



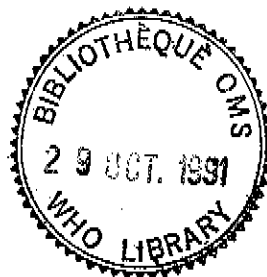
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SUMMARY REPORT

Working Group on Demand Reduction Regarding Drug Abuse in Europe: Current Programmes and Opportunities for Further Development

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EUR/HFA target 13

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ABSTRACT

The growth of both the problem of drug abuse and the social and health problems that accompany it has shown the importance of policies and practices to reduce the demand for drugs. A WHO Working Group of experts from 11 Member States of the European Region met to analyse current policies and practices and to propose a regional action programme to foster demand reduction strategies. After discussing a keynote paper and reviewing demand reduction activities in a number of countries, the Working Group made recommendations on four themes of demand reduction: general principles, practices (particularly to prevent drug abuse or reduce the harm it causes), conditions for improvement (particularly more intersectoral action, more funding and better evaluation) and local, national and international responsibilities. The Group also recommended that a regional action programme support national and international efforts with five kinds of action.

TARGET 13

HEALTHY PUBLIC POLICY

Index:

SUBSTANCE ABUSE - prevent/control
DRUG AND NARCOTIC CONTROL
HEALTH POLICY
LEGISLATION, HEALTH
REHABILITATION
EUR

Introduction

The Working Group comprised 14 temporary advisers and one observer from 11 Member States of the European Region. Its members were health administrators or practitioners drawn from various disciplines. In addition, the Nordic Committee on Narcotic Drugs and the International Council on Alcohol and Addictions were represented. The main aim of the Working Group was to analyse current policies and practices intended to reduce the demand for drugs and to make proposals for an action programme to foster demand reduction strategies throughout the Region.

Following a number of international meetings (including the International Conference on Drug Abuse and Illicit Trafficking in 1987, the Ministerial Summit to Reduce the Demand for Drugs and to Combat the Cocaine Threat in 1990 and the First Pan-European Ministerial Conference on Cooperation on Illicit Drug Abuse Problems in 1991), the need for increased support for demand reduction strategies is increasingly widely recognized. In the framework of a comprehensive drug abuse policy, strategies aiming at demand reduction and those aiming at supply reduction must have equal importance. This not only ends the tendency towards unproductive rivalry between the two approaches but also facilitates active collaboration between the various sectors involved. The political support for redressing the balance between the two approaches is growing fast in most of the countries of the Region; practical proposals for stepping up action to reduce demand are therefore timely.

Discussion

A keynote paper was discussed at some length by the Working Group, and followed by a detailed review of the situation in a selected number of countries and cities and an assessment of the overall situation in the Region. The Working Group concluded that a great variety of seemingly uncoordinated demand reduction activities are under way or in development. Although a wealth of experience with successful forms of demand reduction is available in principle, it is not systematically used. The other major obstacle was thought to be the lack of sufficient resources; this has prevented the launching of initiatives that could have real impact.

A discussion of the development of demand reduction strategies revealed the following themes:

- general principles
- practices
- conditions for improvement
- local, national and international responsibilities.

Conclusions and recommendations

General principles of demand reduction

1. Texts such as the Comprehensive Multidisciplinary Outline of Future Activities in Drug Abuse Control^a provide the right principles and excellent guidelines for good programmes of action at various levels. At this stage,

^a Declaration of the International Conference on Drug Abuse and Illicit Trafficking and Comprehensive Multidisciplinary Outline of Future Activities in Drug Abuse Control. New York, United Nations, 1988.

however, further documentation is needed of the concept and scope of demand reduction, its effectiveness and the factors that improve its effectiveness.

2. Reducing the demand for drugs should be understood to mean reducing not only the use of drugs but also the health and social problems connected with substance abuse in general. Demand reduction activities must be part of a broader health and welfare programme, directed at various forms of substance abuse and the concomitant social and health problems.

3. While the effectiveness of demand reduction programmes may be known to the people who implement them, it is insufficiently documented at the national and international levels. In this context, it was noted that striving towards a single European approach would be unwise, since the problems related to drug use varied so much between cities and countries. Rather, the experience gained from a variety of programmes should form the basis for moving forward with innovative demand reduction activities.

4. Several factors that would improve the effectiveness of demand reduction need emphasis. First, every educational effort must deliver a credible message to its different target groups; that is, the drug problem should be realistically portrayed, without drama, and put in its proper social and health context. Second, demand reduction programmes need to be implemented with the active involvement of the target groups. Third, the planning of a programme for demand reduction should target key groups (peer leaders and peer groups, offer alternatives to drug use, set priorities according to local needs and include intersectoral cooperation).

Demand reduction practices

5. Demand reduction practices can be subdivided into activities intended to prevent the use of drugs among non-users, to prevent drug-related problems in high-risk groups and to reduce the drug-related problems of individual drug addicts or to end their addiction.

6. Key issues in activities to prevent drug use are:

- the special situation in many of the countries in central and eastern Europe, where the prevalence of illicit drug use is still fairly low but expected to increase;
- community-based initiatives with an integrated approach to families, schools and neighbourhoods;
- special targeting of marginal groups;
- providing citizens' initiatives with the support they want;
- programmes carried out for and by youth, directed at peer group involvement and alternative, healthy lifestyles;
- supplying the mass media with information on drug problems and risks, to prevent the spread of false information on drug issues and to set the public agenda; and
- the responsible use of prescription drugs.

