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**SERVICES FOR THE PREVENTION  
AND TREATMENT  
OF DEPENDENCE ON ALCOHOL  
AND OTHER DRUGS**

**Fourteenth Report  
of the WHO Expert Committee on  
Mental Health**

WORLD HEALTH ORGANIZATION

GENEVA

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## WHO EXPERT COMMITTEE ON MENTAL HEALTH

Geneva, 4-10 October 1966

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- Dr D. C. Cameron, Superintendent, St. Elizabeth's Hospital, Washington, USA (*Rapporteur*)
- Dr K. Evang, Director General, Health Services of Norway, Royal Norwegian Ministry of Social Affairs, Oslo, Norway (*Chairman*)
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### *Representatives of other organizations :*

- Mr P. Isoré, Assistant to the Director, Division of Narcotic Drugs, United Nations, Geneva
- Mr A. Lande, Secretary of the Permanent Central Narcotics Board, Geneva
- Dr H. Solms, Psychiatrist, Geneva (*representing the World Federation for Mental Health*)

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- Mr H. D. Archibald, Director, Alcoholism and Drug Addiction Research Foundation, Toronto, Ontario, Canada (*Consultant*)
- Dr P. A. H. Baan, Chief, Mental Health, WHO (*Joint Secretary*)
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- Dr J. H. K. Leong, Medical Officer in Charge of Outpatient Services, Singapore (*Consultant*)
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\* Unable to attend : Dr T. Lambo, Professor of Psychiatry, University of Ibadan, Nigeria.

# SERVICES FOR THE PREVENTION AND TREATMENT OF DEPENDENCE ON ALCOHOL AND OTHER DRUGS

## Fourteenth Report of the WHO Expert Committee on Mental Health

The WHO Expert Committee on Mental Health met in Geneva from 4 to 10 October 1966 to consider the establishment of services for the prevention and treatment of dependence on alcohol and other drugs. The meeting was opened by Dr P. Dorolle, Deputy Director-General. Dr K. Evang was elected Chairman and Dr M. Kato Vice-Chairman; Dr D. C. Cameron was appointed Rapporteur.

### INTRODUCTION

Over the last 15 years considerable international discussion has been devoted to problems of dependence on alcohol and problems of dependence on other drugs,<sup>1</sup> with a gradually developing trend towards a combined approach.

In its first report, the WHO Expert Committee on Mental Health noted "the decision of the First World Health Assembly that the problems of prevention and treatment of drug addiction, including alcoholism (as opposed to the pharmacological aspect of these problems) should be included in the terms of reference of the Expert Committee on Mental Health".<sup>2</sup> Yet a few lines further on, the Committee stated its belief that: "although there are many aspects common to the problems of both alcoholism and other forms of drug addiction, there are also significant differences", and it therefore recommended the setting up of two separate subcommittees—one on alcoholism and one on drug addiction.

<sup>1</sup> The principal types of dependence-producing drugs are: morphine type (e.g., opium, morphine, heroin and other morphine derivatives; synthetic substances with morphine-like effects, such as pethidine, methadone, dextromoramide); barbiturate type (e.g., pentobarbital, secobarbital, meprobamate, chlordiazepoxide, glutethimide); alcohol type (there is substantial cross tolerance with the barbiturate type); cocaine type; cannabis (marihuana) type; amphetamine type (e.g., amphetamine, metamphetamine, phenmetrazine, diethylpropion); khat type; hallucinogen type (e.g., LSD, psilocybin, mescaline).

<sup>2</sup> *Wld Hlth Org. techn. Rep. Ser.*, 1950, 9, 19.

Two reports of the Alcoholism Subcommittee of the Expert Committee on Mental Health have been published.<sup>1</sup> Drug addiction was dealt with separately by the WHO Expert Committee on Addiction-Producing Drugs<sup>2</sup> except for a joint meeting on treatment and care of drug addicts.<sup>3</sup>

In 1953, a WHO Expert Committee on Alcohol,<sup>4</sup> having agreed that alcohol could not be classified as an addiction-producing drug, considered that it should be placed in a category of its own, intermediate between the addiction-producing and habit-forming drugs.

The following year, WHO convened an Expert Committee on Alcohol and Alcoholism,<sup>5</sup> which provided a possibility for exchange of experience among pharmacologists, physiologists and psychiatrists. Their report stated that "though many of the events observed in alcoholism are parallel to many of the phenomena observed in opiate addiction, many important differences exist". It was felt, however, in the light of the evidence then available, that the resemblance between the responses to the withdrawal of alcohol and those to the withdrawal of opiates was greater than had previously been realized.

In the past, the WHO Expert Committee on Addiction-Producing Drugs dealt mainly with drugs other than alcohol, and mainly from the point of view of international narcotics control. Recently, however, meetings have given increasing attention to abuse of central nervous system depressants and stimulants. A recommendation<sup>6</sup> made in 1963 that the term "drug dependence" (with a modifying phrase to distinguish the type) should be substituted for the terms "drug addiction" and "drug habituation" has met with a generally favourable reaction.

A WHO Scientific Group on the Evaluation of Dependence-Producing Drugs<sup>7</sup> defined drug dependence as "a state arising from repeated administration of a drug on a periodic or continuous basis. Its characteristics will vary with the agent involved but it is a general term selected for its applicability to all types of drug abuse and carries no connotation in regard to degree of risk to public health or need for a particular type of control". The report goes on the state that "Individuals may become dependent upon a wide variety of chemical substances covering the whole range of pharmacodynamic effects from stimulation to depression. All these drugs have at least one effect in common. They are capable of creating a state

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<sup>1</sup> *Wld Hlth Org. techn. Rep. Ser.*, 1951, 42; 1952, 48.

