CHAPTER FIVE

A NATIONAL DRUG POLICY

In formulating a national drug policy, consideration should be given to a host of factors. The priorities that may have to be ascribed to certain factors over others should be determined in the light of the availability of resources and the ability to enforce such a policy. However, it is believed that the two recent Conventions, the Single Convention on Narcotic Drugs, 1961, and the Convention on Psychotropic Substances, 1971 provide a basic guideline as to how a national drug policy may have to be formed. In any event, a national drug policy should embrace both the preventive and curative aspects of the drug habit. Legislation concerning the prevention of illicit traffic in drugs and psychotropic substances, licit trade in drugs and psychotropic substances, registration and post-registration surveillance of drugs and psychotropic substances are complementary to the curative and preventive aspects of the drug habit.

A national authority must adopt that policy which would suit it best. However, it is believed that there are certain factors which should be included in formulating a national drug policy. Some such factors are the following: a national organisational structure - depending upon the constitutional system prevailing in a country and in conformity with the legal system available in a country - this would also include a central drug control agency; a well thought-out registration and post-registration policy; licensing systems, import and export system; control of production; manufacture and supply; surveillance; regulations as to medical treatment and prescriptions; commercial aspects of drug supply, namely, labelling of packages, advertising, storage and record keeping; penal provisions, and provisions for treatment, rehabilitation, after-care, and education of drug addicts and abusers of drugs. By following the Convention systems and regimes, the Parties may take advantage of each other's experience and indeed, of the expertise and assistance that may be made available by various U.N. Specialised agencies and non-Governmental organisations, and of course, even of the International Criminal Police Organisation (Interpol) which closely collaborates with various U.N. Specialised agencies and national Governments. It is to be borne in mind that the problems of drug-habit and drug-abuse are now international problems, and therefore close co-operation and collaboration with the relevant international organisations are absolutely essential.

Although at present, in many countries no special ministerial department is entrusted with the task of enforcing drug legislation, in view of the growing abuse of narcotic drugs and illicit traffic in them, it is believed that a separate centralised (federal) ministerial department would be most appropriate, and that the local health services would function under the authority of the federal department. This would, on the one hand, enable the federal authorities to ensure surveillance over the activities of the State Authorities and at the same time, the State Authorities may pass their own legislation along the guidelines of the federal authorities and yet incorporate any special provision that might be necessary in view of their special nature of narcotic drug problems. In view of the fact that the Parties to the Convention (and even in certain cases, non-Parties) comply with the Convention provisions, it would be most appropriate to draft a national Drug Act along the lines of those two Conventions. Bearing this in mind, the following are recommended for inclusion in the national Drug Act.

(a) Drug Control Administration

This can be determined by each Contracting Party according to its own special circumstances, including availability of manpower and finance. They must comply with the conditions of the Conventions, such as furnishing statistical information, estimates, and changing the schedule for a narcotic drug etc.

(b) Registration of Drugs

Registration stands for the procedure for release and licensing of medical products by the competent national health authority for trade, distribution and dispensing to private individuals. Registration procedure is closely connected with the question of risks a narcotic drug might pose to public health. An efficient registration system must require that a drug meant for human and animal consumption and/or use has passed through chemical, clinical, pharmaceutical, pharmacological, therapeutic and toxocological investigations. The World Health Organisation Expert Committee on Specifications for Pharmaceutical Preparations have published reports on this subject.[45] A national Government authority may also like to follow the World Health Organisation Certification Scheme for Products Moving in International Commerce.[46]

The drug importing countries should be even more particular in ensuring the safety of foreign drugs and it is of utmost importance that they seek information on safety and efficiency of drugs prior to their being registered. In the case of psychoactive drugs special attention should be paid to their dependence producing capacity and incidence of abuse.[47] National Government authorities may like to consult the principles and guidelines for testing such drugs provided by the World Health Organisation Expert Committee on Drug Dependence and the Guidelines for Evaluation of Drugs for Use in Man,[48] as well as certain other reports, viz. Evaluation of Dependence Liability and Dependence Potential of Drugs[49] and Evaluation of Dependence Producing Drugs.[50]

Although the health conditions and needs vary from country to country it would be advisable for a country to follow the World Health Organisation Model List of Drugs[51] where possible. It must, however, be pointed out that the Model List contains only 300 drugs of which about 30 are psychotropic substances. Furthermore, the World Health Organisation list of essential drugs for mental disorders[52] may be of assistance to many countries in selecting drugs for mental disorder.

