS: A LAW QUARTERLY
Federal Legal Publications, Inc.
95, Morton Street
New York, N.Y. 10014, USA

This is an interdisciplinary quarterly emphasizing North American literature.

11. DRUG AND ALCOHOL DEPENDENCE
Elsevir Sequoia S.A.
CH-1001 Lausanne 1, Switzerland

This multidisciplinary journal, sponsored by the International Council on Alcohol and Addictions and published bi-monthly, publishes articles by workers in the fields of biomedical, clinical, epidemiological, sociocultural, educational, and medico-legal research.

12. DRUG FORUM THE JOURNAL OF HUMAN ISSUES
Baywood Publishing Co., Inc.
120 Marine Street
Farmingdale, N.Y. 11735, USA.

The major foci of this quarterly publication are: the description and assessment of drug treatment modalities, drug problems, cultural aspects of drug use and the legislative and legal issues associated with drug abuse.

13. INTERNATIONAL JOURNAL OF THE ADDICTIONS
Marcel Dekker Journals
270 Madison Avenue
New York, N.Y. 10016 USA.

Published bi-monthly, this journal is sponsored by the Institute for the Study of Drug Misuse, an international organization established to develop clear channels of communication and encourage research in the field of drug abuse.

14. JOURNAL OF ALTERED STATES OF CONSCIOUSNESS
Baywood Publishing C., Inc.
120 Marine Street
Farmingdale, N.Y. 11735, USA.

This semi-annual journal deals with alterations in the patterns of mental functioning. Fields covered include psycho-pharmacology, dream research, yoga, parapsychology and such states as trance, hypnosis, general anesthesia, and mystic rapture.

15. JOURNAL OF ALCOHOL AND DRUG EDUCATION
Journal Executive
P.O. Box 10212
Lansing, Michigan 48901, USA

This journal, published three times annually, serves as a forum for various educational philosophies and differing points of view with regard to alcohol and drugs. It reports teacher experiences and provides a reference resource for teaching materials, techniques, and procedures.

16. JOURNAL OF DRUG EDUCATION
Baywood Publishing Co., INC.,
120 Marine Street
Farmingdale, N.Y. 11735, USA

This quarterly journal covers the physiological, psychological, pharmacological, legal, and social aspects of drug use. It provides information and data of importance in educational drug programs of special interest to administrators in educational institutions, teachers and guidance counselors.

17. JOURNAL OF DRUG ISSUES
Box 4021
Tallahassee, Fla. 32303, USA

Published quarterly, this journal advocates a reasoned, unemotional examination of drug matters.

18. JOURNAL OF PSYCHEDELIC DRUGS
S T A S H
118 South Bedford Street
Madison, Wisconsin 53703, USA

Published quarterly, this journal is a multi-disciplinary forum for the study of the drug culture. It covers all drugs of abuse and their psychological, philosophical aspects, medical treatment, and cultural implications.

19. TOXICOMANIES
Service de consultations et assistance en toxicomanies
Quebec G1S 1T5, Canada

Published quarterly, this journal normally has a French text with article abstracts in English.

NEWSLETTERS

1. THE JOURNAL
Addiction Research Foundation
33, Russel Street
Toronto, Ont., Canada

The tabloid newspaper covers national and international issues and trends in drug abuse.

2. INFORMATION LETTER OF THE UNITED NATIONS DIVISION OF NARCOTICS DRUGS
United Nations
Vienna International Centre
P.O. Box 500
A - 1400 Vienna
Austria

This newsletter, containing information of international interest, is available in English, French, Spanish, and Arabic.

3. CICRIB JOURNAL
Centro Internacional de Criminologia
Biológica e Médico-Legal
Caixa Postal 22215
Sao Paulo, Brazil

This monthly publication is essentially oriented to criminology, but includes drug information, and a calendar of future events. Text is in Portuguese, English and French.

4. DRUGS AND DRUG ABUSE EDUCATION
Scope Publications, Inc.
National Press Building
Washington, D.C. 20004, USA.

Published monthly, it covers news of drug-related developments and reports on research findings. Chiefly of U.S. interest, but includes international coverage.

5. ICAA News
International Council on Alcohol and Addictions
Case Postale 140
1001 Lausanne, Switzerland.

Published quarterly, containing coverage of ICAA conferences and related material. It also contains a calendar of forthcoming international meetings on drug abuse.

6. SANA NEWS
Singapore Anti-Narcotics Association,
Singapore Council of Social Service
Penang Lane
Singapore 9

Published quarterly.

DIRECTORIES

1. A DIRECTORY OF WORLD PSYCHIATRY
World Psychiatric Association
The Maudsley Hospital
Denmark Hill
London S.E.5, England

This international directory of psychiatric facilities throughout the world provides details and listings of psychiatric services in individual countries, the main public psychiatric hospitals, university departments which teach psychiatry, psychiatric journals published in the country and details of the various national psychiatric associations.

2. THE WORLD OF LEARNING
Europa Publications
18 Bedford Square
London WC 1B 3JN, England

A comprehensive, up-to-date directory of educational, cultural, and scientific institutions throughout the world and the key personnel working in them. All significant libraries are listed, with details of their holdings.

3. ULRICH'S INTERNATIONAL PERIODICALS DIRECTORY
R. R. Bowker Company
1180 Avenue of the Americas
New York, N.Y. 10036, USA

This directory provides information on some 60,000 periodicals published throughout the world. It also contains an index of the publications of international organizations.

4. NATIONAL UNION CATALOGUE
Library of Congress
Washington, D.C., USA

Because of the comprehensive acquisitions policy of the Library of Congress, this is the most extensive catalog of modern literature in existence. More than 50 per cent of the listings are in languages other than English. It does not, however, acquire materials in fields covered by the National Library of Medicine.