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REGIONAL OFFICE FOR EUROPE



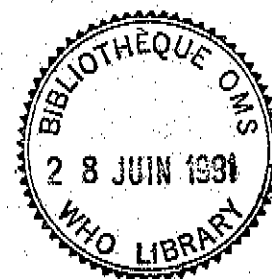
GLOBAL PROGRAMME ON AIDS

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TRAINING ON AIDS AND DRUG ABUSE FOR HEALTH AND WELFARE PERSONNEL IN CENTRAL AND EASTERN EUROPEAN COUNTRIES

Report on a WHO Workshop



Budapest
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EUR/HFA TARGET 4

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 4

REDUCING DISEASE AND DISABILITY

By the year 2000, the average number of years that people live free from major disease and disability should be increased by at least 10%.

Index terms

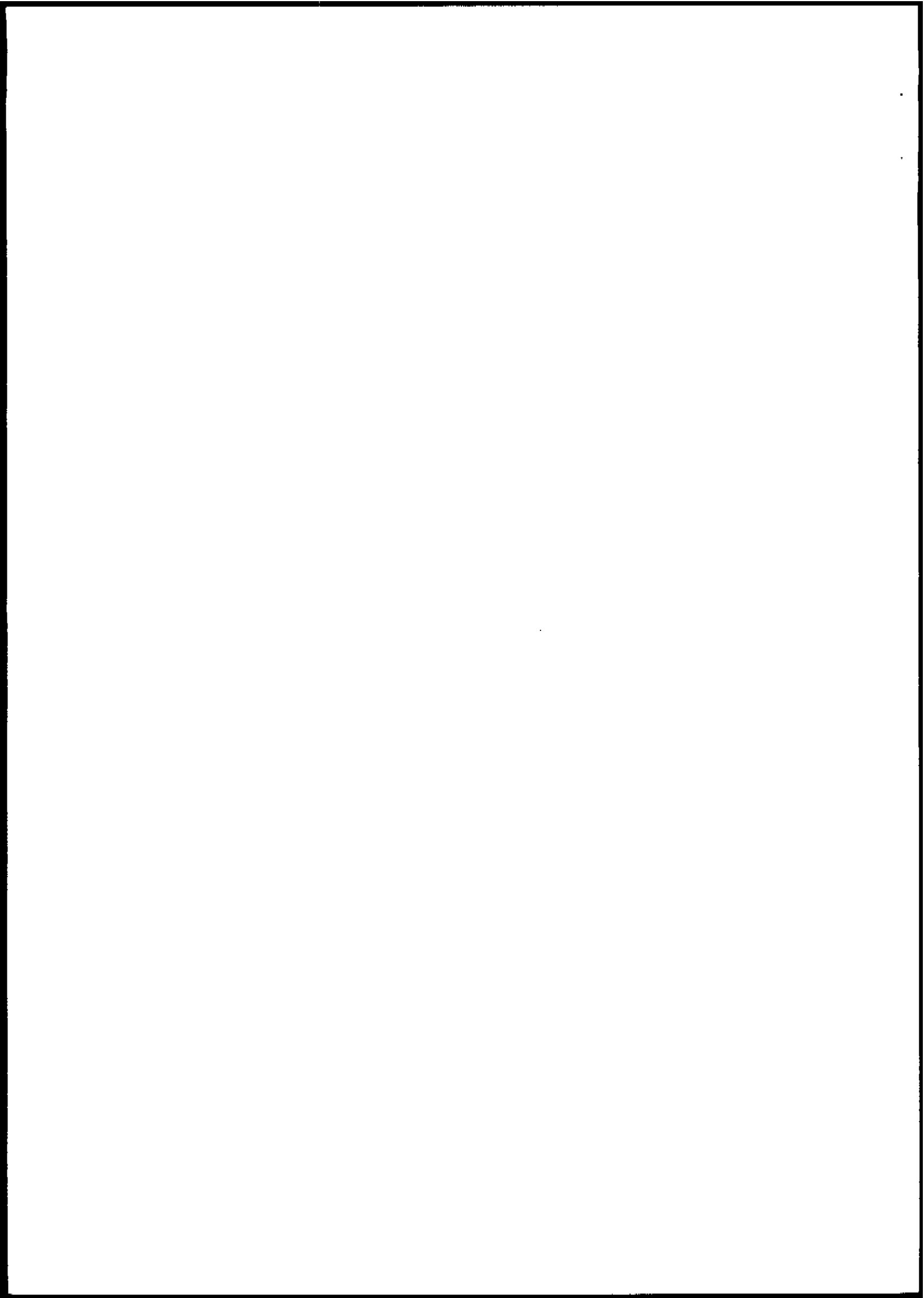
ACQUIRED IMMUNODEFICIENCY SYNDROME - prevent/control
HIV INFECTIONS - prevent/control
SUBSTANCE ABUSE
HEALTH OCCUPATIONS - education
CCEE
NETHERLANDS

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^a *Targets for health for all.* Copenhagen, WHO Regional Office Europe, 1985 (European Health for All Series, No. 1).

