Programme on Substance Abuse

Prevention of substance abuse among young people in Central and Eastern Europe

Project update and report of WHO missions undertaken in 1997

Division of Mental Health and Prevention of Substance Abuse
World Health Organization
ABSTRACT

In 1997, a special project Prevention of Substance Abuse Among Young People in Central and Eastern Europe was coordinated by WHO’s Programme on Substance Abuse (PSA). The project represents a major initiative to develop a comprehensive and coordinated response to primary prevention of substance abuse in young people in seven countries in Central and Eastern Europe - Bulgaria, Czech Republic, Estonia, Latvia, Lithuania, Poland and Slovakia. Each country represents a project in its own right but the common aims and objectives of the country initiatives are linked into the broader project. The project has a strong emphasis on national capacity building and supports the empowerment of local resources. It also seeks to build networks for exchanging information between the seven countries.

The project promotes the establishment of National Task Forces and preparation of National Strategies addressing primary prevention of substance abuse among young people in each of the seven countries to guide national priorities and selection of priority projects, as well opportunities for intercountry communication and exchange of information.

In 1997 the Programme undertook missions to all seven countries with a very positive response to participation in this Project and establishment of National Task Forces. This report provides a summary of the current situation of the Project and detailed mission reports, which describe key issues related to the establishment of National Task Forces, the participation of young people on the Task Forces, as well as an overview of youth-specific prevention work related to substance use, the substance use situation among young people and technical assistance needs identified in the seven countries.

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Introduction

The Prevention of Substance Abuse among Young People in Central and Eastern Europe project is being coordinated by the World Health Organization’s Programme on Substance Abuse (PSA). The project represents a major attempt to develop a comprehensive and coordinated response to primary prevention of substance abuse in young people in seven countries in Central and Eastern Europe - Bulgaria, Czech Republic, Estonia, Latvia, Lithuania, Poland and Slovakia. Each country represents a project in its own right but the common aims and objectives of the country initiatives are linked into the broader project. The project has a strong emphasis on national capacity building and supports the empowerment of local resources. It also seeks to build networks for exchanging information between the seven countries.

The project promotes the establishment of National Task Forces and preparation of National Strategies addressing primary prevention of substance abuse among young people in each of the seven countries to guide national priorities and selection of priority projects, as well creating opportunities for intercountry communication and exchange of information.

The project has received financial support from the United Nations Development Programme (UNDP). The UNDP financial support for this project was made available to the World Health Organization through the dialogue between UNDP and the Mentor Foundation. Additional funding support from the Department for International Development, United Kingdom (DFID-UK) was provided in 1997 to strengthen WHO’s technical assistance to the project. During 1997 the WHO Regional Office for Europe also became a partner.

CONCEPTUAL FRAMEWORK FOR THE PROJECT

Against a background of increasing awareness and evidence of the significant public health impacts of substance use, many countries are starting to rethink and strengthen their responses to these problems.

Experience from around the world has shown that substance use and related problems cannot be significantly prevented or reduced by any single and limited measure. WHO therefore believes that responding effectively to the problems of substance use related health and social harms requires a comprehensive and coordinated approach across a range of organizations and agencies. WHO has also stressed the need to take early preventive action before harmful and health-damaging behaviours associated with substance use are developed by young people. For this reason, this project focuses on strengthening primary prevention approaches to substance use, with young people as a key target.

Such a task can never be the mandate of one group only. WHO recognizes the need for intersectoral partnerships to respond effectively to the range and complexity of problems associated with use of psychoactive substances among young people. In this context government agencies, non-government organizations, and community members all have a significant role to play. Our success in preventing health and social problems related to substance use will depend on our ability to work in close cooperation with one another. Therefore, the project emphasizes bringing together key groups to jointly assess the situation and develop workable solutions.
WHO also believes that young people themselves have a vital role to play in developing approaches to prevention, and responses to substance related issues. They are not merely targets for activities or interventions, but, where appropriate, they can become critical players in designing, implementing, and evaluating approaches. They have a unique understanding of their motivations to experiment with and use substances and can bring a critical new dimension to planning interventions. Accordingly, the project encourages exploration of innovative ways to engage the active participation of young people in all aspects of the programming process.

OVERALL PROJECT OBJECTIVES

The project aims to promote and strengthen primary prevention approaches to substance use prevention at country level through direct technical cooperation.

EXPECTED OUTPUTS

The project will develop and test innovative models for the prevention of substance use related health and social problems amongst young people in a range of different geographical, cultural, social and economic settings, through the mobilization of local resources for human resource development.

Given the extent of the current problems, it is expected that benefits will accrue over the long term. However the medium term benefits from the project include:

- an agreed National Strategy in seven countries on how to counter the problems of young people and substance use and the priorities for future action;
- public awareness about issues related to prevention and reduction of substance-related health and social problems among young people;
- an organizational network which can be used as a vehicle for further expansion and development of projects; and
- a priority project in each country that has at least partly been implemented during the time frame of this project.

Current situation of the Project

In 1997 PSA undertook missions to all seven countries with a very positive response to participation in this Project. National Task Forces on Prevention of Substance Abuse among Young People have been established in each of the seven countries (see Annex 1 for additional details). Government and nongovernment groups in all seven countries have stressed that the National Task Forces, with the technical support of WHO and association with a WHO regional initiative, can focus attention on substance use issues specific to young people and increase political and technical interest in making responses to these issues a priority.

The mechanism of the National Task Force is seen at country level to afford multiple benefits, including opportunities to:

- bring together agencies which are now working separately on alcohol, tobacco, and other drug control and demand reduction strategies to systematically focus in an integrated way on issues related to the range of substances used by adolescents and to coordinate appropriate responses;
- develop and gain support for standards of practice and guidelines specific to prevention approaches with young people; and,

- gain experience in effective methods to engage young people in strategic planning.

There is strong agreement amongst government and nongovernment groups that both types of organizations need to be part of the National Task Forces. Also, the opportunity for Task Forces to develop a "priority project" is welcomed as a chance to address selected areas, such as evaluation of current interventions and development of qualitative evaluation methods with particular populations of young people. Groups consistently stressed that despite many valuable programmes, there is fragmentation of efforts by both government and nongovernment organizations (NGOs). The need to bring together people from different disciplines was also voiced. The National Task Force is seen as an excellent mechanism to tackle these challenges.

There was interest in the regional aspect of the Project and the opportunity to learn more about activities in other countries. Opportunities to participate in training related to interventions, monitoring and evaluation and how to construct National Strategic Plans specific to young people and substance use were requested. A short workshop on strategic planning was seen as useful as early in the process as possible.

All countries visited identified the need to critically study available information about the effectiveness of various prevention approaches with young people, as well as the current coverage of interventions in different settings and with different populations of young people to identify gaps and to inform future actions. It will be important for the National Task Forces to undertake such assessment as part of the situational analysis phase in the development of National Strategies. It was noted that evaluation of the effectiveness of interventions with young people in schools and other settings has been limited, and that minimum standards and criteria for assessing programmes were needed. Documentation of a common strategy on effective approaches for work with young people and prevention of problems related to use of substances would enhance programming efforts.

There was genuine interest in exploring and developing ways to enhance the participation of young people in planning, implementing and evaluating activities to prevent substance related health and social problems. Although experience with such participation (particularly in planning) was reported to have been limited, a number of resources and valuable examples of youth participation were identified in each country which could be drawn upon to develop effective ways young people can be part of the work of National Task Forces. For example, various NGOs which work with young people have had experience with direct participation of young people in planning and implementing activities.

Key areas of technical assistance identified as necessary to foster development of the National Strategic Plan and related activities include:

- training opportunities related to qualitative research methods, as well as information on other monitoring and evaluative methods found useful with different populations of young people in different settings;
- information on effective interventions and best practices related to prevention of substance use problems for young people in different ages groups and settings, particularly out of school;
- information on strategies to engage the participation of young people in policy and programme processes; and
- examples of national strategies to prevent substance use problems amongst young people and related training in strategic planning processes.

During 1998, it is expected that the development of a National Strategy to address youth substance use issues will be finalised in each of the seven countries. PSA will host a joint technical review meeting by September 1998, to review progress, and to promote further opportunities for technical assistance and exchange between WHO and the seven countries.
Introduction to reports of WHO missions

WHO missions to Bulgaria, Czech Republic, Estonia, Latvia, Lithuania, Poland and Slovakia were undertaken between June and October 1997. The purpose of the missions to the seven countries selected for participation in the project was to:

(a) initiate planning activities with a broad range of individuals and organizations (government and non-government sectors) in each of the respective countries towards the establishment of National Task Forces in each country to address substance use by young people;

(b) identify needs for technical assistance related to the formation and implementation of the activities of the National Task Forces; and

(c) collect in-country data to inform successful establishment of National Task Forces, development of National Strategies and effective priority projects.

The consultation process in each country reflected existing substance-related state organizational structures and communication links present amongst government and nongovernment groups. In some countries the consultation process primarily encompassed a series of individual meetings followed by closing discussions and de-briefing with the designated mission counterpart and WHO Liaison Officer. However, in several countries, lively “round table” discussions were held with government and nongovernment groups to explore and debate the potential role of the proposed National Task Force, as well as its leadership and membership. Such group discussions informed the consultation process and built national consensus for further action. Additionally, sites visits were made to selected substance-related prevention and treatment centres having direct contact with young people. In all countries, the WHO mission teams were successful in gaining high level access within Ministries and other state agencies to discuss the project. This high level of contact was very important to the success of the missions.

The following sections provide detailed reports of the missions to the seven countries selected for participation in this Project.

1.1 INTRODUCTION

This WHO mission to Bulgaria launched the Prevention of Substance Abuse among Young People in Central and Eastern Europe Project at country level. This mission took place at the same time as the WHO Tobacco Policy and Programmes Mission to Bulgaria. Some meetings were scheduled jointly with the Tobacco Mission; however, separate meetings were arranged also to allow adequate time and focus on the distinct purposes of each mission.

The members of the WHO mission were:

Ms Leanne Riley, Scientist, WHO Programme on Substance Abuse, who served as team leader;
Ms Diane Widdus, Technical Officer, WHO Programme on Substance Abuse; and
Dr Peter Anderson, WHO European Regional Office.

Meetings were held with people within the Ministry of Health, National Health Education Centre, National Addiction Centre, National Public Health Centre, Ministry of Education and Science, Committee for Youth, Physical Education, and Sports, Bulgarian Red Cross, Open Society Foundation, UNICEF, UNDP, as well as with the WHO Liaison Officer, and the Deputy Mayor of Sophia to discuss the role of the proposed National Task Force in oversight and guidance of country-wide activities and strategies to address substance use among young people. See Annex 2 for complete list of persons met on mission.

This mission took place a month after a new government was formed in Bulgaria. People consistently noted the serious economic issues the country was facing, as well as changes within the government and potential restructuring of various ministries. People also expressed the opinion that the rapid changes in the country since the 1989 “Velvet Revolution” have influenced patterns of substance use among young people and contributed to new social phenomena, such as increasing numbers of young people who do not attend school. The development of non-government organizations (NGOs) interested in prevention and treatment of substance use issues was described as a positive outcome of the overall political changes and growth of civil society.

1.2 KEY ISSUES RELATED TO ESTABLISHMENT OF NATIONAL TASK FORCE

1.2.1 Response to proposed National Task Force

Response to participation in the Project and establishment of a National Task Force was generally very positive, once people fully realized that the Task Force was envisaged as a national activity. Initially, people expressed concern about introducing a new project, in light of the many substance-related initiatives with international links already underway. However, the need for coordination of efforts related to development and implementation of interventions aimed to reduce substance related health and social problems among young people was voiced by most people. The concept of the National Task Force as a body to establish such coordination struck a positive cord. Further, groups with experience in developing interventions related to prevention of substance use problems among young people discussed the strong need for a national strategy which documents consensus thinking on effective ways to work with young people in prevention of problems related to the range of substances used.
Skepticism was stated by some people as to whether the proposed National Task Group would in fact be a serious outcome oriented working group. People seemed interested in Task Group participation if it had specific work to do and responsibility for tasks was shared. The Ministry of Health particularly stressed the need for a pragmatic approach to be taken.

There was strong agreement among government and NGOs that both types of organizations need to be part of the National Task Force. Groups noted that collaboration between the two groups typically evolved due to personal contacts and that no systematic mechanism exists to facilitate joint work on issues related to young people and substance use. It was further felt that the Task Force could facilitate dissemination of information on available print materials, possibility reducing need for duplicate development and printing of such materials. The National Task Force was seen as needed to help make better use of limited resources by coordinating efforts. It was also seen as a body which could facilitate wider dispersion of expertise related to prevention work with young people.