Procedure for Registration

The safety and risk to public health aspects of a drug should be considered as thoroughly as possible. The procedure for legislation should therefore be gradual, and in stages. All manufacturers and distributors should first notify the drug authorities of the drug they wish to have registered. Notification must be done according to the procedure established by the drug authorities (preferably a form should be devised by the drug authorities), and within a given period of time.

If the authorities should find it necessary to consider the drug, then the manufacturer and the distributors should submit appropriate documents including their own results of investigations. If the results of investigations of the drug authorities appear to be in the affirmative, the drug should be allowed for use on a trial basis for some time. After the expiry of a satisfactory trial period, the drug should be finally registered and allowed for marketing with proper specifications, i.e., on medical prescriptions only or pharmacists only or general 'over the counter'. The same procedure should apply to drugs imported from a foreign country.

The registration system may admit of the following methods:

In order to limit the availability of narcotic drugs and psychotropic substances, a country may decide to follow the World Health Organisation Model List of Essential Drugs. This would involve the following:

(a) To authorise the Central Health Authorities or any other authority nominated by the national Government, to exercise sole control over manufacture and importation of narcotic drugs and psychotropic substances.

All manufacture and importation shall be subject to the licence system.

In the case of importation of narcotic drugs and psychotropic substances, the importing authority must seek the required certificate from the exporting country, in accordance with the World Health Organisation "Certification Scheme on the Quality of Pharmaceutical Products Moving in International Commerce."

(b) If the Government of a country should decide not to limit itself to the World Health Organisation Model List of Essential Drugs, it must still follow all the conditions mentioned above. Additionally, it must ensure the quality, purpose of those drugs, by seeking documentary evidence including evidence on laboratory results.

(c) If the Government of a country should decide to attain self-sufficiency in the supply of narcotic drugs and psychotropic substances, priorities of narcotic drugs and psychotropic substances should be determined first. Full training and laboratory facilities should be ensured. The World Health Organisation may be able to assist by giving appropriate advice in this matter. A country may like to follow the World Health Organisation Code entitled "Good Practices in the Manufacturing and Quality Control of Drugs" (WHA 28.65).

Post-Registration Surveillance

Article 4(c) of the Single Convention on Narcotic Drugs provides that:

"Subject to the provisions of this Convention, to limit exclusively to medical and scientific purposes the production, manufacture, export, import, distribution of, trade in, use and possession of drugs."

Article 5 of the Convention on Psychotropic Substances provides that:

1. Each Party shall limit the use of substances in Schedule I as provided in Article 7.

2. Each Party shall, except as provided in Article 4, limit by such measures as it considers appropriate the manufacture, export, import, distribution and stocks of, trade in and use and possession of, substances in Schedules II, III and IV to medical and scientific purposes.

3. It is desirable that the Parties do not permit the possession of substances in Schedules II, III and IV except under legal authority.

In Article 3 of the Single Convention on Narcotic Drugs, the Parties have undertaken the obligation to notify the Secretary-General of the United Nations of any changes in the level of control of any narcotic drug. Similar provisions, mutatis mutandis, appear in Article 2 of the Convention on Psychotropic Substances. Changes in the level of control may only be justified on the basis of the degree of dependence producing liability of a narcotic drug or the degree of public health risk it may have posed.[53] The national authorities are required to operate post-registration surveillance in an effort to determine the side effects or actual effectiveness of a narcotic drug or psychotropic substance. A random check on narcotic drugs or psychotropic substances may prove helpful.[54]

Cultivation of Opium Poppy, Cannabis and Coca Bush

Article 22 of the Single Convention on Narcotic Drugs contains special provisions applicable to cultivation. According to this Article, whenever "the prevailing conditions in the country or territory of a Party render the prohibition of the cultivation of the opium poppy, the coca bush or the cannabis plant the most suitable measure, in its opinion, for protecting the public health and welfare and preventing the diversion of drugs into the illicit traffic, the Party concerned shall prohibit cultivation."[55] Restriction of supply of plant products would amount to restricting the supply of those drugs and substances that are usually derived from such products. Article 22 of the Single Convention on Narcotic Drugs covers production of seeds and straw also. It is believed that Article 22 authorised the cultivation of cannabis plant mostly for industrial or horticultural purposes, although Article 49 allows the Contracting Parties to reserve their right to permit temporarily "the use of cannabis, cannabis resin, extracts and tinctures of cannabis for non-medical purposes." Cannabis and cannabis resin are subject to the regime of Schedule IV.