<sup>2</sup> See particularly *Wld Hlth Org. techn. Rep. Ser.*, 1960, 188; 1961, 211; 1962, 229; 1964, 273; 1965, 312; 1966, 343.

<sup>3</sup> *Wld Hlth Org. techn. Rep. Ser.*, 1957, 131.

<sup>4</sup> *Wld Hlth Org. techn. Rep. Ser.*, 1954, 84, 10.

<sup>5</sup> *Wld Hlth Org. techn. Rep. Ser.*, 1955, 94, 10.

<sup>6</sup> *Wld Hlth Org. techn. Rep. Ser.*, 1964, 273, 9.

<sup>7</sup> *Wld Hlth Org. techn. Rep. Ser.*, 1964, 287, 4, 5, 6.

of mind in certain individuals which is termed psychic dependence. This is a psychic drive which requires periodic or chronic administration of the drug for pleasure or to avoid discomfort . . . Some drugs also induce physical dependence, an adaptive state characterized by intense physical disturbances when administration of the drug is suspended or its action is counteracted by a specific antagonist". It is pointed out that "The characteristics of drug dependence show wide variations from one generic type to another, which makes it mandatory to establish clearly the pattern for each type". Alcohol is included among the generic types for which "the consistency of the pattern of pharmacodynamic actions is sufficiently uniform to permit at this time accurate delineation".

In view of the complications attendant on the introduction of new terminology, it was clearly pointed out in 1965<sup>1</sup> that: "the recommendation for the use of the terms drug abuse and drug dependence of this or that type must not be regarded as a re-definition; rather, these terms are intended as descriptive expressions for clarification in scientific reference, interdisciplinary discussions, and national and international procedures".

Further clarification of the significance and characteristics of drug dependence is given in an article by Eddy et al.<sup>2</sup>

The validity of a combined approach applied to the new concept of "dependence" has thus gradually become apparent. It has been accepted both by research workers and by organizers of preventive and treatment services (see section 2.3).

When it was proposed to convene an Expert Committee for further consideration of the very urgent problems now being posed by dependence on alcohol, it became necessary to decide whether the agenda should include attention to other drugs. The documentation referred to above was carefully re-examined, together with other pertinent data, and the advice of representatives of some of the interested national and international bodies, as well as of others cognizant of the problems involved, was sought.<sup>3</sup>

It then became evident that attempts should be made to induce authorities to consider the problems of alcohol and alcoholism and of the use and abuse of drugs together, for the following reasons:

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<sup>1</sup> *Wld Hlth Org. techn. Rep. Ser.*, 1965, **312**, 8.

<sup>2</sup> Eddy, N. B., Halbach, H., Isbell, H. & SeEVERS, M. A. (1965) *Bull. Wld Hlth Org.*, **32**, 721.

<sup>3</sup> The Committee wishes to acknowledge the invaluable assistance provided in this respect by the following: Dr C. L. Anderson, USA; Mr H. D. Archibald, Canada; Dr E. A. Babajan, USSR; Dr J. H. Fox, USA; Dr M. M. Glatt, United Kingdom; Dr V. Hudolin, Yugoslavia; Dr J. Horwitz, Chile; Dr T. Kjolstad, Norway; Mr H. J. Krauweel, Netherlands; Dr P. Paumelle, France; Dr H. Solms, Switzerland; Mr A. Tongue, Switzerland; Dr J. Fort and Mr E. Galway, United Nations, Geneva.

(1) There are many similarities in the causation and treatment of the problems involved and the concepts underlying the educational programmes required (although there are divergences in legal provisions).

(2) Drugs are often used in combination; for example, barbiturates together with heroin or with alcohol. Also, transfer from one drug of abuse to another frequently occurs.

(3) Many studies have been carried out on alcoholism that might be applicable to drug abuse, of which much less is known.

(4) Although public and official attitudes to alcoholism have veered towards the therapeutic and away from the condemnatory, this has not yet happened to the same extent with regard to drug abuse.

The above points were taken into consideration in drafting the agenda and formed a basis for the Committee's discussions on services for the prevention and treatment of dependence on alcohol and other drugs.

## 1. APPROACH TO PROBLEMS OF DEPENDENCE ON ALCOHOL AND OTHER DRUGS

### 1.1 Combined approach

#### 1.1.1 *Similarities and differences in causation and treatment*

The Committee agreed that, despite existing differences between dependence on alcohol and dependence on other drugs, there are many significant similarities in the causation and treatment of these conditions. While the extent and nature of the problem, i.e., type of drug dependence and patterns of use and abuse, vary widely from country to country, the relatively frequent transfer from one drug of dependence to another, the not infrequent abuse of drugs in combination, the complex and changing patterns of abuse, and the rapid development of new drugs with potentialities for abuse, make it important that dependence on alcohol and other drugs be considered as facets of one problem, psychic dependence of various kinds being the common factor.<sup>1</sup> To the degree that dependence-producing drugs interfere substantially with the normal functioning of the abuser and/or become a problem for other persons or society, they give rise to health problems that are susceptible of medical identification, classification and treatment. This does not imply that the problems under discussion

<sup>1</sup> In some countries, particularly those in which the regular drinking of wine is a very prominent social pattern, some persons are reported to abuse alcohol to the point of developing physical dependence and complications without developing obvious

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