1.2.2 Existing governmental structures and mechanisms at national level which address substance use issues among young people

The National Addiction Centre is the body responsible for the operational management of the National Council for Combatting Drug Abuse and Illicit Trafficking of Drugs. Important activities of the Council have included the adoption of a National Drug Demand Reduction Strategy (1996-1999), National Programme for Prevention, as well as drafting a National Master Plan (1). Main priorities of the Council which incorporate data collection and attention to substance use issues among young people up to age 25 have included:

(a) establishment of an information system and a centre for data collection, processing and analysis;

(b) creation and implementation of applied epidemiological and ethnographic projects and a system for studying direct and indirect indicators of psychoactive substance abuse and drug related risk behaviour for infection with HIV;

(c) development of education and prevention programmes for schools, the army, prisons and some hidden populations; and,

(d) development of a network of services and specialists, implementation of structured programs for treatment and rehabilitation, harm reduction and outreach work.

New prevention developments related to young people during 1996/1997 have included establishment of three centres for prevention and treatment, and adoption of new program for health education in schools which includes tobacco, alcohol, and drug problems.

The National Health Education Centre is mandated to coordinate efforts to reduce use of tobacco. The Centre is also a key resource for development of national and local media campaigns, print and audio visual materials, effective health promotion approaches and training strategies on a wide range of health issues. In its work specific to young people, the Centre has addressed use of tobacco, sexual and reproductive health (including HIV/AIDS and other STDS), mental health (suicide prevention in particular) and general health education on healthy lifestyles. The Centre coordinates the “Health Promoting Schools Programme” along with the Ministry of Education.

The Committee for Youth, Physical Education, and Sports has a high level responsibility within the Council of Ministries for youth development. Particular emphasis is on linking with NGOs working with young people and the creation of leisure activities and recreational choices for young people. This Committee will work closely with the National Youth Council of youth-serving NGOs which has been created by the President of Bulgaria. It collaborates closely with other groups (e.g. Ministry of Health, Ministry of Internal Affairs, Education, Defence, Trade and Tourism, Customs and Central Service against Organized Civil Crime) on the National Council Against
Misuse of Drugs. It also encourages contacts and collaborations with international activities, such as “Youth for Europe”, sponsored by the European Commission.

The Ministry of Education and Science has the responsibility to address education and policies throughout the school system which promote prevention of substance use among young people. Nationally, prevention efforts are promoted through teacher training, active support and participation in the WHO Health Promoting Schools project and focus on “healthy schools”. School are encouraged to set up appropriate local mechanisms to promote substance abuse prevention efforts. The Ministry sees an important role for NGOs as partners with schools. The Ministry also recognizes the critical prevention role medical staff who work within the school system can play and has begun efforts to enhance training of medical students at the University level in effective communication approaches with young people.

Additionally, the Office of the President of Bulgaria has a special advisor on social problems and reportedly a particular interest in the issues and needs facing young people in the country.

1.2.3 Agency identified to develop and oversee National Task Force

Based on discussions with government agencies and NGOs, and given the mandates of the various organizations, the National Addictions Centre and the National Health Education Centre were identified as appropriate focal points to take responsibility for establishment of the National Task Force and to provide technical and operational assistance.

Further, it was decided to seek patronage of the National Task Force by the Office of Social Policy of the President of Bulgaria to give the Task Force a high profile in the country and encourage political support for its recommendations. Dr Philip Lazarov, Director of the of the National Addictions Centre, and Dr Nicola Vasilevsky, Director of the National Health Education Centre, participated in a meeting with Ms Vera Tagavinska, Senior Expert to the President of Bulgaria, to discuss the proposed National Task Force and to request its patronage by the Office of the President. Ms Tagavinska initially expressed concern about the capacity of the Office to undertake such a role; however, with the pledge of the two centre directors to provide operational and technical leadership, she agreed to present this option for consideration to the President.

In addition to finalizing the agency to provide leadership for the Task Force, a focal person will be designed to handle coordination of the Task Force activities.

1.2.4 Potential barriers/aids to successful implementation of National Task Force

Links/barriers to joint work amongst government and nongovernment groups

Some of the government groups and NGOs talked about civil society as new in the country and having “growing pains”. It was noted that frequently NGOs were not stable entities, often with limited basic funding and staffing. Government groups recognized the important role NGOs can play in prevention work, but stated they have experienced difficulty in working with them at times. Joint work was reportedly found difficult because NGO activities were often sporadic. NGOs, on the other hand, are leery at times of the control they fear will be imposed by government, and feel they can relate well to specific populations and respond more quickly to their needs than government efforts. The motivation and commitment of all potential members of the Task Force will be important to assess in determining its total membership and various working committees.

There are some notable examples of collaboration between government and nongovernment agencies. The Ministry of Education, for example, is working closely with several NGO groups, who deliver training and conduct prevention programmes directly in schools. The recently appointed Deputy Minister of Education and Science previously ran an NGO and will have an appreciation of the issues and positive contributions NGO can potentially offer. The Committee for Youth, Physical Education, and Sports is actively working with NGOs and
has recently undertaken a survey to collect information on the growing number of NGOs that are working with young people through a variety of educational, recreational, health promotion and community service-minded projects. The National Health Education Centre sited the important role of NGOs in the National AIDS Campaign, for example, as well as in special projects with the Centre, such as HIV/AIDS prevention work with young prostitutes.

The need for basic capacity development within the NGO sector was highlighted as required to help newly-forming NGOs reach their potential in area of work with young people and prevention of problems with substance use. Training opportunities, as well as small print materials (including translation of some materials) were identified as needed.

**Need for representation of municipal level**

Groups stressed the need to involve people working at municipal level in the activities of the Task Force. It was noted that development of the National Strategy in particular would benefit from local experience in implementing programming related to substance use and young people. Mechanisms will need to be established to assure that input of people working with substance use issues at the local level will be heard. Direct participation of local people on the Task Force could be sought. Hearings on selected issues could also be held around the country, possibility added to or incorporated into pre-existing regional or local meetings of various groups.

The National Centre of Public Health reported that Community Health Coalitions exist locally. These groups will be a resource to offer input to the National Task Force and to potentially reinforce strategies and approaches endorsed by the Task Force. However, the National Centre of Public Health also reported that little progress has been made generally in integration of “prevention” into the overall health care delivery system in the country.

**Need to consider health and social issues of a wide range of substances**

An important challenge for the Task Group will be how to address the full range of substances used by young people. Current distribution of mandates among government structures seems to reinforce looking at use of tobacco, alcohol and illicit substances and related prevention and treatment issues separately.

**1.2.5 Issues related to preparation of National Strategy**

It will be vital to bring together people who are working on prevention strategies for different substances and people with direct contact with young people to adequately assess what is currently taking place and gaps in terms of populations served and range of settings in which interventions are being implemented. Further, such a group will be essential if the Task Force is to consider types of interventions and approaches seen to be promising.

The input of young people themselves will be needed to write the National Strategy. Discussion on how to involve young people will need to take place early on in the process of forming the Task Force (see section 4.3 for additional information and suggestions on youth participation). The Task Force may also need to employ some rapid assessment methods to collect data. For example, little information was found available on who young people turn to for help on specific problems related to substance use.

**1.2.6 Resources available to the National Task Force**

The National Health Education Centre has the capacity to develop and produce print materials and video products related to prevention of problems related to substance use. The Centre reports that they could prepare such materials for local projects as well as for national distribution. Staff of the Centre have expertise in participatory approaches with young people in health promotion work, particularly related to HIV/AIDS, which can be drawn upon in the development of interventions and training related to substance use.
District level workshops for teachers on various health topics are one opportunity to add more training related to prevention of substance use-related problems among young people.

The Bulgarian Red Cross has experience with the participation of young people in planning and implementing health programming within the context of a national organization and can be a resource on mechanisms found useful in fostering such participation in Bulgaria.

There are many international organizations with links in Bulgaria, which are currently funding various activities related directly and indirectly to prevention of substance-related problems among young people. For example, the Soros Foundation has paid for the printing of manuals for teacher training and has provided funding for a project called "Kids of Sophia", in which young people selected "drugs" as the topic to address in creative theatre activities. Funding to support the Healthy Schools project has come from The Open Society, which is backed by the Soros Foundation. UNESCO has organized regional anti-drug activities at which young people presented their views. The Phare Programme (see details below) has funded special schools projects.

Bulgaria participates in the Phare Regional Programme for the Fight Against Drugs\(^1\), which includes Drug Information Systems and Drug Demand Reduction projects. Bulgaria also participates actively in the activities of the Council of Europe Cooperation Group to Combat Drug Abuse and Illicit Trafficking in Drugs (Pompidou Group). The National Addictions Centre reports that participation with both of these multi-country regional programmes offers access to technical assistance and exchange of information related to epidemiology of substance use and programming efforts to prevent substance use related problems.

### 1.2.7 Issues related to youth participation on National Task Force

It seems there has been limited experience in Bulgaria with direct participation of young people in planning and implementing programmes aimed to meet their needs. There does, however, seem to be a genuine interest in exploring and developing such participation related to prevention of substance related health and social problems, as well as other health related concerns. The Committee on Youth, Physical Education and Sports, for example, strongly supports youth participation and further reports some examples of such participation. University student unions are working with university administration on policy issues on some campuses. The Committee has sponsored creative arts competitions related to prevention of "drug use" in which children and adolescents throughout the country have participated.

There are many signs that recognition of benefits in involving young people in designing and implementing health promotion interventions is growing and there is concrete experience in Bulgaria to draw on for further development of these approaches. For example, the National Health Education Centre reported that teacher training for a pilot health education project focused on participatory approaches to engage students in discussions, including activities to help students deal with emotions, cope with stress, assess health risk factors, and handle conflict situations. The Centre also reported working with teams composed of teachers, peer educators and health workers to develop training.

Much of the experience with participatory approaches has been related to HIV/AIDS/STD prevention. One NGO composed of young people was trained in how to develop and manage a sexual risk reduction project on their own. Another project, "AIDS on Wheels", which is supported technically and financially by the Phare Programme, undertook a needs assessment to gather information from young women as a first step in developing appropriate interventions. Young people also gave input into the development of logos to aid NGO STD/HIV/AIDS health promotion campaigns.

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\(^1\)The Phare Programme is a European Union initiative that finances technical assistance for the process of economic and social reform in the countries of Central and Eastern Europe. The Phare Programme is comprised of fifteen different sectorial programmes.
The Ministry of Education and Science is integrating training in interactive methods related to substance use prevention into its training of teachers. The Ministry has identified that health professional who work with young people in schools also need training in ways to communicate more comfortably and effectively with young people.

The Bulgarian Red Cross has a tradition of youth participation. Youth clubs are set up at the local level with a regional and national structure of youth representation and an elected Bulgarian Red Cross Youth president. Bulgarian Red Cross Youth volunteers have been trained as peer educators in health promotion and are generally seen as partners with adults in Red Cross programmes. Their programmes use and teach participatory methods in work with young people.

1.3 OVERVIEW OF CURRENT PREVENTION WORK WITH YOUNG PEOPLE

The National Addictions Centre reported that a range of activities is being undertaken to address prevention and treatment of substance use problems among young people. Since 1988 the Centre has collaborated with the Ministry of Education in their efforts to provide information to teachers, parents, and medical staff who work in schools. They have provided training to approximately 5,000 staff in the school system on how to identify and manage substance use problems and have provided technical assistance related to addressing substance use issues in the Healthy Schools project. In 1996 they initiated work to improve methods to focus on prevention.

The National Health Education Centre reported that until recently it has not been directly involved in projects related to substance use and young people. Now, they are producing educational materials related to health promotion and have integrated topics related to substance use into these materials and into their basic training on health education. It seems that the on-going training activities organized through this Centre’s regional training network provide an important opportunity to integrate additional information on interactive approaches with young people.

The Bulgarian Red Cross is an example of a national NGO engaged in many activities with young people, such as First Aid, health promotion and HIV/AIDS prevention. They have incorporated “drug prevention” as part of their health promotion and HIV/AIDS work. The Red Cross collaborates with the Ministry of Education, National Police and Ministry of Health. Technical expertise for their substance related work is from the Ministry of Health and the National Addiction Centre. Recently the Red Cross signed a contract with Minister of Education to provide health education in schools related to First Aid, AIDS and “drug prevention”. Red Cross Youth have participated in projects such as “Discos without Nicotine” and letter writing to media, appealing for them not to show young people smoking on TV.

The Ministry of Education and Science contributes to prevention of substance use problems among young people through efforts to train teachers, school health service providers, and peer leaders in prevention methods. The Ministry has identified the need to have obligatory health education in the schools and sees that such health education would enhance prevention efforts and reach more students.