Article 25 authorises the Contracting Parties to cultivate opium poppy only for purposes other than the production of opium under adequate measures of control. Indeed, the Contracting Parties are required to employ the system of import certificates and export authorisations to poppy straw and to furnish statistics on the import and export of poppy straw. Although the Single Convention on Narcotic Drugs does not consider poppy straw as a drug, national authorities should, in view of their effects, apply a strict control regime to it. Coca leaves, on the other hand, are considered to be drugs, and consequently, control must apply to them (inluding coca bush). The provisions of Article 26, paragraph 1 are applicable to all Contracting Parties that permit the cultivation of coca bush, irrespective of the purposes for which it is produced (except for coca leaf preparations, e.g. extracts and tinctures). Coca leaves are subject to the regime applicable to Schedule I of the Single Convention. The Parties must destroy all coca bushes, if illegally cultivated. The national opium agencies must collect both opium poppy and coca bush as soon as possible.

It is for the national authorities to decide whether or not use of coca leaves should be permitted, but if permitted, they shall furnish estimates and statistical information separately.[56] However, coca leaves may be used only for the purpose of preparing a flavouring agent; they must not be used as a source of alkaloids.

In terms of Article 2, paragraph 3, the "Parties shall adopt such measures as may be necessary to prevent the use of, and illicit traffic in, the leaves of the cannabis plant." 'Illicit traffic' in this context means "trade in these leaves contrary to domestic legal provisions intended to combat their misuse, or to foreign laws governing such trade."[57]

The Single Convention on Narcotic Drugs contains a very ambitious plan to control the growth and use of plant products (Article 2, paragraphs 6 and 7). The success of such a programme is fraught with many difficulties. It is believed that a strict decentralised system of administrative control in respect of plant products, might be useful, instead of setting up a system of centralised administration.

Labelling

Labelling comprises labelling of the containers and packages of drugs and psychtropic substances giving certain basic information as to the contents of containers, packages and instructions for use. Both the Single Convention on Narcotic Drugs and the Convention on Psychotropic Substances have provided for certain rules regarding labelling, wrapping etc. of packages containing drugs and psychotropic substances.

Article 30, paragraphs 3, 4 and 5 of the Single Convention provides that:

3. It is desirable that Parties require that written or printed offers of drugs, advertisements of every kind or descriptive literature relating to drugs and used for commercial purposes, interior wrappings of packages containing drugs, and labels under which drugs are offered for sale indicate the international non-proprietary name communicated by the World Health Organisation.

4. If a Party considers such measure necessary or desirable, it shall require that the inner package containing a drug or wrapping thereof, shall bear a clearly visible double red band. The exterior wrapping of the package in which such drug is contained shall not bear a double red band.

5. A Party shall require that the label under which a drug is offered for sale show the exact drug content by weight or percentage. This requirement of label information need not apply to a drug dispensed to an individual on medical prescription.

Article 10, paragraph 1 of the Convention on Psychotropic Substances provides that:

1. Each Party shall require, taking into account any relevant regulations or recommendations of the World Health Organisation, such directions for use, including cautions and warnings, to be indicated on the labels where practicable and in any case on the accompanying leaflet of retail packages of psychotropic substances, as in its opinion are necessary for the safety of the user.

The primary purpose of labelling is to warn the consumer of the dangers of using a specific narcotic drug or psychotropic substance contrary to the instructions and information given on the label. It is, therefore, necessary that instructions and information on labels, packages and wrappers are given in simple form and in the language which is most widely used in a country. The format and specimen label should be prepared by the local health authorities and the accompanying leaflets should be drafted along the lines of the recommendations of the World Health Organisation on this matter and approved by the local health authorities. It is essential that "labels under which drugs are offered for sale indicate the international non-proprietary name communicated by the World Health Organisation." (Article 30, Paragraph 3 of the Single Convention on Narcotic Drugs).

In dispensing a medical prescription a chemist must show the precise directions given by the medical expert for use. All packages of drugs and psychotropic substances must show the precise quantity of contents by weight or by percentage.

In its resolution WHA 28.65 the World Health Assembly recommended the Member States to follow the "Good Practices in the Manufacturing and Quality Control of Drugs." According to this document, a label should state the following:

(a) the name of the drug

(b) directions for use, warning etc.

