

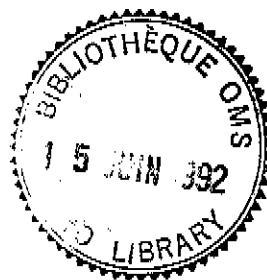


WHO

REGIONAL OFFICE FOR EUROPE

**PROGRAMME ON PREVENTION
OF DRUG ABUSE
AND CONCOMITANT
HIV TRANSMISSION
IN COUNTRIES OF CENTRAL
AND EASTERN EUROPE**

Report on a Planning Meeting



Copenhagen
23 – 25 October 1991

SCHERFIGSVEJ 8
DK-2100 COPENHAGEN Ø
DENMARK

TEL.: (45) 39 17 17 17
TELEFAX: (45) 39 17 18 18
TELEX: 15348

1992

EUR/HFA TARGET 17

39970
EUR/ICP/ADA 533
9006B
ENGLISH ONLY
UNEDITED

This activity was organized by the WHO Regional Office for Europe to promote work aimed at achieving the following target in the health for all strategy.^a

TARGET 17

TOBACCO, ALCOHOL AND PSYCHOACTIVE DRUGS

By the year 2000, the health-damaging consumption of dependence-producing substances such as alcohol, tobacco and psychoactive drugs should have been significantly reduced in all Member States.

Keywords

HEALTH PLANNING
SUBSTANCE ABUSE
HIV INFECTIONS — prevent/control
CCEE

All rights in this document are reserved by the WHO Regional Office for Europe. The document may nevertheless be freely reviewed, abstracted, reproduced or translated, but not for sale or for use in conjunction with commercial purposes. Any views expressed by named authors are solely the responsibility of those authors. The Regional Office would appreciate receiving one copy of any translation.

^a *Updating of the European HFA targets.* Copenhagen, WHO Regional Office Europe, 1991 (document EUR/RC41/Inf.Doc./1 Rev.1).

Introduction

This meeting was convened by the WHO Regional Office for Europe to discuss with the countries concerned the start of a special programme of activities in countries of central and eastern Europe (CCEE) for the prevention of drug abuse and concomitant HIV transmission. This special programme had been drafted by the Regional Office earlier in the year as part of the overall reorientation of the programme of work following the Regional Committee resolution in September 1990 (EUR/RC40/R7) to intensify cooperation with countries of central and eastern Europe.

The main features of the programme to prevent drug abuse in CCEE as developed by the Regional Office include:

(a) subprogrammes designed to meet the common needs of all or most countries involved. These refer to activities in support of the development of effective national policies, the strengthening of information and epidemiology technology, assistance in legislation updating and assistance in developing effective communication strategies for lifestyle modification specifically related to the prevention and care of drug abuse and associated HIV infection.

(b) technical support activities designed to meet specific drug abuse-related needs as recognized by individual countries. These must be designed to be action-oriented and may include: seminars on harm reduction strategies, such as needle/syringe exchange schemes and voluntary HIV testing and consulting programmes for drug users; workshops on treatment approaches, including substitution therapies; workshops on self-help and mutual aid initiatives; and workshops on outreach programmes for young people, and "on call" technical support.

The start of the implementation of the programme has been made possible through a voluntary donation by the Government of Norway to WHO.

The meeting was attended by representatives of the ministries of health of Albania, Bulgaria, Czechoslovakia, Hungary, Poland, Romania, USSR and Yugoslavia. Representatives from the Norwegian and United Kingdom ministries of health served as temporary advisers. International organizations participating were the United Nations International Drug Control Programme (UNDCP), Council of Europe (CE), Commission of European Community (CEC) and International Council on Alcohol and Addictions (ICAA). The Programme on Substance Abuse (PSA), WHO headquarters, and the Global Programme on AIDS (GPA), Regional Office for Europe, were also represented.

Discussion

Currently patterns of drug abuse in the countries of central and eastern Europe show wide variations both in relation to substances abused as well as prevalence rates. The background paper to the meeting describing characteristics of current substance abuse patterns in countries of central and eastern Europe was found to give an accurate description of the situation. With the exception of Poland and Yugoslavia the problems of drug abuse are still fairly limited. As far as HIV infection is concerned, all the countries in central and eastern Europe belong to the group of low-prevalence countries, but the case of Poland is relevant in this context and very alarming. The proportion of drug users among all HIV-infected persons has been increasing there from 0% in August 1988 to 74.2% by September 1991. In

all CCEE there is indeed great concern over the imminent possibility of rapidly expanding drug abuse in the whole subregion, and over changes in drug abuse patterns from non-injecting to injecting drug use. Reference was made repeatedly to other countries where rapid social and political changes have been accompanied by an explosion of substance abuse. The need therefore to establish substance abuse programmes now is well recognized. With a view, however, to the multitude of other grave problems that the countries concerned are facing, it is quite clear that assistance from outside is needed to initiate and support appropriate activities aiming at the prevention of substance abuse.