Many of the substance related primary prevention efforts have taken place in the school setting. Sixty schools are part of the National Network of Health Promoting Schools, and many of these schools have undertaken special events related to prevention. The challenge will be to monitor and evaluate the efforts being implemented and adapt methods to enhance effectiveness, as well as to find ways to extend effective methods to all the schools. Peer education is being used to encourage avoidance of substance use among students. It will be particularly important to monitor peer education activities to assess benefits of this approach in the school setting in the Bulgarian context.

The Committee for Youth, Physical Education, and Sports focuses on provision and coordination of leisure activities as healthy alternatives to substance use. The Committee has implementation responsibility for a special government project called Young People of Bulgaria, which has included efforts to reduce substance related
problems primarily through offering alternative activities. The Committee also reported that activities related to substance abuse prevention are being sponsored at the municipal level.

The Open Society Foundation assists individual and organizational initiatives which foster the values of an open society, address contemporary social issues and are practice-oriented. The Foundation noted that they had organized a “round table” discussion on street children, which identified at least five NGO projects working with street children in Sofia. One outcome of the “round table” was recognition of the need to establish a regular mechanism for discussion and coordination of efforts related to street children, including those related to substance use issues among them. In response to this need, efforts are underway by the Foundation to translate sections of the WHO/PSA Street Children Project training materials for distribution via a newsletter. It was noted that the appearance of street children is a recent occurrence and that organizations have had little experience in how to work with them.

1.4 DATA AVAILABLE ON SUBSTANCE USE SITUATION OF YOUNG PEOPLE

The National Centre for Drug Addiction reports that drug abuse as a social, psychological and health problem appeared in Bulgaria during the second half of the 1960's (1). A small group of about 100-150 young people started to use psychoactive substances, mainly opiates (morphine, lidol, codeine), reportedly led by curiosity and desire to be part of the world youth mainstream. They were medically treated and prosecuted for criminal behaviour. The number has been increasing reportedly by about 20-30 persons per year. Most people were registered with psychiatric services and the police (2). Today, drug abuse and drug-related crime are recognized as a serious problem for Bulgarian Society. The Centre reports that there has been a dramatic decrease in the age of onset of drug use, an increase of abuse of cannabis among teenagers and appearance of use of new drugs, such as cocaine, synthetic stimulants, and hallucinogens (1).

The Centre reports that most of the young people experimenting with heroin are predominately from the big cities coming from “families with good social status” (2). A survey among secondary school students (age 14-18) in 1993 in four regions of the country showed that 23% of the students have experience with drugs, including alcohol (2). Smoking is reported to be high among young people in the country. It is reported that 80% of the general public understands the dangers of smoking, but that this knowledge does not seem to have influenced the public to decrease this behaviour. It is further reported that over 50% of doctors smoke. Efforts to prevent initiation of smoking will be particularly important, albeit challenging in the context of very permissive societal attitude towards it. The National Addictions Centre reported that throughout Bulgarian society, use of alcohol and tobacco are not seen as posing any problems.

Bulgaria has participated in the planning of the European School Survey Project on Alcohol and Drugs (ESPAD) but did not participate in the 1995 data collection. They are planning to participate in the next data collection, planned for 1999. To date Bulgaria has not participated in the Health Behaviour in School Aged Children (HBSC) survey project. The National Centre of Hygiene conducts surveys related to adolescent health

The Ministry of Education and Science, UNICEF, Open Society and other groups noted a growing population of young people who do not attend school. The country does not have mechanisms to assess why this is happening and the needs of such young people. Romany children were thought to be over represented in the group not attending school.
1.5 ISSUES/NEEDS RELATED TO TECHNICAL ASSISTANCE

The following areas emerged as those in which technical assistance would be seen as helpful to foster development of the National Strategic Plan and related activities:

- Information on strategies to engage the participation of young people in policy and programme processes.

  Examples of ways young people can help develop the National Strategic Plan were requested. Such material needs to cover suggestions on how to prepare adults and young people to work together as well as information on how young people can participate in needs assessments and assume an active role on the proposed National Task Force. Information on why youth participation is beneficial would be helpful. Examples of participation of young people in implementation and evaluation of interventions would also inform development of model prevention activities.

- Information on advantages and disadvantages of peer education in various settings and with different populations.

- Examples of effective interventions related to substance use by young people.

  The need for work on creative approaches to prevention of smoking among young people in society where smoking is so commonplace was identified. Information on ways to work with young people who are starting to try tobacco, alcohol and illicit substances at younger ages was requested.

- Methods to assess the situation of young people not attending school, including children who are living in the street.

- Information related to tailoring monitoring and evaluation methods for work with young people in different settings.

- Training to develop skills in preparing the National Strategy.

1.6 SUMMARY

The National Addictions Centre and National Health Education Centre were identified as appropriate focal points to take responsibility for establishment of the National Task Force and to provide technical assistance. A focal person to coordinate activities will be designated. Patronage of the proposed National Task Force by the Office of Social Policy of the President of Bulgaria was requested during the mission.

The proposed National Task Force was welcomed as a mechanism to provide coordination amongst government and nongovernment groups interested in preventing health and social problems related to substance use among young people. The need to focus on prevention efforts is seen as critical in Bulgaria due to reported and suspected increase in substance related problems among young people and the presence of conditions (e.g. unemployment, increase in number of young people not attending school and general acceptability of tobacco and alcohol use) which are feared will contribute to an increase in these problems.

The need to develop a National Strategy, in response to situational assessment of substance related problems among young people and programmatic responses, was agreed as vital and urgent. The Task Force was seen to afford opportunities to communicate and coordinate programmatic efforts and make technical expertise and information more widely available. It was agreed that development of interventions could be enhanced by more joint work between those with substance related expertise and those with knowledge and experience in working with young people.
It is clear that many activities are being undertaken to address substance use issues. However, it also is clear that the timing is right for assessing and coordinating current efforts. There is a need to critically study available information about the effectiveness of various methods, as well as the current coverage of interventions in different settings and with different populations of young people to identify gaps and to inform future actions.

Information on interventions, including methods for monitoring and evaluation, would be welcomed in Bulgaria. A particular need was identified for information on methods to work with young people in “out of school” settings. Examples of various ways to increase the active participation of young people in the different activities of the Task Groups were also sought.

Political support to make and sustain the agenda of the National Task Force as a priority needs to be sought. Adequate national government resources to manage the initiation and implementation of the Task Force need to be identified. The right organizational level of Task Force members needs to be considered to assure visibility and authority of the work of the Task Force and also to facilitate technical level participation.

REFERENCES - MISSION TO BULGARIA

1. Lazarov P. Bulgarian national report. Report to the 26th Meeting of Experts in Epidemiology in Drug Problems. Strasbourg, Cooperation Group to Combat Drug Abuse and Illicit Trafficking in Drugs (Pompidou Group), Council of Europe, 1997 (P-PG/Epid (97)11.BG).


2.1 INTRODUCTION

This WHO mission to Slovakia was the second mission related to the establishment of the Prevention of Substance Abuse among Young People in Central and Eastern Europe Project at country level. The members of the WHO mission were:

Ms Leanne Riley, Scientist, WHO Programme on Substance Abuse, who served as team leader;
Mr Martin Donoghoe, Scientist, WHO Programme on Substance Abuse; and
Ms Diane Widdus, Technical Officer, WHO Programme on Substance Abuse.

Meetings were held with the General Secretariat of the Board of Ministers for Drug Dependencies and Drug Control, Ministry of Health, Health Promotion National Centre, Ministry of Education, Centre of Treatment and Drug Abuses, Centre of Education and Psychological Prevention, UNICEF and several nongovernment organizations (NGOs) to learn about on-going prevention activities and to discuss the role of a National Task Force in oversight and guidance of country-wide activities and strategies to address substance use among young people. See Annex 2 for complete list of persons met on mission.

2.2 KEY ISSUES RELATED TO ESTABLISHMENT OF NATIONAL TASK FORCE

2.2.1 Response to National Task Force and Participation in the Project

Response to participation in the Project and establishment of a National Task Force was positive amongst the various government and nongovernment groups met. Initially, some concern was expressed by the General Secretariat of the Board of Ministers for Drug Addictions and Drug Control that the Project might duplicate regional substance related activities, such as those with the Council of Europe’s Cooperation Group to Combat Drug Abuse and Illicit Trafficking in Drugs (Pompidou Group), the European Union’s Phare Program and the United Nations International Drug Control Programme’s (UNDCP) Sub-Regional Programme. However, as the national nature and coordinating functions of the proposed National Task were clarified and discussed, such a group was seen to be offer several key benefits. The opportunity to coordinate prevention activities being initiated by government and NGOs was felt to be a major contribution the Task Force could make. The opportunity to design a strategy specific for young people which would address alcohol, tobacco and other psychoactive substances in an integrated way was also seen as valuable. Another benefit of the proposed National Task Force was the chance to systematically review the “state of the art” of prevention efforts already underway and to include participation of young people in the process. Also, the opportunity to strengthen links with other countries in the region was seen as an important feature of the Project.

The additional access to technical assistance on substance use issues, especially related to monitoring and evaluation and effective prevention interventions with young people, was seen as a useful aspect of the Project, which could help strengthen national responses to prevention. WHO was noted as a “natural” partner and collaboration with WHO was welcomed on all above issues.

NGOs seemed eager to have a systematic way to participate in reviewing and developing a comprehensive national strategy specific to prevention of substance use problems among young people. The government groups met recognized the importance of involving NGOs and were interested in improving communication, as well as coordination of prevention efforts.
The need to focus attention on the overall health related problems facing children and young people in Slovakia was highlighted in several meetings. The National Task Force was seen as an important “umbrella” group which could increase visibility of issues facing children and young people and increase action in response to these issues.

2.2.2 Existing structures and mechanisms at national level which address substance use issues among young people

In 1995, the Government of Slovakia established the Committee of Ministers for Drug Addiction and Drug Control as the governmental body to implement the Slovak Republic’s National Anti-Drug Program. The Program establishes fundamental principles, starting points and tasks addressing drug issues and is the basic document to guide activities of all Slovak authorities in this field. The Program encompasses policies related to effective prevention, comprehensive care for individuals who are dependent on substances and reducing the production, transit and trafficking in drugs. Prevention efforts related to problems with drugs outlined in the Program encompass primary, secondary, and tertiary activities. Operational leadership of the National Anti-Drug Program is provided by the General Secretariat of the Board of Ministers for Drug Dependencies and Drug Control.

Activities promoted by the Program seek to provide a balance between repression, prevention and treatment. These activities are assigned to individual ministries and other central bodies of the state administration. Specific prevention efforts with young people include prevention activities through the school system, through leisure activities such as sports, games, and hobbies, incorporated into the system of social care for family and children, through health education and through advertising. In addition there are efforts to influence public opinion through mass media. Tasks specific to the implementation of these activities are designated in the Program to the Ministry of Health, Ministry of Work, Social Affairs and Family, Ministry of Education, the Ministry of Culture and the Ministry of Justice (1).

The Centre for the Treatment of Drug Dependencies in Bratislava, under the Ministry of Health is a central institute in the capital dealing with prevention, diagnosis and rehabilitation of people with problems related to psychoactive substances. This Centre cooperates with professionals as well as nongovernment organizations (NGOs). Prevention efforts include primary prevention education programmes with primary and secondary school students, assistance to hotline and telephone information line, management of a needle exchange programme for injecting substance users, as well as practical training for university students. The Centre also offers a series of cultural “positive lifestyle” exhibitions, works with after school centres, and participates in national information campaigns. There are plans under consideration for this Centre to become a national centre with broader mandate to assist other centres throughout Slovakia.

The Youth Council of Slovakia, set up in 1996 by several youth-serving organizations, is made up of about 40 members and observers, youth and children organizations and is recognized as a respectable youth policy making body in the country. Members represent a range of different political, religious and interest groups. The Council represents the interests of young people with government bodies and other NGOs. This organization also has representatives on the governing board of the European Youth Centre and the Youth Forum of the European Commission. This group has identified work with prevention of problems associated with use of substances among young people as a priority for 1997.

2.2.3 Leadership of the National Task Force

The General Secretariat of the Board of Ministers for Drug Dependencies and Drug Control is the governmental entity with the mandate to oversee deliberations related to policy and strategic planning related to prevention of drug related issues and problems among the public, including children and young people. As noted however, there are many Ministries which make up the Committee of Ministers for Drug Addiction and Drug Control.
Through discussion with the Director and staff of the General Secretariat, people in key Ministries which comprise the Committee and implement designated prevention activities with young people, and NGOs it was determined that Dr Zuzana Pánisová, Director General Secretariat of the Board of Ministers for Drug Dependencies and Drug Control would spearhead discussions with various Ministries in order to determine the specific setting for the proposed National Task Force and the designation of a focal person to coordinate its activities.