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Introduction

The proportion of drug users among those affected by HIV/AIDS has been increasing, in some cases dramatically, in the European Region. The need for specialized training of health and welfare personnel in drug abuse and AIDS has been recognized as a means of preventing and controlling the spread of HIV-transmission. As a result of the meeting on Training on AIDS for Personnel in Drug Treatment Centres (Bremen, 1987), a booklet was published by WHO offering guidelines for AIDS training programmes in the European Region. A number of such training programmes have subsequently been developed, particularly in the western part of the Region.

Awareness has also been growing in low prevalence countries of the need to start preparing personnel working in services for drug users for the imminent spread of HIV-infection among people in this group. During the recent meeting on the European AIDS National Programme Support Initiative for Selected Low Prevalence Countries, it was recommended that training programmes be established for health and welfare personnel as one of the main ways of achieving this objective.

The Workshop in Budapest on Training for Health and Welfare Personnel in Low Prevalence Countries was hosted by the Hungarian Government and organized by the Regional Office programme on psychoactive drugs in collaboration with the Hungarian Institute for Health Promotion. Participants from Austria, Bulgaria, Czechoslovakia, Hungary, Poland and Yugoslavia met to discuss the content and organizational structure of training programmes for health and welfare personnel (see List of Participants at Annex 1).

The participants presented a report on the prevalence of (injecting) drug use and HIV/AIDS and facilities for training in each country. Papers were also presented on developments and trends in drug use and HIV/AIDS and changes in policy and intervention to tackle this combined problem in Europe, and experience gained in different parts of Europe with training programmes on drug use and HIV/AIDS, their contents and organizational structure and the different professional groups that receive(d) this training.

The work on both contents and organizational structure of training programmes took place in working groups, which reported their findings for general discussion in plenary meetings. On the last day of the Workshop, participants met to consider what steps could be taken in each country to initiate or develop training efforts in drug use and HIV/AIDS, and to identify possible methods of cooperation with neighbouring countries and means of support from outside their countries, e.g. from WHO.

Country reports

Bulgaria, Czechoslovakia and Hungary reported no cases of HIV among drug users. All three reports observed that the existing health statistics on drug use, including those on the high-risk group of injecting drug users, are not comprehensive due to a lack of epidemiological data. Data from Hungary show that up to now no cases of hepatitis B, a possible marker for HIV, have been reported among drug users. All three reports indicated a wide variety of drug use, with an emphasis on glue sniffing among the young, the combined use of prescribed drugs, often together with alcohol, and the use of benzodiazepines and other analgesics.

In Bulgaria and Hungary, the intravenous and oral use of home-brewed poppy extract is increasing, suggesting the possibility of a sudden increase of HIV-infection among drug users in line with the Polish experience. The number of users of illegal hard drugs is so far small and the availability of syringes and needles limited owing to the economic situation. All three countries expect an increase in the intravenous use of hard drugs in the near future as a result of the changing political and socioeconomic situation; in this respect, the convertibility of national currencies in particular was mentioned as an important factor.

The combined problem of drug use and HIV/AIDS in Yugoslavia is mainly centred in and around Belgrade. Although the exact number of drug users is not known, the available data in Belgrade and elsewhere show a clear shift from oral multi-drug use to the injection of heroin in recent years. In Belgrade, 95% of those now seeking treatment in the Institute of Addiction are opiate injectors. There is a high prevalence of HIV in this group: of the 402 people who were tested HIV seropositive by the end of 1990, 84.3% were injecting drug users. Of the total number of 74 AIDS cases in Belgrade, 66.2% were drug users.