The representatives of the international organizations at the meeting referred to their organizations' willingness to lend support as appropriate to their mandates and capabilities. The participants agreed that the programme of activities as designed by the Regional Office was highly appropriate, and recognized the Norwegian Government's pledge of a voluntary donation for the start of the implementation of this programme.

The participants discussed the special programme in detail and proposed that it be implemented immediately, taking into account the following points.

- The programme must give the highest priority to activities at subregional and national levels aimed at fostering the development of effective national policies and improving mechanisms for data collection: this should be done in the first instance through the organization of subregional and subsequent national workshops focusing on practical implementation.
- Coordination has to be an essential feature for policy development. The ministries of health and justice are central in making drug abuse policy, but also involved are ministries of social welfare, interior, education and others. Formal mechanisms to establish coordination through interministerial committees or other means were thought to be a prerequisite. At the least a central focal point for drug abuse should be established and supported by the national administration, and as far as possible, links should be set up with the approaches to other substance abuse problems, such as alcohol abuse, and especially to programmes for HIV/AIDS prevention and control.
- Regarding the necessary strengthening of information support and epidemiology for programme development, the obvious need is for data collection and analysis which would give reliable results in the short term. Equally high priority should be given to supporting such activities as to those aiming at policy development. More sophisticated and longer-term research must be built up at the same time, but without the same high priority in this special programme as funds are limited.
- Although many of the items in the proposed programme implicitly aim at competence building, particularly of health and welfare professionals, it was felt that training and education should be mentioned explicitly in the programme as a programme component by itself. This would also underline the fact that the special programme is meant to be action oriented and directed at both the prevention of drug abuse and HIV transmission. Health and welfare professionals are in a good position to play a leading role in demand reduction activities at local community and

national levels. The model training course developed earlier by the Regional Office designed to train primary health care workers quickly was thought to be very useful.

- Assistance in developing effective communication strategies was highly relevant against the background of the special situation in the countries concerned, but it was felt that this should be dealt with in country programmes where such activities could be better targeted, rather than at subregional level.
- "On call" technical support was particularly significant, given the general lack of resources in the countries concerned. The opportunities for practical support to such basic needs, e.g. translation and printing of essential learning materials, were thought to be extremely useful.

In this context the limitations to the funding of the special programme itself were also referred to. The programme as it stood was only the beginning of an effort that should be intensive, inclusive and continuous. Further support would be almost immediately available from such sources as the UNDCP and countries were invited to solicit such support. As country programmes get under way, the availability of country support will become even more urgent.

Conclusions and recommendations

1. The "provisional programme of activities in countries in central and eastern Europe for the prevention of drug abuse and concomitant HIV transmission" drawn up by the Regional Office is considered to be in keeping with current pressing needs of countries in this part of the Region, with varying priorities in each country.
2. The programme would be amended on the basis of the discussion, to serve as the project document covering the activities specifically aiming at preventing drug abuse and concomitant HIV infection in the countries in central and eastern Europe. It will be made available in the first instance to the governments concerned and to the international organizations represented at the meeting.
3. The programme should be implemented as outlined in the previous paragraph, in cooperation with the Global Programme on AIDS country programmes and within the wider context of the EUROHEALTH programme of the Regional Office.
4. The highest priority should be given to assisting the development of effective national policies. National policy and legislation should be based on the particular drug and AIDS problems in each country and relevant to the cultural, social and economic situation. Special attention is to be paid to coordination. As a first step in facilitating policy development, the Regional Office will convene subregional workshops. The first will take place in May and cover the Balkan area, after which another one will be planned for the central European countries.
5. Of equal importance is the establishment of reliable and valid data gathering mechanisms, epidemiological research support and programme monitoring for developing and updating national policies and programme activities. Short-term studies allowing for quick feedback will be especially

important and will be supported. Subregional seminars on data gathering and analyses will be offered. Technical assistance at country level will be made available as necessary.

6. Training about drug abuse for professionals and others working in health, social welfare and educational institutions is to be carried out through seminars, workshops and fellowships. Ideally such topics should be included in the regular teaching programmes of institutions training these professionals. However, at this stage it is important that postgraduate training is being carried out, at least in the short term. These training activities have to take place as much as possible in the countries concerned. The model training course for postgraduate training developed by the Regional Office will be offered to appropriate institutions together with an implicit offer of support.