It was reported in discussions within the Ministry of Heath that Pediatricians serve a unique function in that they have early contact with most young people in the country. It was seen that they are an important resource in understanding the health issues of young people and can contribute to early interventions when problems related to substance use with young people and their families exist. It was felt by the Ministry that they should play a key role on the Task Force.

2.2.4 Potential barriers/aids to successful work of the Task Force

The challenges involved in working with NGOs were discussed by some government groups. It was noted that a number of NGOs are working with substance use issues, but that often the NGOs are not stable organizational structures and have not had a long history of work with substance use issues. The state has allocated funds to NGOs for various substance abuse prevention activities, but report some problems with efficiency of delivery of programmes. Work with NGOs and substance use issues needs to be seen in the context of such groups as a new entity in the country, generally.

Much of the programming related to prevention of substance use related problems among young people implemented to date has centred on the school setting. The Task Force will need to assess the situation related to young people not attending school to determine needs and appropriate responses. Less experience was reported with young people not attending school and ways to build capacity with populations of young people living in especially difficult circumstances will need to be explored. The Task Force, through in-country expertise, access to additional regional experience and via WHO materials and contacts, can be helpful in these critical efforts.

It was stressed by some groups that the Task Force will face challenges in making its work a priority, against other issues in the country. However, it was also felt that the general concern about the reported increase in use of illicit drugs among young people will act as a catalyst to mobilize assessment of current responses and increase acceptance of need for a range of actions. Due to fear and concern primarily about illicit drugs among the general public, education may be required about the risks associated with use of other substances. Education about why overall prevention efforts are strengthened by addressing all substances may also be required since traditionally this does not seem to have been the case.

The National Anti-Drug Program sets prevention as a priority, and outlines primary, secondary and tertiary prevention as part of its comprehensive approach to substance use related problems. This governmental recognition and support for the different aspects of prevention work will aid the Task Force in addressing different levels of prevention and the interconnection amongst these levels in development of the National Strategy specific to young people.

2.2.5 Issues Relevant to Preparation of National Strategy

The National Anti-Drug Program and related work of the Committee of Ministers for Drug Addiction and Drug Control provides an excellent base from which to further elaborate issues identified in this Project as important to address in the national strategic plan specific to substance use problems and young people. It seems that the National Task Force will offer an opportunity to assess the "state of the art" of activities proposed in the National Anti-Drugs Program in the context of a broader group comprised of NGOs and young people, as well as government. Given the strong base already in place, the efforts of the Task Force may be able to focus in particular on plans to strengthen monitoring and evaluation of interventions and collective review of current prevention efforts.
The National Anti-Drug Program provides a comprehensive plan to tackle problems related to drug use (illicit substances) with a particular emphasis on the prevention of these issues among young people. However, the proposed National Task Force on Prevention of Substance Abuse Problems among Young People will also need to address issues related to use of alcohol and tobacco, as well as problems related to illicit drug use.

There is reportedly less experience in the country with health promotion concepts and strategies related to prevention of substance use problems than with medical treatment interventions. Treatment and care is provided both in general medical facilities and in specialized Centres for Drug Addiction Treatment. In 1996 there were six specialised centres and two more were planned for 1997. Some of these centres operate on an in-patient basis, others are predominantly for out-patients. The Task Force will offer an opportunity to bring together people who have expertise in health promotion, medical professionals, as well as those who work directly with young people and young people themselves. It was felt that such collaboration would strengthen planning and implementation of prevention work.

The Task Force will need to address national policy issues related to the availability of substances and the marketing of substance specifically to young people. Currently, there is aggressive marketing of tobacco to young people. Some sports events, for example, are sponsored by tobacco companies. It is also reported that the public does not recognize alcohol use as posing any potential problems, which presents a challenge in terms of increasing general awareness of substance use related problems.

2.2.6 Resources available to the National Task Force

There are many collaborative links with regional multi-country projects related to substance use epidemiology, prevention and treatment, which will be important resources to the proposed Task Force.

Slovakia participates in the Phare Regional Programme for the Fight Against Drugs, which includes Drug Information Systems and Drug Demand Reduction projects (2). Slovakia also participates in the activities of the Council of Europe Cooperation Group to Combat Drug Abuse and Illicit Trafficking in Drugs (Pompidou Group). This includes membership in the Central and Eastern European Multi-city Network, a joint Pompidou Group/UNDCP project which provides training and small scale contracts with local coordinators to establish local data collection networks, in collaboration with experts in collecting data using guidelines and instruments developed by the Pompidou Group. Seminars and training courses funded by the Council of Europe's cooperation and assistance programme (Demosthenes and Demosthenes bis) and have been also been held in Slovakia.

Slovakia collaborates with other Central and Eastern European countries through the UNDCP's Sub-Regional Programme and is a signatory to a Memorandum of Understanding which established three sub-regional UNDCP projects dealing with drug demand reduction (prevention curricula development, rapid assessment and a treatment training project).

The General Secretariat of the Board of Ministers for Drug Dependencies and Drug Control reports that participation with these multi-country regional programmes offers access to technical assistance and exchange of information related to epidemiology of substance use and programming efforts to prevent substance use related problems.

The Open Society is also active in support of prevention projects in the country. Strong collaboration is also reported with Poland, Hungry, and Czech Republic on various substance related programmes.

2.2.7 Issues related to youth participation on National Task Force

Although experience with young people taking an active role in planning programming designed for them seemed limited to date in Slovakia, there was a strong interest in input of young people on the Task Force. Further, there are several solid examples of youth participation in project implementation.
The National Health Education Centre reported that since the 1989 “Velvet Revolution” there has been an overall change in Slovakian society towards more democratic practices generally. This new appreciation of “civic participation” in affairs of the country has increased recognition that young people should be more actively involved in planning and implementing activities. Still, the didactic approach is widely used by health professionals to deliver “prevention messages” to young people. The Centre reported that recently training has been undertaken with teachers, for example, in other more participatory methods to promote health. There is also an emphasis on need to provide and encourage leisure activities as alternatives to substance use.

Other examples reported of young people participating in programming included supervised university students handling calls related to substance use and other health concerns via the phone-in “Childline” run by UNICEF, young people volunteering at the Centre of Education and Psychological Prevention in Bratislava, and young people working with an NGO to create and perform substance abuse prevention dramas. The benefit of training young people to share health education information and offer informal counselling with their peers was noted by the Ministry of Education and other groups. Peer programmes are being implemented in some schools and some community settings. All of the above examples will offer experience for the Task Force to draw upon in designing ways for young people to be part of its work. Young people can serve as direct participants in Task Force meetings, can offer input through via focus groups and other assessment methods, can comment on overall plans and proposed interventions and can help identify the most appropriate ways in which they can participate locally and nationally.

An innovative approach to the development of a film and ballet aimed to educate young people and adults about substance use problems, involved the artistic director spending time with young people in community and treatment settings to learn about their needs and problems first hand. This type of direct contact with young people is very valuable in appreciating issues they are facing. Trying to understand the world from the perspective of the young person usually changes the nature of any interventions developed to assist them. Participation by people with this type of experience could enrich the work of the Task Force.

2.3 OVERVIEW OF CURRENT PREVENTION WORK RELATED TO SUBSTANCE USE WITH YOUNG PEOPLE

The National Anti-Drug Program has identified a number of key players (e.g. teachers, reporters and other media workers, social workers, psychologists and health care professionals, parents and other family members, youth workers at community recreation and sports centres, and religious leaders) as having an important role to play in prevention efforts with young people. And as noted above, has designated key responsibilities to various Ministries and other central bodies of the state administration to implement programming with these various groups of people in different settings.

The Ministry of Education has responsibility for developing prevention efforts in the school system and is collaborating with the General Secretariat of the Board of Ministers for Drug Dependencies and Drug Control to establish prevention activities related to substance use from primary through secondary school levels. Within the Ministry of Education there is a person designated to coordinate prevention of drug dependency activities. Further, the Ministry of Education is in the process of developing a programmatic model which is envisaged as connecting a national centre of educational and psychological prevention with similar regional centres (16 proposed) to provide assistance to schools via training and consultation on health education and school policy related to prevention of drug dependency problems among young people. The proposed centres could also serve as places to which students identified with problems could be referred.

The model noted above could offer valuable access to services for young people with substance use related problem. However, it was not clear how this model would also promote understanding and appropriate response to experimental and functional patterns of substance use among young people, which are not pathologically based. This may be a topic for consideration and further discussion. WHO/PSA materials which provide information...
on assessing patterns and levels of substance use can be made available as resources for consideration in addressing the full range of prevention interventions.

The Ministry of Education is also participating in coordination with the National Health Education Centre in the WHO Health Promoting Schools project. Ten schools are designated pilot schools in the European Network and an additional 500 schools have certificates in the National Programme of Health Promoting Schools. Prevention activities related to alcohol, tobacco, and other psychoactive drugs, both licit and illicit are incorporated as one of the 12 action areas addressed as part of the Healthy Lifestyles project in some schools. The National Health Promotion Centre reported that about a quarter of the health promotion activities offered by these school address substance use. The Health Promotion Centre has worked closely with Dr Nociar through the Health Education Institute on a project called schools without Tobacco, Alcohol, and Drugs. Other examples of projects in schools include “Sports Against Drugs” which aims to prevent use of substances and use of various videos aimed to educate about problems associated with substance use. Computer activities designed to educate students about risks associated with use of substances have been introduced into some schools, as part of a project which is hoped to be country wide.

The Ministry of Education reported that they have worked on the development and translation of curricula materials for use by teachers in early grades, as well as for use in middle and secondary school age groups. These materials have been translated from materials used in the United Kingdom with little adaptation reported as necessary. The current aim is to integrate substance abuse prevention as part of education in each grade. The Phare Programme has supported a number of prevention activities. Considerable value seems to be placed on making leisure activities of many types available to young people as part of primary prevention. Some peer to peer activities have been introduced in the schools, but have not been evaluated to date. There are plans to expand peer leader training as part of the Healthy Lifestyles project.

The Centre of Education and Psychological Prevention managed by the Research Institute of Child Psychology and Patopsychology has been identified by the Ministry of Education as an organization which could be a training and prevention/treatment services resource in its proposed school system “model of prevention of drug dependency”. The Institute works closely with the Committee of Crime Prevention under the Ministry of the Interior to promote and provide activities such as summer holidays for young people. There seems to a general emphasis on healthy leisure activities as an important part of prevention work with young people in a number of projects.

The Centre for the Treatment of Drug Dependencies in Bratislava reports that they work with a number of nongovernment organizations who carry out activities related to prevention of substance use problems. The Centre is working with issues related to tobacco, alcohol and other psychoactive substances, both licit and illicit. One NGO group Agentúra Zavšlost produces various publications in the areas of substance abuse prevention, treatment and rehabilitation with a focus on increasing awareness of issues and needs related to use of alcohol and resources available to assist people. This organization is also undertaking primary prevention of substance use problems by working with parents and kindergarten age children in skills building and interaction week long sessions in coordination with prevention effort of the school system.

The National Health Promotion Centre noted that they are collecting information on about 60 NGOs which are implementing a range of activities aimed to contribute to prevention of substance use and problems related to use of substances. The Centre has also been training health specialists to detect symptoms of substance use and how to respond when use of substances is detected among young people. The Centre is active in the area of tobacco use, running projects on prevention and cessation of smoking. This Centre manages the CINDI programme and has been active in promoting legislation to protect nonsmokers.

The Ministry of Health began extensive efforts in 1991 to address treatment needs of people with substance use disorders and other substance use related problems. It was reported by the Ministry that previously doctors had little experience with the treatment of heroin addiction and problems with other drugs. Establishing treatment
services was seen as an urgent need, and an impressive response was established in the country. The Ministry reports that now more prevention efforts are needed and welcomes the opportunity of the Task Force to address substance use issues among young people. As noted, plans are under consideration for the Centre for Treatment of Drug Dependencies under the administration of the Ministry of Health to become a national centre envisaged as having a strong role in prevention as well as treatment of substance use problems.

National media campaigns on problems related to substance use have been carried out and the Ministry of Health, for example, holds press conference every three months to discuss substance use issues. UNICEF has been running Child Line, a call-in phone line to offer “general help” related to concerns of young people. Many calls are from young people asking for help related to their parents’ alcohol problems, as well as help on problems they are experiencing. UNICEF noted that they need to offer more training related to substance use issues. Innovative publicity (book markers with “helpline” information provided along with a tooth paste advertisement) distributed directly to young people is thought to have contributed to high awareness and use of the “helpline”.

A well known private artist in Bratislava, through his company Slovakia NOW has created a ballet and movie which address problems related to use of substances through these popular artistic media which are attractive to young people. The participation of groups with expertise in creative ways to engage young people could add an important element to the Task Force.