(c) number of dosages and a list of most important ingredients and the quantity of each contained in the prepared drug

(d) the date by which the prepared drug should be used

(e) special storage conditions or warnings as to handling, if necessary

(f) the batch number assigned by the manufacturer; and

(g) in the case of packaged drugs the name and address of the manufacturer

Additionally, it would be advisable to indicate the nature of damage that might be caused by the drug, if abused; and a warning as to the use of a drug or a psychotropic substance in combination with alcohol or spirit.

In registering a drug, the national health authorities should ask the prospective licensee and distributor to submit samples of labels, wrapping papers or packages and the text that he has decided to use on labels and packages etc. As regards the narcotic drugs and psychotropic substances that are sold over the counter, i.e. without any prescription by a medical practitioner, sufficient warning and instruction for the use should be given on the labels, packages etc. As many such drugs are consumed on the basis of self-diagnosis, it is essential that the user should be advised to consult a medical practitioner in the event of his not attaining the desired result. As many such drugs are habit-forming drugs, clear instructions on labels and packages should appear warning the consumer not to exceed the limits of use. If the use of a drug causes special effects in human body, such as drowsiness, clear indication to that effect should appear on the label, and the user must be warned. The conditions of labelling etc. apply mutatis mutandis to drugs used by veterinary surgeons and dentists too.

Conditions of Sale of Drugs

The basic purpose of setting conditions of sale would be to ensure that narcotic drugs and psychotropic substances with harmful effects are not sold in an unrestricted fashion. The precise conditions of sale may only be determined by a reference to the availability of administrative facilities and relevant resources e.g. finance and manpower. The conditions of sale of narcotic drugs must conform to the scheduling of drugs according to the Convention(s) to which a country may be a Party. Legislation concerning conditions of sale may be separately enacted or incorporated into the general health legislation; it is believed that the former would be much preferable. As Convention classifications of narcotic drugs and psychotropic substances are often modified, the national legislation should be drafted in a way so as to accommodate modifications as and when necessary. Legislation may have to be modified by means of administrative orders or at least initially, by means of delegated legislation. It is for the national authorities to determine the appropriate method(s) for this purpose in the light of their own circumstances.

The conditions of sale should also include the class of persons who may be permitted to sell and the type of premises on which sale may be allowed. Unlike the sale of ordinary commodities, in the case of sale of narcotics and psychotropic substances, the seller must undertake a very wide range of responsibilities, and the usual rule of caveat emptor in relation to the buyer must not be strictly followed.

Conditions of sale must also be determined in the light of the suitability of narcotic drugs and psychotropic substances in a given climatic condition and the prevailing health and sanitation conditions. In this way, sale of irrelevant narcotic drugs and psychotropic substances may be avoided.

Conditions of sale must be interrelated to the general regulations of making narcotic and psychotropic substances available to retailers and the public through prescription or without any prescription. It would be most appropriate for the national authorities to follow the Schedules of narcotic drugs and psychotropic substances modelled

by the Single Convention on Narcotic Drugs and the Convention on Psychotropic Substances. Conditions of sale of narcotic drugs in a national legislation should also include the conditions of sale of preparations and substances which should not be sold without any prescription or licence. If a preparation contains more than one substance, it should be controlled by the level of restrictions or regime applicable to the more strictly controlled substance of the two. The report submitted by a Group of World Health Organisation Consultants entitled "Consultation on the Convention on Psychotropic Substances" (MNH/78.1) may offer some guidance in this regard. The World Health Organisation Consultants recommended, inter alia, that:

(a) preparations containing more than one substance should not be exempted;

(b) preparations containing both narcotic and psychotropic substances should not be exempted;

(c) preparations containing a substance listed in Schedule II of the Convention on Psychotropic Substances should not ordinarily be exempted; and

(d) preparations containing a psychotropic substance which is subject to international control should not be exempted if it should contain properties of an uncontrolled drug that also contains elements of psychotropic substance.

(See also "Study on Guidelines for the Exemption of Preparations under Article 3 of the Convention on Psychotropic Substances, 1971, MNH/80.1). In fact, the Commission on Narcotic Drugs requested the Member State to follow these guidelines in granting exemptions. Incidentally, in November 1982, the World Health Organisation organised a Group Consultation for considering "Development of Further Guidelines for Exempted Preparations under Article 3 of the Convention on Psychotropic Substances, 1971." National authorities should give careful consideration to the contents of imported narcotic drugs in determining the conditions of their sale.

