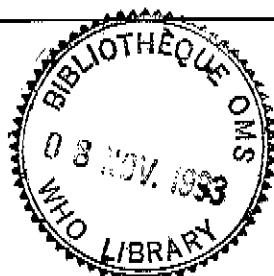




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# DRUG ABUSE POLICIES AND PROGRAMMES IN CENTRAL EUROPE

Summary Report on a WHO Workshop

Torun, Poland, 14 – 16 December 1992

## ABSTRACT

Drug abuse requires intensive international collaboration, particularly between neighbouring countries. The political, social and economic changes taking place in the eastern part of the WHO European Region have also led to the reorientation of policies and programmes on drug abuse. Policy advisers from central European countries were invited to a workshop to discuss recent changes in national drug abuse policies and how to make them better known to neighbouring countries. The participants informed the meeting of the latest developments in their countries with respect to drug abuse policies, prevention programmes and specific strategies, such as demand-reduction. They concluded that there was a clear need for regular information exchange and greater international collaboration, and made a number of recommendations for future action in this regard.

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**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**

SUBSTANCE ABUSE – prevent/control  
HEALTH POLICY - trends  
INTERNATIONAL COOPERATION  
CCEE

## Introduction

Policy-makers and policy advisers from central European countries met to discuss drug abuse policies and programmes and ways in which cooperation could be enhanced. This is particularly important in view of the profound political, economic and sociocultural changes taking place in central and eastern Europe today. Representatives from the Commission of the European Communities and the WHO Global Programme on AIDS also attended the Workshop, which was a part of the WHO Regional Office for Europe programme of activities in countries of central and eastern Europe for the prevention of drug abuse and concomitant HIV transmission.

The Workshop was a practical manifestation of the spirit of the 1st Pan-European Ministerial Conference on Cooperation on Illicit Drug Abuse Problems, which was organized by the Council of Europe and held in 1991. The conference encouraged progress towards the conclusion of an association agreement between the European Community and certain central and eastern European countries. This would facilitate coordinated international action against the use of illicit drugs.

## Discussion

Drug abuse threatens to become one of the serious barriers to the social and economic development of the countries of central and eastern Europe. Reports from all the countries represented at the Workshop stated that there is growing evidence that illicit psychoactive substances are increasingly available and in demand. This trend has been reinforced by other social and economic developments, such as the opening up of borders, which has resulted in greater mobility of persons and goods; difficulties in converting local money into hard currency; high unemployment (especially among young people); increased poverty; the weakening of formal regulations; greater civil strife; stronger links to organized crime abroad; and changes in the health care system (including privatization and a growing shortage of public funds for health care). Drug abuse is firmly interwoven in the disruptive social patterns that are emerging and may continue to grow, unless coordinated preventive measures are taken.

Parallel to these developments runs a worrying increase in the use of alcohol, licit psychoactive pharmaceutical substances and tobacco, particularly in the former socialist countries. Moreover, multinational and western companies have expressed a strong commercial interest in invading these new markets, as have local entrepreneurs.

From the public health perspective, the harm associated with substance abuse is becoming even more important because of its role in the transmission of communicable diseases, especially HIV infection. Currently, the prevalence of HIV infection in most of the countries of central and eastern Europe is still very low, and prevention programmes should be launched to keep prevalence down. In addition to the general strategy of reducing supply and demand, harm-reduction strategies are becoming widely accepted as a preventive measure. For example, some countries have recently introduced substitution therapy for opiate addicts, while others have much longer experience using this approach as well as syringe exchange.

Most countries of this part of the Region are determined to develop new responses to the existing problems and find ways of preventing new problems from emerging. Discussions have revealed, however, that these new initiatives in policy-making, reducing demand, law enforcement, treatment, rehabilitation and social welfare are not always attributed equal importance and coordinated, either at subregional or national level, despite the high profile that some countries have given them. Information exchange is still rudimentary, and as a result countries are not making effective use of their neighbours' experience. It was noted that in most of the countries represented at the Workshop efforts are under way to revise existing or draft new legislation.

Differences between countries' legal systems and differences in law enforcement are exploited by international criminals. There is an increased flow of information about the best markets for drugs and new ways of producing them. Many social and health problems have become international; for example, drug trafficking, prostitution and related crime. The transmission of various diseases has risen, increasing the burden on the health sector and public services.

Different practices in the handling of drug abuse and in treatment have led to problems in a number of border areas. Neighbouring countries should be sensitive to such situations and to the need for practical cooperation.

The participants saw an increasing need to improve the response to the growing wave of medical, social and other problems related to the use of licit and illicit drugs (including pharmaceuticals, alcohol and tobacco), by increasing collaboration within central Europe and coordinating national efforts.

High priority should be given to the harmonization of drug abuse policies in neighbouring countries and

of the activities in all sectors concerned with drug abuse problems. However, the cultural specificity of individual countries and their traditions should be respected.

### Conclusions and recommendations

1. In spite of budgetary and other constraints, health ministers must give high priority to the issue of substance misuse, particularly in view of the tremendous impact this has on public health. A policy on drug abuse should encompass preventive measures, treatment and rehabilitation, including harm-reduction strategies. The issue of illicit drugs deserves particular attention, in view of the potential for the spread of communicable diseases, particularly HIV infection and hepatitis B.
2. A coordinated, multisectoral approach is a requirement for effective action, as has been stated on many previous occasions. Coordination at national and local levels through coordinating bodies is also a prerequisite. Ministries of health must initiate and support such coordination.
3. There is a great need and potential for collaboration between countries in this part of the European Region, particularly in developing policy, including legislation, improving the response to treatment and rehabilitation, exchanging information on successful approaches, designing more effective prevention programmes, and providing better support through research.
4. The exchange of information among the countries concerned must be expanded through the establishment of better mechanisms of communication. Policies and programmes aimed at reducing supply and demand should be better coordinated. Existing networks and activities, such as national journals, national information centres, multi-city action projects and health-promoting schools, should be used in this connection.
5. The countries concerned should inform each other about anticipated changes in legislation and new initiatives in policy implementation. Technical

discussions on policy issues in individual countries could benefit from the participation of foreign experts and observers.

6. A programme of fellowships and study visits should be established to familiarize professionals and policy advisers with current cross-border developments and approaches. Existing international fellowships programmes should be promoted more vigorously.
7. Personnel training is an important area for collaboration. Postgraduate, ad hoc and continuous forms of training should be developed. More formal training should be supported through prevention programmes. Health and social welfare professionals in particular would benefit from study abroad, as they are being approached by more and more clients from neighbouring countries. Direct contacts between relevant services might also be considered.
8. Priority should be given to collaboration on epidemiological and evaluative research (for example, on recent experience with methadone programmes) whose contribution to the formulation and implementation of policy is of strategic importance. The potential of research to assist in policy-making would be enhanced by direct collaboration between relevant scientific institutions. The participants called on governments to allocate sufficient resources for this purpose.
9. The exchange of information on and training experiences in health education in the school environment should be stimulated. The possibility of applying a peer-education approach should be explored.
10. Cross-border cooperation should be encouraged between neighbouring communities or border towns to develop common projects on the prevention and treatment of drug abuse.
11. The policy of rapprochement between European international organizations and agencies working in this area is a prerequisite for effective international support.