2.4 SITUATION OF YOUNG PEOPLE IN SLOVAKIA

2.4.1 General

Economic recovery is now underway in the countries of Central Europe (defined by the United Nations Children’s Fund (UNICEF) as the Czech Republic, Hungary, Poland, Slovenia as well as Slovakia) (3). The decline in economic output following political changes was less pronounced in this region than in, for example, the Caucasus or the Baltic States. In spite of economic recovery the social conditions of the majority of the general population worsened following the political upheavals.

The decline in economic output, related to changes in the political situation, led to a decrease in incomes and increased poverty in the general population. Children have been particularly affected by these changes. In Slovakia, as in many other countries in the region, child poverty rates have increased more than overall poverty rates, and more than that for the elderly. This has been in part the result of the erosion of public expenditure on family support and cut-backs in maternity and paternity leave and pre-school education. Family breakdown, as reflected in increases in the divorce rate for example, are common across the region. In Slovakia the divorce rate has been increasing since 1990 (3). Universal public health and education, once a prominent feature of the centrally planned economies of countries in the region, are no longer provided by the state. In Slovakia this has led to a decline in enrollment rates at pre-primary schools (kindergartens). More children from poorer households now have unequal access to pre-primary schools. There has been more than a 20% increase in the number of children under the age of three years in institutional care between 1989 and 1995. Public expenditure on children’s homes fell by 50% over the same period (3).

2.4.2 Substance Use

It was reported from several sources that since the political and economic changes of 1989 (the “velvet revolution”) levels of substance use have increased, particularly among young people. In part these increases may be apparent rather than real because of improved reporting procedures and more openness with regard to revealing sensitive information. It is also the case that the loosening of borders and increased travel and trade has led to increased availability of some substances. Some increased substance use particularly among young people is associated with infiltration by the “western life-style”. This is particularly the case with “fashionable” drugs such as MDMA “ecstasy”.
School surveys have been conducted as part of the European school survey project on alcohol and drugs (ESPAD). ESPAD uses a standard instrument, originally developed and piloted by the Pompidou Group in six European cities by Lloyd Johnson and colleagues. A more extensive school survey has been conducted, in cooperation with the Swedish Council for Information on Alcohol and other Drugs (CAN), using standardized methodologies and survey instruments further developed by the Pompidou Group. In Slovakia the survey is conducted in collaboration with the National Centre for Health Promotion, the Institute for Health Education, the State Health Institutes of the Slovak Republic and the Drug and Youth Foundation.

In April 1995, 85 secondary schools were randomly selected across Slovakia. A total of 8,279 students (4,516 boys and 3,763 girls) aged 15 to 18 years completed the ESPAD questionnaire. Lifetime prevalence of the drugs used by these young people are presented in Table 1.

The table shows that, as in most European countries, the most commonly used illicit drug is cannabis. Levels of lifetime cannabis use in Slovakia are roughly comparable with other European countries, as are the reported levels of inhalant (solvent) use. Other evidence suggests that levels of cannabis and inhalant use are increasing. Among young people in Bratislava reported lifetime prevalence of cannabis use increased from 22.8% in April 1995 to 26.1% in December, 1996. For inhalants the increase was for 7.8% to 8.2% (4).

The levels of opiate use amongst young men seem rather high and are a cause for concern. For young people in the capital (Bratislava) even higher lifetime estimated prevalence rates of heroin use are reported. At 4.92% (Nociar, 1997) the rates are higher than those recorded in many western European cities. These data on young heroin users are further supported by data on treatment admissions. Those entering treatment in Bratislava are young (mean age 20.9 years 50% age 19 years and under), predominately male (76%) and began their drug use at an early age (mean age at first use 18.8 years 50& age 18 years and younger). Most of those entering treatment are injectors (5).

Levels of amphetamine use are comparatively low and higher rates are recorded in the neighbouring Czech Republic. As in other central and eastern European countries some people have used MDMA “ecstasy” but levels of use are far lower than in some western European countries. Other evidence suggest that levels of “ecstasy” and other amphetamine use are increasing. Among young people in Bratislava reported lifetime prevalence of “ecstasy” use increased from 0.9% in April 1995 to 2.0% in December, 1996. For other amphetamines the increase was for 1.6% to 2.3% (4).

Table 1. Lifetime prevalence of drug use among of secondary school attenders aged 15 years to 18 years in Slovakia in 1995 (Source: ESPAD(4))

<table>
<thead>
<tr>
<th>Type of drug used</th>
<th>Males % (n=4516)</th>
<th>Females % (n=3763)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cannabis</td>
<td>17.0</td>
<td>7.0</td>
</tr>
<tr>
<td>Inhalants</td>
<td>7.6</td>
<td>4.6</td>
</tr>
<tr>
<td>Sedatives &amp; hypnotics</td>
<td>3.7</td>
<td>6.2</td>
</tr>
<tr>
<td>Heroin &amp; other opiates</td>
<td>1.5</td>
<td>0.3</td>
</tr>
<tr>
<td>Amphetamines</td>
<td>1.3</td>
<td>0.6</td>
</tr>
<tr>
<td>Hallucinogens</td>
<td>1.2</td>
<td>0.3</td>
</tr>
<tr>
<td>Cocaine</td>
<td>0.8</td>
<td>0.4</td>
</tr>
<tr>
<td>“Ecstasy”</td>
<td>0.4</td>
<td>0.2</td>
</tr>
</tbody>
</table>
Slovakia also took part in the 1993-94 Survey of Health Behaviour in School-aged Children (A WHO Cross-National Study). The survey collects information about health-related behaviour among representative samples of school children in twenty-five countries. A number of questions relating to tobacco and alcohol were asked as part of the survey. These results are summarized in Table 2.

High rates of alcohol and tobacco use are recorded across the age groups. For both alcohol and tobacco, rates of use are typically higher in males than in females and higher in the older age groups. The high levels of regular drinking and reported drunkenness among 15 year old males is of particular concern as are the levels of regular cigarette smoking in this group.

Table 2. Tobacco and alcohol using behaviour among school aged children in Slovakia

<table>
<thead>
<tr>
<th></th>
<th>11 year olds</th>
<th>13 year olds</th>
<th>15 year olds</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Males %</td>
<td>Females %</td>
<td>Males %</td>
</tr>
<tr>
<td>Have ever smoked</td>
<td>50</td>
<td>25</td>
<td>73</td>
</tr>
<tr>
<td>Have smoked cigarettes once a week or more</td>
<td>1</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Drank alcoholic beverages at least weekly</td>
<td>15</td>
<td>6</td>
<td>17</td>
</tr>
<tr>
<td>Had been really drunk two or more times</td>
<td>15</td>
<td>5</td>
<td>22</td>
</tr>
</tbody>
</table>


2.5 ISSUES RELATED TO DATA COLLECTION, MONITORING AND EVALUATION ACTIVITIES

The data available regarding young people and substance use provides a baseline against which to analyse trends, for planning and implementing interventions and for measuring the effectiveness of interventions. Participation in cross national studies using standardised methodologies and instruments (such as ESPAD and HBSC) provides comparatively reliable and comparable data.

Less data are available on the effectiveness of current prevention and other interventions. Some assistance may be required with regard to ensuring monitoring and evaluation to provide research based evidence of effective intervention.

Slovakia’s participation in the Phare Programme, the Pompidou Group and membership of the Central and Eastern European Multi-city Network provides training opportunities and ongoing support for data collection and improvement in data quality.

Additional technical assistance and support may be required in certain areas of data collection. Training based on the WHO/NIDA Guidelines for Drug Abuse Epidemiology may be relevant in this respect. Several particular areas of potential technical assistance were identified:

(a) qualitative methods, including Rapid Assessment procedures;
(b) special population studies; and
(c) rapid reporting and early warning systems.

2.6 ISSUES/NEEDS RELATED TO TECHNICAL ASSISTANCE

Key areas of technical assistance noted as useful to foster development of the proposed National Strategic Plan and related activities include:

- Information and training opportunities related to research methods.
  Such resources were sought to enhance skills in a range of monitoring and evaluation methods, especially qualitative methods. There was interest in methods which have been found useful in assessing issues and needs related to use of substance by different populations of young people in different settings.

- Training for health workers and other professional staff involved in the project. Several groups discussed the need for development of basic training on substance use issues and young people, including the opportunity for health workers and other people who have direct contact with young people to learn about effective communication approaches with young people and participatory health promotion interventions.

- Examples of effective interventions related to substance use among young people in different ages, groups and in different settings, particularly out of school.
  Although there is experience in Slovakia with substance use-related health promotion in school settings, there was a lot of interest in research findings and related recommendations for age-specific health promotion, which responds to different developmental needs and changing situations young people are facing.

- Information on strategies to engage the participation of young people in policy and programme processes.
  Examples of specific ways in which young people can help develop the National Strategic Plan were requested. Such material needs to cover suggestions on how to prepare adults and young people to work together, as well as description of the continuum of youth participation from needs assessment input to direct role on National Task Force. Background information on why participation of young people is beneficial would help its promotion. Examples of the participation of young people in implementation and evaluation of primary prevention interventions related to substance use are also needed.

- Information on best practices and principles for work with young people was requested.
  Information on experience in other countries in development of such guidance and accreditation processes for people working with prevention efforts and young people would be useful, as well.

- Examples of national strategies to prevent substance use-related problems amongst young people would be a useful resource to aid development of Slovakia’s National Strategy. Training in development of such strategies was also requested. Training offered on a regional basis was seen as beneficial to compare approaches, common issues and challenges.
2.7 SUMMARY

Response to participation in the Project and establishment of a National Task Force was positive amongst the various government and nongovernment groups, after the national nature and coordinating functions of the proposed National Task were clarified and fully understood. The opportunity to coordinate prevention activities being initiated by government and NGOs, to design a strategy specific to young people which would address alcohol, tobacco and other psychoactive substances (both licit and illicit), and to systematically review the “state of the art” of prevention efforts already underway with input from young people were identified as key benefits of the proposed National Task Force. Also, the opportunity to strengthen links with other countries in the region was seen as an important part of the Project.

It was determined that Dr Zuzana Pánisová, Director General Secretariat of the Board of Ministers for Drug Dependencies and Drug Control would spearhead discussions with various Ministries in order to determine the specific setting for the proposed National Task Force and the designation of a focal person to coordinate its activities.

There are many different models, philosophies and approaches being undertaken related to substance use related problems among young people in Slovakia. While a variety of methods may be useful, it seems that the Task Force could be a primary resource in developing consensus on key principles to guide prevention work. WHO/PSA in conjunction with the WHO European Office can assist in providing materials which address relevant topics. Information on lessons learned in matching choice of intervention methods with different settings and populations of young people is one such topic, for example.

Communicating health promotion information to the general public and information on health promotion strategies to professionals, seem to be particularly sensitive issues due to people’s reluctance to listen to “directive” information from state bodies. Still, ways to share expertise need to be found. The broad membership proposed for the National Task Force could greatly increase acceptance of consensus thinking and related guidance on interventions and approaches with young people.

There is a need to integrate work being undertaken on alcohol, tobacco, and other psychoactive substances. Although some projects have addressed tobacco, alcohol, and illicit drugs, much of the work is conceptualized and implemented separately according to type of substance and conducted by different agencies and groups. The Task Force can help strengthen efforts by bringing together interested parties to collectively tackle the issues contributing to use of the range of substances and to identify best approaches given the situation.
REFERENCES - MISSION TO SLOVAKIA


3.1 INTRODUCTION

This WHO mission to Czech Republic was the third mission related to the establishment of the Prevention of Substance Abuse among Young People in Central and Eastern Europe Project at country level. Meetings were held with the National Drug Commission, Ministry of Health, National Institute of Public Health, Ministry of Education, Youth, and Sports, UNICEF, and Committee of Defence and Security of the Parliament. Visits were made to the National Psychiatry Hospital and Prague Centre of Youth. A round table discussion with representatives of key government and NGO groups was hosted by the National Drug Commission to discuss role of the proposed National Task Force in oversight and guidance of country-wide activities and strategies to address substance use among young people. See Annex 2 for complete list of persons met on mission.

The members of the WHO mission were:

Ms Leanne Riley, Scientist, WHO Programme on Substance Abuse, who served as team leader;
Mr Martin Donoghoe, Scientist, WHO Programme on Substance Abuse; and
Ms Diane Widdus, Technical Officer, WHO Programme on Substance Abuse.

3.2 KEY ISSUES RELATED TO ESTABLISHMENT OF NATIONAL TASK FORCE

3.2.1 Response to National Task Force and participation in the Project

Response to participation in this Project and establishment of a National Task Force in the Czech Republic was very positive. It was felt that the National Task Force with the technical support of WHO and association with a WHO regional initiative could focus attention on substance use issues specific to young people and increase political and technical interest in making response to these issues a priority.