Advertising

The report of the World Health Organisation entitled "Report of a Consultation on Basic Elements of Drug Legislation and Regulatory Control for Developing Countries, 1981"[58] states, inter alia, that the "drug control agency must exercise appropriate control over advertising of drugs so that correct information is provided by the industry to the health profession and to the public." (See also the discussion of 'Medical Prescriptions'). The Single Convention on Narcotic Drugs has not specifically made any provision in this regard. It may safely be presumed, however, that the control of unguarded advertisements is an integral part of the control system. The national authorities may, however, like to consult the World Health Organisation report entitled "World Health Organisation Seminar on the Safe Use of Psychotropic and Narcotic Substances". Of course, misrepresentation of products can always be dealt with by ordinary commercial legislation available in a country. Article 10, paragraph 2 of the Convention on Psychotropic Substances however provides that "Each Party shall, with due regard to its constitutional provisions, prohibit the advertisement of such substances to the general public." Although a multi-disciplinary approach may be necessary to prevent the publication of misleading advertisements (the pharmaceutical profession, the medical profession, the media, the drug control agencies and various non-Governmental action groups), perhaps a central agency for the control of advertisements would be more appropriate. Close co-operation must exist between such relevant professions and various non-Governmental action groups.

Medical Prescriptions

In view of the dependence liability of narcotic drugs and psychotropic substances, the need for limiting the use of controlled drugs and psychotropic substances to medical and scientific purposes can hardly be over emphasised. Narcotic drugs in Schedule IV of the Single Convention on Narcotic Drugs, and psychotropic substances belonging to Schedule I of the Convention on Psychotropic Substances can be supplied only on prescriptions and their use is limited only to scientific and medical establishments duly supervised by the health authorities. In exceptional cases, however, psychotropic substances in Schedules III and IV may be supplied by licensed pharmacists and retail distributors provided there is an overriding medical need. In these circumstances the national health authorities are required to take exceptionally strict measures of control and supervision, otherwise the supply of such substances may find its way into illicit traffic.

Article 9 of the Convention on Psychotropic Substances details the circumstances in which prescriptions must be used. It is obvious that the prescription system also operates within the drug control regimes created by the Single Convention on Narcotic Drugs. Article 9 of the Convention on Psychotropic Substances provides that:

> 1. The Parties shall require that substances in Schedule II, III and IV be supplied or dispensed for use by individuals pursuant to medical prescription only, except when individuals may lawfully obtain, use, dispense or administer such substances in the fully authorised exercise of therapeutic or scientific functions.
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> 2. The Parties shall take measures to ensure that prescriptions for substances in Schedules II, III and IV are issued in accordance with sound medical practice and subject to such regulation, particularly as to the number of times they may be refilled and the duration of their validity, as will protect the public health and welfare.
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> 3. Notwithstanding paragraph 1, a Party may, if in its opinion local circumstances so require and under such conditions, including record-keeping, as it may prescribe, authorise licensed pharmacists or other licensed retail distributors designated by the authorities responsible for public health in its country or part thereof to supply, at their discretion and without prescription for use for medical purposes by individuals in exceptional cases, small quantities, within limits to be defined by the Parties, of substances in Schedules III and IV.

It is entirely for the national authorities to determine what form of medical prescriptions should be dispensed under the responsibility of the pharmacist. Whereas the first type is usually controlled by Government authorities (and one copy of the prescription must be returned to them after it has been dispensed by a registered pharmacist), the operation of the other is solely supervised by the pharmacist concerned, that is, he must ensure that the signature of the medical practitioner on the prescription is genuine and that the prescription has not been tampered with, and also that the medical practitioner is a registered practitioner authorised to practice in that jurisdiction. This system also applies to veterinary surgeons and dentists. Whereas the first system may cause some delay, control over the latter is to be solely exercised by the pharmacist concerned. However, in the interest of all Parties concerned and for the purpose of control of narcotic drugs and substances, all prescriptions should contain certain essential information:

Name and address of the person to whom the drug is prescribed

Name, address and registration number of the medical practitioner who has prescribed the drug

Date of prescription

Names of drugs and psychotropic substances as the case may be

Directions for use

Signature of the medical practitioner

If the same medicine is repeated, the number of times repeated.