7. Applications to the Regional Office for "on call" technical support will be assessed against the need for them and their efficacy in yielding cost-effective results.

8. As part of this programme, the Regional Office will continue to mobilize national and subnational programmes in western European countries that are capable and prepared to serve as a resource for institutions and professionals from CCEE.

9. To secure a coherent and consistent approach, close coordination among the various international organizations is required in planning their activities in the subregion concerned. The Regional Office is ready to assume or share the responsibility for such coordination.

10. Practical partnerships must be forged and collaboration sought in the implementation of the programme to enable a sustained and continued effort beyond the limitations of the initial funding resources.

11. Collaborating and linking with the programme from the countries concerned is not limited to governmental institutions. Support for nongovernmental organizations is very important indeed in this sector, so applications for collaboration will be welcome from nongovernmental organizations (preferably in consultation with the relevant ministry of health) as well as from governmental agencies.

12. The Regional Office will collaborate with other international organizations, particularly the UNDCP, the Council of Europe and the Commission of the European Community, government departments and other interested parties to secure sustained implementation of drug abuse prevention programmes in countries in central and eastern Europe in line with the special programme.

13. The representatives from the countries attending the meeting will act as primary advocates of the programme to their respective governments and to relevant institutions in their countries.

14. Focal points are to be identified in the countries concerned to act as counterparts in the implementation of the programme.

15. In due course, the Regional Office will convene a consultative meeting to evaluate the progress of the implementation of this special programme.

Annex 1

PARTICIPANTS

ALBANIA

Dr A. Sykni
Ministry of Health of the Republic of Albania, Tirana

BULGARIA

Dr P.G. Lazarov
Head, Psychiatric Clinic No. 4, Medical Academy, Sofia - Souhodol

CZECHOSLOVAKIA

Dr P. Breier
Department of Psychiatry, NsP Ruzinov, Bratislava

Dr J. Presl
Head, Centre for Addiction Cure, Prague

HUNGARY

Ms Katalin Szomor Molnar
Secretary, Interministerial Drug Committee, Ministry of Welfare of the
Republic of Hungary, Budapest

POLAND

Ms Grazyna Swiatkiewicz
Department of Alcohol and Addictions, Institute of Psychiatry and
Neurology, Warsaw

ROMANIA

Dr Monica P. Pâslaru
Principal Inspector, Department of Health Care, Ministry of Health of
Romania, Bucharest

USSR

Dr V.F. Egorov
Chief, Department of Narcology, Ministry of Health of the USSR, Moscow

YUGOSLAVIA

Dr M. Kilibarda

Director, Institute on Addictions, Zavod Za Bolesti Zavisnosti, RO
Klinicko-Bolnicki Centar, "Dr Dragisa Misovic", Belgrade

REPRESENTATIVES OF OTHER ORGANIZATIONS

Commission of the European Community (CEC)

Dr J.C. Berger

Health and Safety Directorate General V, Luxembourg

Ms Ann Vanhout

Directorate General I, Brussels, Belgium

Ms Hilde van Lindt

Secretariat General, Brussels, Belgium

Council of Europe (CE)

Mr A. Estables

Strasbourg, France

International Council on Alcohol and Addictions (ICAA)

Mr A. Tongue

Consultant, Lausanne, Switzerland

United Nations International Drug Control Programme (UNDCP)

Mr G. Day

Head, Technical Services Division, Vienna, Austria

Dr Cindy S.J. Fazey

Chief, Demand Reduction Section, Technical Services Division, Vienna,
Austria

TEMPORARY ADVISERS

Mr K. Bentzen

Deputy Director General, Ministry of Health and Social Affairs, Oslo,
Norway

Professor A. Jablensky
WHO Collaborating Centre for Research and Training in Mental Health,
Bulgarian Medical Academy, Sofia, Bulgaria

Mr C. Muir
Assistant Secretary, Child Health, Maternity and Prevention Division,
Department of Health, London, United Kingdom

Mr J. Oliver
Drugs Prevention Policy Division, Department of Health, London, United
Kingdom

WORLD HEALTH ORGANIZATION

Regional Office for Europe

Dr S.-E. Ekeid
Regional Coordinator, Global Programme on AIDS

Cees Goos
Regional Adviser, Abuse of Psychoactive Drugs

Dr Ilona Kickbusch
Director, Lifestyles and Health

Dr Lucy Ozarin
Consultant, Abuse of Psychoactive Drugs

Ann Holst
Programme Assistant, Abuse of Psychoactive Drugs

Headquarters

Dr M. Argandoña
Programme on Substance Abuse

Dr Charlotte Chase
Programme on Substance Abuse