The need for standards of practice related to prevention work and identification of best ways to assure quality amongst different projects and agencies were concerns under discussion in Czech Republic. It was felt that the National Task Force would be a useful mechanism to help develop and gain support for guidelines specific to prevention approaches with young people.

There was a strong endorsement of the need to address all substances. Although some work has been undertaken which addresses all substances, it was felt that the National Task Force could focus systematically on issues related to the range of substances used by adolescents (e.g. alcohol, tobacco, and other psychoactive substances) in an integrated way and coordinate appropriate responses. Also, the opportunity the Task Force would offer to work on a "model project" was welcomed as a chance to address selected areas, such as evaluation of current interventions and qualitative evaluation with particular populations of young people.

Groups consistently stressed that despite many valuable programmes, there was fragmentation of efforts by both government and nongovernment organizations. The need to bring together people from different disciplines, such as social work and health care was also voiced. The National Task Force was seen as an excellent mechanism to tackle these challenges.
3.2.2 Existing structures/mechanisms at national level which address substance use issues among young people

The National Drug Commission acts as an initiative, advisory and coordinating body in responding to drug abuse problems in Czech Republic. The Commission has elaborated a document, “The Principles and Programme of Anti-Drug Policy” which was approved by the government in 1993. Since 1996, the Commission has had increased authority and is currently chaired by the Prime Minister and includes six Ministers: Interior, Health, Education, Justice, Social Welfare, and Defence. The National Drug policy addresses measures for reduction of illicit drugs supply, as well as demand. The Commission is responsible for clearly defining the responsibilities and competencies of various institutions involved in drug-related issues.

At the local level, the national drug policy is implemented by 72 district/city anti-drug commissions and coordinators. Each coordinator collects information describing the local drug situation, develops working contacts with government and non-government bodies involved in “anti-drug” work and coordinates such activities.

The Ministries of Education and Health have the main governmental responsibility for planning and implementing primary prevention activities in a range of health-related areas, including substance use, which target young people. A major priority has been the development of a nationwide strategy to reach elementary and secondary school students (1).

The Ministry of Education, Youth and Sport is the government body responsible for the education of young people until end of secondary school, as well as covering issues regarding leisure opportunities. Besides governing state education institutions and supporting church and private educational institutions, the Ministry cooperates with non-government organizations which to a large degree offer a range of leisure activities for children and young people in area of sports or civic pursuits (2).

Another major institution in the area of children and young people is the Institute for Children and Youth, which is a grant maintained institution of the Ministry of Education, Youth and Sport. Its work includes research, policy making and work with talented young people. The Institute organizes national competitions and festivals, for example.

Throughout the mission, there was discussion on the overlap amongst projects and areas of work on prevention issues among agencies. Such overlap can be highly valuable and reinforce key prevention strategies, however, documenting a clear picture of how all the various groups make a contribution to prevention was seen as useful undertaking to enhance clarity of responsibilities, and make sure that some groups of young people are not over-served and other groups missed.

3.2.3 Leadership of the National Task Force

It was agreed after lively deliberations among NGOs, national government agencies and representatives of several municipalities (Prague, Brno, Pilser and Melink) via a “round table” discussion regarding interest in the Task Force and its leadership, that the National Drug Commission would be the appropriate body to sponsor the National Task Force. It was felt by the group that the National Drug Commission has the appropriate governmental mandate to oversee the National Task Force, as well as the informal support of government agencies and NGOs necessary to foster collaboration amongst various groups.
Several potential options to manage the day-to-day coordination operations necessary to initiate and support the work of the Task Force, including data collection and preparation of the National Strategy, were discussed with the Executive Director of the National Drug Commission and are under consideration. A coordinator of operations for the Task Force may be appointed from the government or NGO communities based on in-country negotiations following this mission.

3.2.4 Issues/existing plans relevant to preparation of National Strategy

It was reported by Dr Pavel Bém, Executive Secretary of the National Drug Commission that the development of a National Demand Reduction Strategy has begun with key inputs and planning being undertaken by the Ministry of Health, Ministry of Education and the Ministry of Social Welfare with input also sought from NGOs. It was felt that the national strategic plan specific to young people as proposed in this Project could be written to be part of the National Demand Reduction Strategy, and further that the Strategy would benefit from input of the broad membership proposed for the National Task Force.

It was noted in discussions that evaluation of the effectiveness of interventions with young people have been limited, and that minimum standards and criteria for assessing programmes were needed. Further it was noted that designation of responsibility to ensure quality approaches is often not clear. It was felt that the National Strategy could address both of these issues by providing guidance on appropriate approaches to employ in developing prevention interventions related to young people and substance use and by outlining mandates and roles various group play in assuring quality.

3.2.5 Resources (technical/financial/other) available to support Task Force

Links to multi-country projects and other international collaboration

The Czech Republic is actively participating in different UNDCP projects (e.g. Balkan Route Project, Rapid Assessment Project, etc.), in the Pompidou Group, Council of Europe programmes (e.g. Multi-city Project, Drug Demand Reduction Staff Training Programme, for example), and in the Phare Multi-country Programme on the fight Against Drugs. It was reported that participation with these multi-country regional programmes has offered access to technical assistance and exchange of information related to epidemiology of substance use and programming efforts to prevent substance use related problems. Such collaborations will continue to benefit the work of the Task Force.

Long term collaboration with WHO has resulted in the realization of several successful in-country projects, such as the Project on Street Children and the Harm Reduction Programme. Strengthening regional and bilateral cooperation in tackling drug problems has been a priority of the national drug policy (1).

Sources of funding

Within the country, a number of funding sources have been created to support prevention programmes and special project related to related use of substances. Special budgets have been allocated for this purpose in the Ministry of Health, Ministry of Education, and at the district and municipal levels. It is reported that the process of selection of promising projects for funding has improved in the last year, however, it is also reported that only a minority of projects have included evaluation measures.
Human resources

A number of prevention experts from the Czech Republic have taken part in Demand Reduction Staff Training Programme, offered by the Pompidou Group. The number of teachers and health care professionals trained in prevention approaches with young people is growing via the training offered through the Institute of Public Health, Ministry of Health and Ministry of Education.

There is a strong cadre of well trained professionals in many sectors, working in government and NGO communities, who are committed to development of creative prevention strategies to meet prevention needs among young people. There are people, for example, with experience in qualitative evaluation methods with street children enhanced through participation in the WHO/PSA Street Children Project, who will be important contacts to facilitate training in these methods.

3.2.6 Issues related to youth participation on Task Force

Many of the newly formed or renewed youth organizations have placed importance on direct participation of young people in their activities. Although there are examples of youth participation in implementation of projects related to prevention of problems related to substance use, and some experience with use of qualitative methods, groups did not seem familiar with the concept of direct youth participation in the activities of a group such as the proposed National Task Force, and did not readily see how this would function in Czech Republic. However, there was interest in how young people could be part of the process, and in receiving information about different options to gain the participation of young people. Some of the youth membership groups do have experience with the participation of young people in planning, and one NGO participant at the round table discussion (representative of the Scout Association) noted that the Scouts would be prepared to identify young people from the Scouts who could participate on the Task Force.

3.2.7 Potential barriers/aids to successful work of Task Force

It was noted in several meetings that NGOs are a relatively new entity in Czech Republic and that in practice the division between what is a government and an NGO is sometimes not very clear. This is true in part because many NGOs are funded by the government and in essence operate as an arm of the government’s substance use-related work.

Although groups noted that the issue of “standards of practice” specific to approaches to prevention of substance use among young people had not been adequately addressed in the country, there are several examples of agencies playing a role in determining standards of practice in other areas that may offer “lessons learnt” in the process of establishing standards and guidelines. For example, the Chamber of Czech Physicians sets medical standards of practice, the Association of NGOs sets some guidelines for general practices of such groups, and the National Drug Commission has set standards of care for “drug-dependent” people.

It was noted that an important overall challenge for the Task Force will be to “sell” the idea of prevention and increase awareness of the cost-effectiveness benefits of investment in approaches to prevent substance use problems amongst young people. It was further noted to be successful in making this case more evaluation is needed to document benefits of prevention and related savings in the health care system.

It will be challenging to forge collaboration between governmental groups and NGOs. Many NGO groups expressed concern that “since the government had all the power and money”, it would be hard for NGOs to be partners in the process. Some surprise was voiced that WHO was calling for NGO and government collaboration, but it was felt that this would strengthen the government taking the input of NGOs seriously.
It was noted that many logistical issues, such as allocation of technical and secretarial staff time by designated agencies, would need to be addressed to ensure successful functioning of the Task Force. It was felt that coordination of the Project work would require significant staff time and that some of the Project resources may be required to accomplish coordination of data collection, preparation of meeting reports and the National Strategy document.

3.3 OVERVIEW OF CURRENT YOUTH-SPECIFIC PREVENTION WORK RELATED TO SUBSTANCE USE

By an order of the Ministry of Education every school is currently required to implement appropriate measures to reduce psychoactive drug demand among school children. School directors are being asked to detect drug related problems and undertake early interventions strategies; teachers are being trained in prevention education skills and related student materials. Schools have also been required to develop peer education programmes according to guidelines adopted by the Ministry of Education. Each school allocates one specialist to work specifically with prevention of problems with substance amongst students.

A number of teacher-training materials, educational resources and student workbooks, and peer education programmes related to prevention of problems with alcohol, tobacco and illicit drugs have been developed by both government agencies and nongovernment organizations. Materials are reviewed and approved by the Ministry of Education, however, schools choose which materials to use locally. Such materials include Options for Life Without Drug, adapted by the Institute of Public Health from materials used in the USA; Fit-In 2001 Plus, Handbook for peer leaders, developed privately in Czech Republic; Prevention of Substance Related Problems at Schools, Handbook for Teachers, developed privately and distributed free of charge; and Primary prevention of drug abuse: How to teach about drugs, developed by an NGO, Filia. Some materials provide information related to alcohol, tobacco and illicit substances. The National Drug Commission has collaborated with the Ministry of Education on a broad “training of trainers” project to prepare teachers in school-based prevention methods.

The Institute of Public Health collaborates closely with the Ministry of Education in implementing the Healthy Schools Project. This project contributes to primary prevention efforts by helping create a school environment conducive to healthy growth and development of young people (e.g. policies on “substance free” schools) and by encouraging special events and health education on substances use issues. Approaches which address access to information about harmful effects of substances, teach life skills, provide access to counselling and treatment where needed, and aim to create a safe and supportive environment are consistent with approaches promoted by WHO in agreement with other UN agencies. Such approaches recognize that the many skills and behaviours young people need to avoid substance-related health and social problems are similar for many substances.

The Youth and Sports Divisions of the Ministry of Education, Youth and Sports supports the work of many civic organizations who provide leisure time activities which are seen an important part of primary prevention efforts by offering alternatives to use of substances. Funding of these civic groups has replaced the recreation programmes previously provided by the state under the Soviet system. This Division has also sponsored the training of youth leaders in how to handle situations in community settings where substance use problems exist. The philosophy of the Ministry of Education, Youth and Sports is that prevention of substance use problems must address the family, school setting, and leisure time pursuits.

The Department of Prevention of Addictions within the Institute of Public Health addresses prevention of smoking, and problems with alcohol and illicit drugs. The Institute is working with a number of international projects, including the Phare Drug Systems Information Project and the Pompidou Group. The Institute is responsible for the implementation of many health promotion projects, including Czech Republic’s participation in the CINDI programme, Tobacco-Free Europe for example. The Institute has many country-wide health
promotion activities related to prevention of substance abuse problems among young people, such as training of professionals (health workers, teachers and regional drug coordinators) in primary prevention strategies. The Institute offers courses in smoking cessation and training on peer education methods and is responsible for primary prevention efforts in the health care sector. There has been some collaboration with NGOs, particularly related to smoking reduction campaigns. The Institute collaborates with the National Drug Commission and follows the National Anti-Drug Policy in its prevention work related to illicit substances.

There have also been several major mass media campaigns. Anti-drug advertisements were produced and shown several years ago, however, no evaluation was conducted. More recently, a "Drugs No" media campaign involving a partnership amongst the Parliament, the National Drugs Commission, an Association of NGOs and the Media was begun as the start of public awareness campaign about problems associated with substance use. Process evaluation and quantified subjective assessment are part of this campaign.