The pharmacist has correspondingly certain duties to observe in dispensing a medical prescription. He must ensure that the above information has appeared on a prescription. He must check with the medical practitioner concerned any information that he might find necessary. Incidentally, the national authorities should by legislation specify the time-limit by which a prescription must be presented to a pharmacist and dispensed. Should however a medical practitioner prescribe a medicine or or psychotropic substance which is not available at a given point in time, the pharmacist concerned must not supply any substitute medicine or psychotropic substance without the consent of the medical practitioner concerned, and records of that must be maintained. A medical practitioner should not prescribe a drug or psychotropic substance by being persuaded by a manufacturer of such drugs or psychotropic substances, even though they have passed through all the stages of registration. Where appropriate, medical practitioners may like to prescribe available locally manufactured drugs and psychotropic substances; this may serve two important purposes -first, continuity of the same drug, or psychotropic substance may be maintained, and second, dependence on foreign drugs and psychotropic substances may be progressively minimised.

Treatment and Rehabilitation of drug addicts and drug abusers

Both the Single Convention and the Convention on Psychotropic Substances specifically provide for the treatment of drug addicts and measures against the abuse of psychotropic substances. Article 38 of the Single Convention on Narcotic Drugs provides that:

"1. The Parties shall give special attention to the provision of facilities for the medical treatment, care and rehabilitation of drug addicts.

2. If a Party has a serious problem of drug addiction and its economic resources permit, it is desirable that it establish adequate facilities for the effective treatment of drug addicts."

Article 20 of the Convention on Psychotropic Substances provides that:

"1. The Parties shall take all practicable measures for the prevention of abuse of psychotropic substances and for the early identification, treatment, education, after-care, rehabilitation and social reintegration of the persons involved, and shall co-ordinate their efforts to these ends.

2. The Parties shall as far as possible promote the training of personnel in the treatment, after-care, rehabilitation and social reintegration of abusers of psychotropic substances.

3. The Parties shall assist persons whose work so requires to gain an understanding of the problems of abuse of psychotropic substances and of its

prevention and shall also promote such understanding among the general public if there is a risk that abuse of such substances will become widespread."

It appears that the provisions of Article 20 of the Convention on Psychotropic Substances are much wider than the corresponding provisions of the Single Convention on Narcotic Drugs in that they are concerned with "Measures against the abuse of psychotropic substances." There being no guarantee as to the uniformity of standard of effective machinery and socio-economic conditions, the results are bound to be varied. Additionally, 'treatment', 'education', 'after-care', 'rehabilitation' and 'social integration' connote different meanings. The connotation of the terms 'rehabilitation' and 'social integration' overlap and 'education' is part of the 'rehabilitation' process. However, Parties may be able to co-ordinate their efforts to these ends through their national administration.[59] Treatment after-care and rehabilitation, including education of drug addicts and abusers of psychotropic substances involve a host of things; early identification, detoxification, psychotherapy etc. The effectiveness of any of these elements has not been unquestionably established as yet. In view of the lack of resources and facilities many national Governments are not in a position to take effective measures in this regard. Yet, positive results on treatment, rehabilitation, education etc. of drug addicts and abusers of drugs may be achieved primarily by the intervention and action of national Governments. Perhaps, the question why treatment becomes necessary is very important - the obvious reasons are the easy availability of narcotic drugs and psychotropic substances, lack of control, and of course, drug-habit is integrated in the culture of a people. It is believed that all these elements may be dealt with by following a strict control machinery and by training, even at a family level. In many countries, various types of establishments have already been set up for the purpose of training, rehabilitation, education etc. of drug addicts and abusers of drugs, e.g. vocational training centres for drug addicts, drop-in centres, community work projects etc.

The incidence of drug use and misuse varies from society to society; consequently, it might not be advisable to follow any special pattern of treatment or rehabilitation or education procedure.

Several of the U.N. Agencies and non-Governmental organisations have responsibilities for assisting and collaborating with Governments. Of the U.N. Agencies, the primary role in this regard has been taken by the World Health Organisation. National Governments can seek the advice of the World Health Organisation on these matters and may like to consult the World Health Organisation report entitled "WHO Statement on the Prevention and Treatment of Drug Dependence" (MNH/78.21). The Mental Health Division of the World Health Organisation deals with the questions of mental health, including prevention of psychiatric, neurological and psychological problems related to alcohol and drug dependence.[60] It is believed that the primary health care programmes would be the best programmes for dealing with these problems at a national level.