7. The key issues in preventing drug-related problems in high-risk groups are:

- the identification of risk groups and indicators for drug-related problems;
- ways of reaching such groups without stigmatizing them; and
- early recognition of and a flexible response to the actual needs of these groups.

It was emphasized that, in some cultures, an appropriate intermediate prevention aim for some risk groups who use drugs regularly is the reduction of drug-related social and health problems, even if this implies the continuation of drug use. Although harm reduction strategies should lead to a short-term reduction of demand, they should not exclude the aim of a drug-free lifestyle.

8. In addition, treatment and rehabilitation programmes were seen as effective instruments for demand reduction. Key issues in treatment and rehabilitation are:

- the coexistence of varied and flexible treatment options, geared to the needs perceived by the clients and to realistic treatment aims (drug-free treatment and harm reduction can be seen as complementary rather than conflicting treatment options);
- the need to reach as many addicts as possible and to identify opportunities for early access to treatment (such as crisis intervention, outreach work, low threshold institutions catering to basic needs);
- the prevention of relapse and the social integration of addicts by, for example, developing supportive social environments including self-help groups;
- special action towards specific subgroups such as drug-addicted mothers and their children, and prisoners; and
- the combination of drug abuse treatment and the treatment of related health problems such as HIV infection.

The improvement of demand reduction

9. In many countries and international organizations, supply reduction receives far more funding than demand reduction. Redressing this balance is a basic condition for stepping up demand reduction programmes.

10. Professionals who are confronted with addiction problems often lack the ability to tackle them. The building of such competence in different professional groups - not only in health promotion or health care but also in social work, education and law enforcement - is an elementary step in giving demand reduction an appropriate place in drug policy.

11. Since drug abuse leads to many different health and social problems, these problems can only be tackled through multidisciplinary action. This implies intersectoral action and coordination, that is, involving all relevant sectors of society, including law enforcement.

12. The effectiveness of present and new policy measures in the field of demand reduction needs careful evaluation, as does that of measures for supply reduction.

Local, national and international responsibilities

13. The most important action for demand reduction takes place at the local level. A person or body within local government should be identified as the leader in such action. The leader would be responsible for efficiently coordinating the various sectors involved, assessing local needs and supporting local initiatives.

14. A national policy framework or programme is helpful, but cannot direct all local action. The building of competence, the coordination of research and the exchange of information at the national level can be powerful facilitators for local initiatives. National information campaigns have proved to be helpful in sustaining public awareness and establishing a supportive social environment for demand reduction. Overall health policy objectives at the national level must ensure that demand reduction is included in the framework of health promotion.

15. The main task at the international level is the exchange and evaluation of experience and the promotion of expertise in demand reduction. Since the Member States of the Region are members of the major international organizations that operate in this field, cooperation between these organizations is increasingly necessary to prevent overlap and to use scarce expertise efficiently.

Action recommended

16. International collaboration should support and sustain demand reduction at the community and national levels. This will ease the implementation of innovative approaches at the local and national levels.

17. WHO should give high priority to fostering demand reduction. The establishment of the global Programme on Substance Abuse is an important step. In the European Region, the importance of demand reduction fully justifies its discussion by the Regional Committee. Existing mechanisms such as the Healthy Cities project and the emerging healthy schools project should be used to promote demand reduction in appropriate settings in the community. The regional programme on the abuse of psychoactive drugs needs practical collaboration with other regional programmes, particularly those on alcohol abuse, tobacco and mental health.

18. Competence building should be promoted through training health and welfare professionals to acquire both information on and practical skills to deal with substance abuse. WHO has been very active in this field. WHO should continue to use its influence to ensure that the training of practitioners includes and gives due attention to demand reduction strategies.

19. The exchange of information, experience and expertise through networks of people engaged in demand reduction builds competence, assists evaluation and validates and disseminates effective principles. WHO should stimulate and facilitate the operation of such networks.

20. Complementary to international cooperation on supply reduction, a detailed action programme for demand reduction in the European Region should be established on the basis of the discussions of the Working Group, and take five kinds of action. First, it should stimulate the exchange of information on demand reduction Region-wide, utilizing such mechanisms as newsletters, networks and international meetings and other means as may be appropriate for specific subjects, and setting up a database on materials on demand reduction. The mechanisms used should be aimed at national and local policy-makers and local practitioners.

Second, the programme should promote action at the local level through the development of a check-list of options for action, and involve interested cities in a multicity action plan for the promotion of demand reduction. The network of cities in the Healthy Cities project should be involved in this to the extent possible.

Third, the programme should develop appropriate monitoring and evaluation techniques that are particularly useful at the local level. This could be the subject for a specialized working group.

Fourthly, the programme should promote expertise on substance abuse in professionals in various disciplines, including the reduction of the overprescribing of psychoactive medicines, through such mechanisms as summer courses and an overall strengthening of WHO activities in this area. The formation of a pool of experts to assist national or local policy-makers and programme planners would also help to build the expertise needed.

Fifthly, the programme should initiate a standing group on the promotion of policy on demand reduction.

21. The WHO Regional Office for Europe should further develop this action programme in consultation with practitioners and policy-makers in Member States. The programme should obviously take account of and preferably be further developed along with similar plans of other international organizations operating in the European Region, particularly the Pompidou Group of the Council of Europe, the Commission of the European Communities and the Nordic Council. Links with the International Council on Alcohol and Addictions are particularly important to involve nongovernmental organizations.