It was reported that a significant part of the democratization process in the Czech Republic has been a remarkable growth of civil association with a great variety of their interests. Following this trend there are many youth-serving and youth membership NGOs. Some are totally new, and many are groups which had been inactive and have now resumed activity (e.g. Junak-The Association of Scouts and Guides, YMCA and YWCA, The Woodcraft League). In 1995, the total number of civil associations of children and young people reached 450. "Umbrella" organizations of associations with similar interest have formed (for example, The Circle) to better represent themselves to the state and also to join international organizations. These associations are seen to make an important contribution to primary prevention of "negative social phenomena" through positive education and leisure opportunities (2).

There are also a number of NGO groups with the primary purpose of providing prevention and/or treatment activities and services related problems with use of substances. A number of these groups participated in the mission "round table" discussion organized by the National Drug Commission to discuss the proposed National Task Force. Several of these groups (SANANIM, Centre for Youth, and the K-Centre, for example) are working with populations of young people, such as street children, injecting drug users, young prostitutes, who may be missed by programmes in the school settings and in the community-based leisure activities (2).

As regards treatment opportunities, most of the major treatment modalities are reported to available throughout the country. In the past several years, the network of "low-threshold contacts" centres have increased. In the last year, after-care centres and treatment centres for younger adolescents (under 18) have been established (1).

### 3.4 SITUATION OF YOUNG PEOPLE IN THE CZECH REPUBLIC

#### 3.4.1 General

Economic recovery is now underway in the countries of Central Europe (defined by the United Nations Children’s Fund (UNICEF) as the Czech Republic, Hungary, Poland, Slovenia as well as Slovakia) (3).

The decline in economic output following political changes was less pronounced in this region than in, for example, the Caucasus or the Baltic States. In spite of economic recovery the social conditions of the majority of the general population in the Czech Republic worsened following the political upheavals, but not to the same extent as in neighbouring countries.
The decline in economic output, related to changes in the political situation, led to a decrease in incomes and increased poverty in the general population. Children have been particularly affected by these changes. However in the Czech Republic, unlike most other countries in the region including its close neighbours Slovakia and Poland, child poverty rates have increased less than overall poverty rates, but, as is common in the region, more than that for the elderly.

Poverty rates have generally increased less in the Czech Republic than in other countries in Central and Eastern Europe. Unlike in neighbouring countries there has been a decrease in the number of children under the age of three years in institutional care (one indicator of child poverty) between 1989 and 1995. As in other countries in the region public expenditure on child institutions declined from 1989 to 1991. Such expenditure has more recently been steadily increasing (3).

Infant mortality rates increased across the region following the political and economic changes. These rates are now generally falling and in the Czech Republic are comparable to those in western European countries (7.7 per 1,000 live births) (3).

Throughout the region, including Czech Republic, mortality among adolescents due to accidents, poisoning and violence has increased and teenage suicide rates, especially among boys have risen (3).

Youth crime rates in the region have traditionally been low. The lifting of social and political controls has led to an increase in crime, including amongst young people (3). Juvenile crime has been linked to lack of social support for young people and economic and other pressures within families. Both property and violent crime are increasing in Czech Republic and elsewhere in the region.

3.4.2 Substance Use

It was reported from several sources that since the political and economic changes of 1989 (the “velvet revolution”) levels of substance use have increased in Czech Republic as elsewhere in the region, particularly among the young. In part these increases may be apparent rather than real because of improved reporting procedures and more openness with regard to revealing sensitive information. It is also the case that the loosening of borders and increased travel and trade has led to increased availability of some drugs. Some increased substance use particularly among the young is associated with infiltration by the “western life-style”. This is particularly the case with “fashionable” drugs such as MDMA “ecstasy” and other amphetamine-type stimulants (4,5). Lifetime prevalence of amphetamine use among secondary school students at age 16 in the Czech Republic was 1.8% in 1995. More recent use in this population, in the last year and in the previous 30 days, was 1.4% and 0.7% respectively (4). However the most frequently used illicit drug among young people in all Central and Eastern European countries, including the Czech Republic, is cannabis.

School surveys have been conducted as part of the European school survey project on alcohol and drugs (ESPAD), in cooperation with the Swedish Council for Information on Alcohol and other Drugs (CAN), using standardized methodologies and survey instruments developed by the Pompidou Group. In the Czech Republic 5,000 young people participated in the 1995 ESPAD survey. Czech Republic also participates in the WHO Regional Office for Europe Health Behaviour in School-Aged Children (HBSC) study (last data collection 1993/94).
A general population survey was conducted by the Institute of Public Health in 1996. The main results are summarized below:

Table 1. Lifetime prevalence (any illicit drug)

<table>
<thead>
<tr>
<th>Population (19-64)</th>
<th>Younger adults (18-34)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Country</td>
<td>Prague</td>
</tr>
<tr>
<td>15.6%</td>
<td>16.5%</td>
</tr>
</tbody>
</table>

Highest rates of illicit drug use are found in the younger population in Prague. The most common illicit drug used was cannabis. Lifetime prevalence of other illicit drugs (amphetamine type stimulants, heroin and other opiates and hallucinogens) was less than 2% of the population. Rates of cannabis, amphetamine-type stimulant and heroin use are all reported to be increasing (1). Quantities of these drugs seized have been increasing in recent years. The number of problematic amphetamine users is increasing at an alarming rate. Amphetamines in the Czech Republic are typically injected. “Pervitin” and ephedrine are locally produced.

It is estimated that the average age of problematic drug users in the Czech Republic is declining (mean age in 1995 was 22.8 years and in 1996, 21.5 years). In 1996 57% of problematic drug users were aged under 19 years and 54% of these were drug injectors (1).

In Prague in 1995 the mean age of drug users entering treatment for the first time was 21.9 years, 50% were aged 19 years and under and 14% aged 15 years and under (6). The majority entering treatment are primarily amphetamine users rather than heroin or other opiate users. Mean age of first drug use was 20 years with 50% first using at age 18 years or younger (6).

Czech Republic also took part in the 1993-94 Survey of Health Behaviour in School-aged Children (A WHO Cross-National Study). The survey collects information about health-related behaviour among representative samples of school children in twenty-five countries. A number of questions relating to tobacco and alcohol were asked as part of the survey. These results are summarized in Table 2.

High rates of alcohol and tobacco use are recorded across the age groups. For both alcohol and tobacco rates of use are typically higher in males than in females and higher in the older age groups. The high levels of regular drinking and reported drunkenness among 15 year old males is of particular concern as are the levels of regular cigarette smoking in this group.
Table 2. Tobacco and alcohol using behaviour among school aged children in the Czech Republic (1993-94)

<table>
<thead>
<tr>
<th></th>
<th>11 year olds</th>
<th></th>
<th>13 year olds</th>
<th></th>
<th>15 year olds</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Males %</td>
<td>Females %</td>
<td>Males %</td>
<td>Females %</td>
<td>Males %</td>
<td>Females %</td>
</tr>
<tr>
<td>Have ever smoked</td>
<td>34</td>
<td>20</td>
<td>57</td>
<td>37</td>
<td>62</td>
<td>50</td>
</tr>
<tr>
<td>Have smoked cigarettes once a week or more</td>
<td>2</td>
<td>2</td>
<td>7</td>
<td>4</td>
<td>16</td>
<td>12</td>
</tr>
<tr>
<td>Drank alcoholic beverages at least weekly</td>
<td>12</td>
<td>7</td>
<td>18</td>
<td>8</td>
<td>38</td>
<td>19</td>
</tr>
<tr>
<td>Had been really drunk two or more times</td>
<td>5</td>
<td>3</td>
<td>13</td>
<td>7</td>
<td>37</td>
<td>20</td>
</tr>
</tbody>
</table>


It was noted by staff of The Centre for Youth, who have participated in the WHO Street Children Project in Prague, that the percentage of young people on the living on the street who are using substances is increasing. It was reported that this increase has changed the pattern of where the young people stay with “more street youth staying in flats and using speed”, making contact with them more difficult and in some ways more dangerous because they are living in building where more buying and selling of substances is going on. Groups working with street children indicated that a full assessment of the needs of street children in Prague and other cities is needed.

Some training has been offered by the Centre for Youth on qualitative methods, but more application of these methods is needed to better understand the issues and needs of a range of populations of young people. It was felt that it will be important for the National Task Force to undertake and promote such assessment.

### 3.5 ISSUES RELATED TO MONITORING AND EVALUATION ACTIVITIES

The data available regarding young people and substance use provides a baseline against which to analyse trends, for planning and implementing interventions and for measuring the effectiveness of interventions. Participation in cross national studies using standardized methodologies and instruments (such as ESPAD and HBSC) provides comparatively reliable and comparable data.

Less data are available on the effectiveness of current prevention and other interventions. Some assistance may be required with regard to ensuring monitoring and evaluation to provide research based evidence of effective intervention.

Czech Republic’s participation in the Phare Programme, the Pompidou Group and membership of the Central and Eastern European Multi-city Network provides training opportunities and ongoing support for data collection and improvement in data quality.
Additional technical assistance and support may be required in certain areas of data collection. Training based on the WHO/NIDA Guidelines for Drug Abuse Epidemiology may be relevant in this respect. Several particular areas of technical assistance were identified:

(a) qualitative methods, including Rapid Assessment procedures;
(b) special population studies; and,
(c) rapid reporting and early warning systems.

3.6 ISSUES/NEEDS RELATED TO TECHNICAL ASSISTANCE

Key areas noted for technical assistance to foster development of the National Strategic Plan and related activities include:

- Examples of effective interventions on substance use for young people in different age groups and in different settings, particularly out of school.

Although there is experience in Czech Republic with substance use-related health promotion in school settings, there was a lot of interest in research findings and related recommendations for age-specific health promotion, which responds to different developmental needs and changing situations young people are facing.

- Information related to above on best practices and principles for prevention work with young people. Information on experience in other countries in development of such guidance and accreditation processes for people working with prevention efforts and young people would be useful, as well.

- Information on strategies to engage the participation of young people in policy and programme processes.

Examples of specific ways in which young people can help develop the National Strategic Plan were requested.

Such material needs to cover suggestions on how to prepare adults and young people to work together, as well as description of the continuum of youth participation from needs assessment input to direct role on National Task Force. Background information on why participation of young people is beneficial would help its promotion. Examples of youth participation in implementation and evaluation of prevention interventions related to substance use on activity are also needed.

- Information and training opportunities related to qualitative research methods, as well as information on evaluative methods (such as survey design, rapid assessment tools, etc) found useful with different populations of young people in different settings.

- Examples of national strategies to prevent substance use problems amongst young people.

Such examples would be a useful resource in development of Czech Republic's National Strategy. Training in development of such strategies was also requested. Training offered on a regional basis was seen as beneficial to compare approaches, common issues and challenges.
3.7 SUMMARY

Response to participation in this Project and establishment of a National Task Force in the Czech Republic was very positive. It was felt that the National Task Force with the technical support of WHO and association with a WHO regional initiative could focus attention on substance use issues specific to young people and increase political and technical interest in making response to these issues a priority. Groups consistently stressed that despite many valuable programmes in Czech Republic, there was fragmentation of efforts by both government and nongovernment organizations. The need to bring together people from different disciplines and organizations to address the range of substance used by young people in an integrated way and coordinate responses was consistently voiced. It was also determined that guidance was needed on appropriate approaches to employ in interventions related to young people and substance use. The National Task Force was seen as an excellent mechanism to tackle these challenges.

There was consensus that the National Drug Commission has the appropriate governmental mandate to oversee the National Task Force, as well as the informal support of government agencies and NGOs necessary to foster collaboration amongst various groups. It was determined that decisions regarding the establishment of the proposed National Task Force in the Czech Republic and designation of a focal person to coordinate its activities would be communicated to WHO/PSA.

Throughout the mission, there was discussion on the overlap amongst projects and areas of work on prevention being undertaken by different agencies. Such overlap can be highly valuable and reinforce key prevention strategies, however, documenting a clear picture of how all the various groups make a contribution to prevention was seen as useful undertaking to enhance clarity of responsibilities, and make sure that some groups of young people are not over-served and other groups missed.

Many of the primary prevention efforts being undertaken in Czech Republic are focused on reaching young people through the school settings with many resources and training materials being made available to teachers. Some resources have been developed to educate parents about how to help prevent substance use problems with their children and how to respond if their children do have problems. While many prevention programmes are being undertaken, to date it is reported that little evaluation has been conducted about the effects of these programmes. There has been much support for the use of peer-to-peer education approaches in the school system in particular, but little evaluation of the benefits of such projects to the peers trained or the peers reached through activities.

The prevention work being implemented outside the school settings includes the provision and promotion of leisure opportunities for young people. Secondary prevention aimed to reach young people identified as having substance use related problems, or at a heightened risk for such problems, seems to be less systematic than the primary prevention efforts in the schools. Review of interventions in a range of settings, and action planning which takes into account potential gaps in services for all populations of young people will be an important aspect of the work of the National Task Force.