The situation in Poland causes particular concern. Since the first case of HIV-infection was found among drug users in the middle of 1988, the number has increased sharply: by the end of 1990, injecting drug users made up 70.3% of those found to be HIV positive. Already by the end of 1990, one third of all 47 AIDS patients were drug users. Of the 5387 drug users tested for HIV antibodies in 1990, 9.2% were infected. One of the main reasons for this dramatic spread of HIV/AIDS is thought to lie in the widespread sharing of injecting equipment among groups of addicts using home-brewed poppy extract.

Although no exact figures are known about the number of drug users in Austria, recent estimates put the number of opiate addicts in Vienna alone at about 8000. Estimates of the rate of HIV infection among drug users vary from 50% in the western parts of Austria to 12-30% in Vienna. Of about 3000 known HIV seropositives, one third are drug users; 28% of AIDS cases are drug users.

The official services for drug addicts (seven clinical units with 506 beds and 89 outpatient units) are accessible to users with HIV/AIDS, but specialized treatment for this group is concentrated in specific units of general hospitals. Outpatient care for drug users with HIV-infection or AIDS is also supplied by the AIDS-Hilfe, a private organization.

Facilities for specialized training in drug abuse and HIV/AIDS are limited. A training programme on drug abuse and HIV/AIDS was started in 1990 for youth welfare workers in Upper Austria and recently a two-day meeting on AIDS was organized by the Ministry of Health for Austrian drug workers. AIDS-Hilfe provides specialized information materials.

Yugoslavian services for drug users are concentrated in the capitals of the republics. In Belgrade, the Institute of Addiction (55 beds, a day hospital with 30 places and outpatient service for about 400 drug addicts) provides facilities for HIV-positive drug users; for specialized treatment AIDS patients are referred to the University Hospital.

Two-day training courses on drug abuse and HIV/AIDS for health and welfare professionals have been provided in most parts of the country on the initiative of state and local authorities. Because of the problematic situation in Belgrade, training has been more extensive; courses have also

been given to train trainers (public health nurses and physicians) and to reach schoolchildren, parents and teachers. Efforts are being made to develop training manuals on drug abuse and HIV/AIDS for primary and secondary schools; the University of Belgrade is running a project to train medical students as health educators on drug abuse and HIV/AIDS in schools.

In Poland, specialized services for drug addicts comprise 10 detoxification clinics, 67 outpatient clinics (17 run by the voluntary organization MONAR) and 33 rehabilitation centres (24 run by voluntary organizations).

Training programmes on various aspects of drug abuse and HIV/AIDS are organized at national and regional levels. The Institute of Psychiatry and Neurology in Warsaw together with the Medical Centre for Postgraduate Education provides courses two to three times a year to train heads of clinics and rehabilitation centres who then train their personnel. Basic training courses are organized for service personnel at the regional voivod-level.

In Bulgaria, Czechoslovakia and Hungary, psychiatric services also include the care and treatment of drug addicts. Some psychiatric institutions (mainly in the bigger cities) provide specialized clinical and outpatient services for drug users. In Bulgaria, regional psychiatric dispensaries and some general hospitals have consultation facilities for drug users. Rehabilitation centres for drug users in Hungary have been set up outside the health sector. All three countries have limited training facilities.

Educational programmes on drug abuse and HIV/AIDS are part of the health education/promotion activities in Bulgaria and Hungary.

Summaries of presentations

Trends in drug abuse and HIV/AIDS

When the HIV-epidemic was first identified, it looked very much like a highly selective disease restricted to men having sex with men. The present picture shows that transmission of HIV/AIDS can take place in various ways, thereby enlarging the number of people at risk. Drug abusers have become the main risk group in a number of countries in the European Region, notably Italy, Poland, Spain and Yugoslavia, but in many other countries the proportion of drug users among AIDS cases is also increasing. In the Region as a whole, around one third of AIDS cases are drug users.

Intervention and policy

The approach to working with drug users has changed in many western European countries to prevent the spread of HIV-infection. Low threshold activities and the setting of intermediate goals for drug users have been emphasized. The need to train all staff who come into contact with drug users in AIDS and HIV-infection has been recognized. As not all staff need the same level of knowledge, the Advisory Council on Misuse of Drugs (United Kingdom) adopted a "cascade" model of training: basic awareness for all staff, advanced training for special resource staff and specialized training for specialist staff. Training efforts need to be timely, well planned and frequent. Training programmes should be assessed and evaluated to ensure efficiency.

Drug training, HIV and AIDS

The minimum requirements of a training curriculum for staff working with drug users (based on a training project in London) were outlined. Modules for training follow the linked and interactive development of knowledge, attitude and skills. This experience showed that staff with no prior experience with drug users should be given a training programme in working with drug users before being trained in drug abuse and HIV/AIDS.

