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SUMMARY REPORT

Workshop on Drug Abuse Policies and Programmes in South Eastern European Countries



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1991

EUR/HFA target 13

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ABSTRACT

The Balkan countries (Albania, Bulgaria, Greece, Romania, Turkey and Yugoslavia) suffer from varying degrees and types of drug abuse. A WHO workshop brought together representatives from these countries with experts from countries with a long history of drug problems and experience of dealing with them. They identified ways of forestalling similar developments in the Balkans. They recommended creating better mechanisms for cooperation among government departments in the Balkan countries and among the countries themselves, which should facilitate epidemiological work on drug abuse in the area, help improve the training of health, social welfare and education personnel, and help develop comprehensive prevention strategies.

TARGET 13

HEALTHY PUBLIC POLICY

Index:

SUBSTANCE ABUSE - prevent/control
HEALTH POLICY
HEALTH PLANNING
HEALTH OCCUPATIONS - education
EPIDEMIOLOGIC METHODS
INTERNATIONAL COOPERATION
ALBANIA
BULGARIA
GREECE
ROMANIA
TURKEY
YUGOSLAVIA

The Workshop was hosted by the Government of Bulgaria and organized jointly by the WHO collaborating centre for mental health research and training, Medical Academy, Sofia, and the WHO Regional Office for Europe. Its main aim was to exchange and analyse information about drug abuse in the Balkan countries; to identify the needs and opportunities for further action at the local, national and subregional levels in these countries; and to identify effective mechanisms for future collaboration among the countries involved and with relevant international organizations.

The meeting was attended by representatives and experts from the following countries: Albania, Bulgaria, Greece, Romania, Turkey and Yugoslavia. An observer from Cyprus also attended. Temporary advisers from the Netherlands, Norway and the United Kingdom assisted. The participants were health administrators or practitioners drawn from such disciplines as public health, psychiatry, psychology, sociology, pharmacy, and social work. Other international organizations had been invited but unfortunately could not attend.

Reports were presented that summarized the drug use patterns and responses in each of the Balkan countries. The discussions then focused on the following issues: epidemiology, prevention, treatment and AIDS. The temporary advisers opened the discussions on these issues with introductions drawing on the experience of countries with a long history of drug problems.

The current situation in the Balkan countries varies from country to country. Nevertheless, the excessive consumption of legal or pharmaceutical psychoactive substances was regarded as a problem in all. Most countries also reported a serious problem with solvent abuse. The use of illicit drugs was more marked in countries such as Greece and Yugoslavia than in other countries such as Albania and Romania, where currently there are no indications of this practice. Turkey reported a relatively low but stable level of illicit drug use. In Bulgaria, the indications are that illicit drug use is increasing. Most countries have yet to develop up-to-date coherent public health policies as a response to illicit drug problems. In many cases, adequate expertise, services and appropriate legislation are lacking.

Areas discussed

The review of possible epidemiological methods emphasized the importance of using more than one approach, the need for clear definitions of the phenomena to be investigated, and the purposes for which the information was collected. In virtually all the countries, reliable information on the nature and extent of drug use and its consequences is seriously lacking. Public health objectives should determine the type of information collected in epidemiological research. To achieve this, a mechanism is necessary for bringing together information from different sources and for interpreting the results.

The participants agreed that the goal of prevention was to promote public health and healthy lifestyles and to minimize the medical and social problems arising from drug use. They did not consider that lifting all legal controls on the misuse and trafficking of drugs, as proposed by certain social groups and movements, was an appropriate response to the drug problem. They called on relevant international organizations to review the existing evidence pertaining to this issue. Comprehensive prevention policies should establish

a balance between limiting the availability of drugs, reducing the harm they do and using demand reduction strategies. Prevention policies need to identify specific target groups as much as possible. Risk factors vary between different social groups and different situations, which implies that local cultural conditions and circumstances should determine the type of intervention used. The mass media can be instrumental and should be encouraged to promote healthy lifestyles. An exclusive focus on drug abuse tends to be counterproductive, however; mass media campaigns on drug abuse should therefore be undertaken only with the utmost caution.

Treatment has to be considered as a broad concept, not limited to detoxification. It should also explicitly cover interventions that aim to reduce the harm caused by continued use, to provide social support and to facilitate social reintegration. A treatment system also has to be culture-specific.

AIDS among drug users has become a major problem in western European countries and is a growing potential threat in the Balkan countries as well. Specific measures are therefore urgently required to prevent the emergence of this particular problem. These involve addressing such issues as sexual behaviour, the training of relevant health professionals, outreach work, and reviewing the priorities of the health care systems that run drug treatment facilities. Where appropriate, countries should consider using substitution therapy and making provisions for the free availability of needles and syringes. Health education measures should address the potentially strong rejection by society of people with AIDS, especially drug users.

Conclusions

1. Taking into consideration the social and political changes in this part of the Region, as well as experience elsewhere at times of rapid change, there are good grounds to believe that the situation regarding drug abuse is likely to change in the very near future and will have very serious consequences if appropriate action is not taken now.
2. Drug abuse must be considered as a multifaceted problem that requires a response at a number of different levels, internationally, nationally and locally, including by governmental and nongovernmental institutions.
3. It is essential to broaden the range of professionals concerned with drug abuse beyond psychiatrists and to include public health workers, social scientists, social workers, teachers and others in the fields of health, social welfare and education.
4. Although it is important for governments to take the lead, the active involvement of other sectors should be encouraged, including nongovernmental organizations, local authorities and community groups. While nongovernmental organizations are an important source of new approaches, a mechanism should exist to ensure they remain accountable for their actions.
5. Policies to reduce the damage caused by drug taking cannot focus on illicit drugs in isolation, but should include other psychoactive substances whose excessive use can produce serious public health problems, such as prescribed medicines, alcohol and tobacco.

6. Workers in health care, the social services and education must be educated in such a way as to enable a multidisciplinary approach to become a reality.
7. Although a certain level of specialization in the health care system is needed to deal with substance abuse problems, the general health services, particularly in primary health care, and the social services also have an important role to play.
8. A prerequisite for the development of appropriate strategies or policies is better information on the nature and extent of drug use and a better understanding of the dynamics of change.
9. The exchange of information among the Balkan countries and their identification of further means of collaboration through this Workshop have clearly demonstrated the need for continued cooperation in this part of the Region.

Recommendations

1. Each country should establish or strengthen existing mechanisms for coordination among relevant government departments and ensure that adequate provisions are made for implementing any decisions made.
2. To establish appropriate collaboration among the Balkan countries, each one should designate a focal point for liaison. A mechanism for facilitating communication among these focal points is necessary, through annual meetings, for example. Collaboration may involve a variety of issues (such as psychosocial research) and need not involve the collaboration of all countries.
3. A priority area of collaboration is to develop and build on existing epidemiological work within and among the Balkan countries. To that end, a technical workshop should be organized to address both the objectives of epidemiology and the appropriate method to use, with special emphasis on sampling and standardized methods and instruments.
4. A second priority area of collaboration is the training of personnel, particularly in health, social welfare and education.
5. Other areas of collaboration include prevention strategies, for example, involving locally based projects and psychosocial interventions. Policy-makers and officials increasingly need to exchange information.
6. The WHO Regional Office for Europe is called upon to sponsor and provide technical support to the subregional coordination activities referred to above, within the framework of its intensified collaboration with the countries of central and eastern Europe, involving other international organizations as appropriate.