Part of the training should concentrate on sexual counselling. Generally, staff will be inclined to discuss safe use of needles, but avoid the more sensitive and difficult area of sexual behaviour.

There is a special need to train managers or physicians responsible for drug programmes and services: they have to be able to appreciate the need for staff training and to recognize signs of stress in staff members.

Training "AIDS and drug use": the Dutch approach

Training in the Netherlands has been organized regionally; each of the 15 Regions has a responsible trainer and a training coordinator, in some cases combined in one person and usually experienced in working with drug users. These trainers have been trained at regular national workshops and have then in turn trained their local colleagues.

The training has three principal components: knowledge, attitude and skills; special attention is given to improving counselling skills.

At least 80% of drug treatment staff have received a basic training in AIDS and drug use; additional training is aimed at specific subjects according to expressed needs.

A degree of overtraining in HIV/AIDS is noticeable among drug treatment staff, revealing the need to plan training programmes which take account of the actual needs of staff to practise their new skills.

Organizational framework for training on drug abuse/AIDS

Training should include the various groups coming into contact with drug users, such as general practitioners, home nurses, social workers, prison staff, community volunteers and students in medical and social work schools. Account should be taken of the fact that in many countries priority, and therefore funding, is low for health care in general, particularly for psychiatry and drug abuse. An organizational framework for training in drug abuse and HIV/AIDS should therefore be linked to specific responsibility at the national level, in order to ensure quality of planning for different levels of competence, selection of trainers and adequate evaluation.

Working groups

On the basis of the papers presented and the information from the country reports, the participants were asked to identify the contents of and framework for training in drug abuse and HIV/AIDS. In the working group and plenary discussions, participants agreed on the following points.

- Training must be aimed at acquiring knowledge and skills, but also changing attitudes, including irrational HIV/AIDS-related fears among health and other professionals. To develop skills in the treatment and care of drug users with HIV/AIDS, many professionals need to reorient their attitudes towards sexuality, disability and death.
- Training must differ in intensity according to the needs of the groups or individuals to be trained. Basic training should be made available to all health and welfare professionals who are likely to come into contact with the problem of drug use and HIV/AIDS. Advanced training should be provided for staff working with drug users on a regular basis. Specialized training is needed for specialists and experts in drug abuse and AIDS, including key people in the different services for drug abuse and HIV/AIDS.
- Training in drug abuse and HIV/AIDS should be organized structurally, with clear responsibilities at national level to initiate and provide conditions for training programmes and at regional level for the coordination of training at local level. National AIDS committees, which already exist in most countries, could take up national responsibility for training in drug abuse and HIV/AIDS.
- Basic and advanced training courses should include the following elements:
 - medical and psychological information on drug abuse, HIV and AIDS
 - epidemiology
 - attitudes to drug users and HIV-infection
 - assessment of risk of HIV, sexuality and drug use
 - risk reduction through safer sex and safer drug use
 - interviewing techniques
 - pregnancy, child care and parenthood in relation to HIV/AIDS
 - pre- and post-test counselling
 - management of stress and problem-solving
 - issues relating to terminal illness
 - confidentiality
 - long-term planning of treatment and counselling.

A large number of groups was identified as being in need of training in drug abuse and HIV/AIDS:

- staff in health and welfare services in first-line contact with drug abuse and HIV/AIDS, such as general practitioners, nurses, physicians, psychiatrists, psychologists, staff in family guidance clinics, social workers, dental staff, pharmacists, emergency health personnel, as well as police, prison and probation staff, primary and secondary schoolteachers, priests and workers from voluntary organizations such as the Red Cross;
- staff in specialized services for drug users and HIV/AIDS or professionals in regular contact with drug abuse and HIV/AIDS, such as infectious disease units, drug and alcohol dependence units, dermato-venerologists.

The need to include drug abuse and HIV/AIDS in regular training programmes for medical and nursing students was stressed in all working groups.

In one of the working groups special attention was given to the possibility of training members of high-risk groups in order to develop self-help and mutual help groups. The need was also stressed to deal with the problem of drug use and HIV/AIDS among ethnic minority groups. It was pointed out that a successful approach to population groups with different cultural characteristics requires the involvement and training of members of these groups.

Summary and conclusions

As a result of the political and socioeconomic changes in many of the central and eastern European countries, participants noticed a greater openness towards and acceptance of problems like drug use and HIV/AIDS. At the same time, they pointed out that a period of rapid social change and worsening economic conditions meant that a special effort would have to be made to give priority to drug abuse and HIV/AIDS, especially in low prevalence countries. The need to do this was felt urgently. An increase in drug abuse was considered likely in the light of new and growing social problems such as unemployment and homelessness. As shown by the pandemic increase of HIV/AIDS among drug users in Poland and Yugoslavia, following a worldwide trend, authorities and health and welfare services in these low prevalence countries will soon have to face the combined problem of drug abuse and HIV/AIDS.

Training was considered essential to prepare professionals and service staff who will have first-line contact with (HIV/AIDS-) drug users or be responsible for their treatment and care. Immediate steps are needed to initiate or strengthen existing training programmes in drug abuse and HIV/AIDS. All participants considered it important to develop training according to national and regional cultural backgrounds. Whenever possible, use should be made of the willingness to work for change at many levels in the various countries and of already existing structures for training and developing expertise. To assure facilities and funding for training, initial responsibility should be taken at the national level. National AIDS committees, which already exist in most of the countries in central and eastern Europe, should include experts on drug abuse and at the least have an advocacy role.

Training programmes or courses should take account of the varying needs of staff but should beware of overtraining. All staff in contact with drug users should have basic knowledge and skills with regard to HIV/AIDS among drug users; this indicates a need for on the spot or in-service training together with coordination of training below the national level. Identification of local trainers was given a high priority so that they could be trained systematically. Professionals with responsibility for the provision of care and treatment for drug users were considered to be key people to receive initial training. In training settings where traditional structures of authority are changing, e.g. schools, it should be remembered that credibility is necessary for training; in these cases the possibility of bringing in outside trainers should be considered. In order to reach high-risk groups, members of these groups should be trained or involved in training programmes and courses.

Suggestions and recommendations

Participants were asked to devise practical methods for developing training in drug abuse and HIV/AIDS in their respective countries, and consider the possibilities for cooperation with neighbouring countries and their need for outside support.

Specific suggestions for improvements in the work and training in drug abuse and HIV/AIDS included:

- to form informal regional networks of specialists in the treatment and care for alcohol and drug addicts to meet once or twice a year to discuss the concern for HIV-infection and possible means of training;
- to expand existing national AIDS committees with experts in drug abuse or drug abuse and HIV/AIDS;
- to include proper attention and training for drug abuse and HIV/AIDS in national strategy plans being prepared in several of the countries represented;
- to make participants' reports and the report of the Workshop available to other professionals, services, professional magazines and governments;
- to increase awareness of actual needs from below through improving contacts with voluntary organizations and patient groups;
- to introduce regional coordinators in countries where training courses are already given;
- to offer incentives to key people for training in drug abuse and HIV/AIDS;
- (for Poland) to continue the present two-year project on drugs/AIDS and ensure proper evaluation;
- to interest the mass media in the combined problem of drug abuse and HIV/AIDS;
- to initiate a clearing-house to gather information on drug abuse and HIV/AIDS at national level.

Cooperation in the field of substance abuse already exists in different forms between countries in central and eastern Europe. Building on existing contacts and exchanges, the following suggestions were offered:

- to expand existing exchange programmes on alcohol and drug abuse to include attention for HIV/AIDS;
- to arrange peer reviews between neighbouring countries, if possible including international experts;
- to hold a consultation on drug abuse and HIV/AIDS between experts from Austria, Italy and Yugoslavia and possibly Poland;
- to share information and experience on family therapy concerning drug abuse and HIV/AIDS from Yugoslavia with several of the countries represented.

Participants listed several areas of need for outside support:

- fellowships and scholarships for professionals from participating countries to visit and study services and projects concerned with drug abuse and HIV/AIDS in western European countries;

- the possibility participating in training courses on drug abuse and HIV/AIDS elsewhere in Europe;
- literature, written and audiovisual information material on projects and practical work in the field of drugs and HIV/AIDS.

Participants expected support from WHO in realizing these needs. WHO was also asked to use its influence to:

- emphasize to governments of central and eastern European countries the need for training in drug abuse and HIV/AIDS;
- include this training in short- and medium-term plans for the countries concerned;
- support country-specific workshops to train trainers in drug abuse and HIV/AIDS;
- try and ensure the full dissemination of WHO material on drug abuse and HIV/AIDS to professionals and services in the countries represented.

Annex 1

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