There was considerable interest in information and opportunities for training related to monitoring and evaluation methods specific to young people at different ages and in different circumstances, updates on research findings on the effectiveness of various interventions with young people, and ways to engage young people in planning, implementing, and evaluating programming designed to meet their needs.
REFERENCES - MISSION TO CZECH REPUBLIC


4.1 INTRODUCTION

This WHO mission to Latvia was the fourth mission related to the establishment of the Prevention of Substance Abuse among Young People in Central and Eastern Europe Project at country level. Meetings were held with State Minister of Health, Head of Public Health Policy Unit, Centre of Drug Abuse Prevention and Treatment, UNICEF, UNDP, UNDCP Regional Office (Baltic States), National Health Promotion Centre, Ministry of Education and Science, Drug Enforcement Bureau, Education, Culture and Science Commission of the Parliament of Latvia, Family Planning and Sexual Health Association, a nongovernment group "Parents Against Narcotics", and a new NGO Centre to learn about prevention activities and to discuss the role of the proposed National Task Force in oversight and guidance of country-wide activities and strategies to address substance use among young people. A round table discussion was held with adult and youth representatives from the Latvian Red Cross, the Latvian Young Women's and Young Men's Christian Association, the Latvian Youth Movement for Life Free From Alcohol and Drugs and several International Organization of Good Templars groups.

The members of the WHO mission were:

Ms Leanne Riley, Scientist, WHO Programme on Substance Abuse, who served as team leader; and
Ms Diane Widdus, Technical Officer, WHO Programme on Substance Abuse.

4.2 KEY ISSUES RELATED TO ESTABLISHMENT OF NATIONAL TASK FORCE

4.2.1 Response to National Task Force and participation in the Project

Response to participation in this Project and establishment of a National Task Force in the Latvia was very positive. It was felt that the National Task Force with the technical support of WHO and association with a WHO regional initiative could focus attention on substance use issues specific to young people and increase political and technical interest in making response to these issues a priority. The concept of the Task Force was strongly supported by representatives of UNDP, UNDCP and UNICEF, as well as the WHO liaison office.

There was strong endorsement of the need to address all substances and to foster interagency work on substance use issues. It was felt that an official body such as the proposed National Task Force was required to help interested groups (government and nongovernment) focus systematically in an integrated way on issues related to the range of substances used by adolescents (e.g. alcohol, tobacco, and other psychoactive substances). Further, it was stated that such a body was needed to coordinate appropriate responses and make the best use of limited resources. Also, the opportunity the Task Force would offer to address selected areas, such as evaluation of current interventions and qualitative evaluation with particular populations of young people was welcomed. It was felt that the National Task Force would be a useful mechanism to help develop and gain support for common guidelines on prevention approaches with young people.

Groups consistently stressed that despite many valuable programmes, fragmentation of efforts by both government and nongovernment organizations is a concern. Groups noted that despite common goals and issues, NGOs have had little contact among themselves. The National Task Force was seen as an excellent mechanism to bring together government and nongovernment groups to tackle these challenges.
4.2.2 Existing structures/mechanisms at national level which address substance use issues among young people

In the spring of 1997, The Centre of Drug Abuse Prevention and Treatment within the Ministry of Welfare of Latvia was created through a merger of previously separate agencies working on prevention and treatment respectively. The range of functions of the Centre includes work on national policies related to alcohol and all other psychoactive substances except tobacco. The Centre provides in- and outpatient acute care, including an alcohol intoxication testing centre, and longer term treatment services related to substance use for adolescent and adult clients. Prevention activities of the Centre include training medical professionals (e.g. general practitioners, pediatricians and nurses) on prevention and treatment of substance-related problems; collaboration with the Health Promoting Schools project, offering consultation and some direct education via team work in rural schools on substance-related health education; special projects with Riga City Council on delivery of outpatient prevention and treatment services targeting young people not in schools; and projects focusing on interventions in places such as discos. The Centre also reports data related to prevalence of alcohol consumption and abuse, morbidity and mortality related to use of alcohol, tobacco and other psychoactive substances (1).

The State Narcotics Control and Coordination Commission, Subcommission on Drug Demand Reduction, chaired by Dr Astrida Stima, Director of the Centre of Drug Abuse Prevention and Treatment, is the inter-ministry body which guides policy development related to prevention of substance related problems in Latvia. There is separate body, the Tobacco Control Commission, which address tobacco control policies within the country.

The Ministry of Education and Science addresses prevention of substance use among young people through training of selected health education teachers, through activities undertaken as part of its participation in the Health Promoting Schools project, as well as review and promotion of education materials for use by teachers on prevention of substance use related problems among young people. The Ministry has collaborated on these efforts with the Centre of Drug Abuse Prevention and Treatment and the Health Promotion Centre, as well as with some nongovernment organizations (NGOs).

The National Youth Affairs Department was created in the Ministry of Education and Science in 1993 as a governmental body to “deal with youth questions” (2). Its tasks are to develop national youth policy, to contribute to the establishment of legislation concerning protection and support of children, to create training systems for youth coordinators of local governments, coordinate children and youth leisure time activities, support youth NGOs and support youth rights protection system in Latvia.

A National Health Promotion Centre was created in 1997 to develop and execute government policy on health promotion. In the area of health promotion and substance use, the Centre has developed and implemented tobacco use prevention strategies and has worked closely with the Ministry of Education to train health education teachers and to integrate prevention lessons related to substance use into the healthy lifestyle curriculum promoted through the Health Promoting Schools project. A separate Health Promotion Foundation has been established as a private institution, which is also associated with the Health Promotion Centre.

Additionally, within the Parliament of Latvia, both the Education, Culture, and Science Commission and the Subcommittee on Children’s Rights and Child Protection of the Social and Human Rights Committee are concerned with issues that interrelate to the healthy development and well being of young people, including problems related to substance use by young people. The Centre of Children’s Rights is a public institution working in this area. Latvia’s National Programme for the Protection and Promotion of Human Rights is one of the few national policy frameworks that has been developed and implemented following the World Conference on Human Rights, held in Vienna in June 1993 (3). UNDP was instrumental in the development of this Programme. The attention such
programmes can focus on basic rights of children and young people and potential violations of these rights can enhance efforts to better understand and address causal and prevention factors related to substance use problems among young people.

4.2.3 Leadership of the National Task Force

It was determined that the Centre of Drug Abuse Prevention and Treatment, Ministry of Welfare of Latvia, would provide decisions regarding the establishment of the proposed National Task Force in Latvia. It was anticipated that the proposed National Task Force would be established under the auspices of the State Narcotics Control and Coordination Commission, Subcommittee On Drug Demand Reduction, chaired by Dr Astrida Stirna, Director of the Centre of Drug Abuse Prevention and Treatment, Ministry of Welfare of Latvia. It was determined that such an arrangement would afford the opportunity for further technical expertise and leadership to be provided to the Task Force by the Centre of Drug Abuse Prevention and Treatment.

It was also noted that the State Narcotics Control and Coordination Commission and the Subcommittee have agreed that if the Task Force is situated under the Subcommittee, the range of substances to be addressed by the Task Force would include alcohol and tobacco, as well as illicit substances. Agencies within the government with responsibilities and mandates related to alcohol and tobacco could have designated representatives participate on the Task Force. It was further discussed that the Centre would be the oversight agency for the Task Force and would communicate designation of a focal person to coordinate its activities to WHO/PSA.

4.2.4 Issues/existing plans relevant to preparation of National Strategy

The development of an overall national strategy related to prevention and treatment of substance abuse was reported to be under consideration in Latvia. The plan to develop ways in which work on the National Strategy on Prevention of Substance Use among Young People could support the development of the overall strategy were discussed. Work on development of the proposed National Strategy specific to young people was seen to complement the task of preparing the overall strategy. The possibility that the proposed National Task Force on Prevention of Substance Abuse Problems among Young People may also address overall issues, with focus on young people forming one important part of a broader strategic plan, was considered as one option. Such an adaptation was noted as acceptable to WHO.

It was felt that development of the National Strategy would benefit from input of the broad membership of government and NGOs proposed to make up the National Task Force. It was noted that taking an interdisciplinary approach to problem solving on health issues was new, but was gaining acceptance and seemed feasible. The growing independence of NGOs was seen as a positive development by government and NGO groups. It was felt that this new independence could enhance work on substance use issues by bringing different perspectives to discussions about innovative ways to tackle the growing use of substances among young people in the country. It was pointed out in several discussions that a specific strategy on ways government and nongovernment groups could work together on substance issues among young people was necessary.

It was noted in discussions that evaluation of the effectiveness of interventions with young people in schools and other settings has been limited, and that minimum standards and criteria for assessing programmes were needed. It was felt that documentation of a common strategy on effective approaches for work with young people is needed. A clear description of the roles various agencies play in assuring quality was also felt to be needed.

Participation of people from different areas in the country experienced in working with young people and substances at the municipal level, was thought to be important to the development of a realistic and useful national plan of action.
4.2.5 Resources (technical/financial/other) available to support Task Force

*Links to multi-country projects and other international collaboration*

It was reported that participation with the multi-country regional programmes noted above as well as with UNDCP projects, has offered access to technical assistance and exchange of information related to epidemiology of substance use and programming efforts to prevent substance use related problems. Such collaborations will continue to benefit the work of the Task Force. The Latvian office of “Youth for Europe” was reported to be a potential source of some financial resources for prevention activities related to substance use problems among young people.

*Technical and human resources*

There is a strong cadre of well trained professionals in many sectors, working in government and NGO communities, who are committed to development of creative prevention strategies to meet prevention needs among young people. A number of prevention experts from Latvia have taken part in Demand Reduction Staff Training Programme, offered by the Pompidou Group. Teachers and health care professionals trained in prevention approaches with young people via training offered through collaboration among the Ministry of Education and Science, the Health Promotion Centre, the Centre of Drug Abuse Prevention and Treatment and NGO groups are also vital resources.

A unique resource in Latvia is the newly created NGO Resource Centre - Riga, sponsored by the Government of Denmark, the United National Development and the Soros Foundation-Latvia. As of May 1997, over 400 social organizations, public foundations, non-profit companies and informal groups through out Latvia have registered as users of the Centre. The Centre offers informational, consultative and technical assistance in such areas as development of project proposals, legal concerns, general organizational questions, and training issues. Such services may be useful to the work of the Task Force in various stages. Many youth-serving NGOs are participating in the activities of the centre. Its philosophy recognizes and supports the direct participation of young people in the work of NGOs.

The Joint United Nations Programme on HIV/AIDS (UNAIDS) Theme Group chaired by the UN Resident Coordinator in Latvia has developed a strong working group with participation of several NGOs, including the Human Rights Centre, Red Cross Youth and an NGO working with persons living with HIV. This group coordinates their activities with the National AIDS Programme. The Theme Group can be a resource to the National Task Force on issues related to the process of collaboration and coordination of prevention and treatment efforts, as well on many technical content areas such as qualitative research methods and effective prevention interventions with young people, particularly young people in difficult circumstances. It will be important for the National AIDS Programme to be represented on the Task Force to ensure that the interrelationship of common risk factors related to substance use, HIV/AIDS and other problems among young people are considered and that relevant plans of action to address all such issues are developed. The National AIDS Programme and the Theme Group also have advocacy experience which could help the Task Force develop communication strategies related to substance use issues.

4.2.6 Issues related to youth participation on Task Force

Although it was reported that participatory approaches have not been traditionally part of the education system or generally part of work with young people in Latvia, there was considerable interest expressed and a number of resources identified which could help in developing ways young people could be part of the National Task Force process. Many of the NGOs which work with young people, such as the Latvian Youth Red Cross, the Latvian Young Women’s and Young Men’s Christian Association and the Latvian Youth Movement, have placed importance on direct participation of young people in planning and implementing their activities. Latvia’s
Association for Family Planning and Sexual Health has established a Youth Group within its organization, which plans and implements activities, such as a hotline, media information campaigns and education programmes with other young people in schools on reproductive and sexual health topics.

An activity which further indicates interest and support of active participation of young people is the new government approved conference of young people Pupils Parliament developed by the Association of Latvian Youth (students), which fosters education on democratization process.

These groups and others which involve young people can be a resource to the Task Force by giving suggestions on how to best gather ideas and opinions among young people. They can also be helpful in planning and carrying focus groups or other qualitative methods with young people on topics related substance use and development of interventions. It will be important to collect information from a range of different populations of young people.

4.2.7 Potential barriers/aids to successful work of Task Force

It was noted in several meetings that NGOs are a relatively new, albeit growing entity in Latvia. However, there seemed to be considerable interest in ways to enhance the development of NGOs and mechanisms of support to aid their maturation, such as the NGO Centre discussed above.

Many people commented that the Latvian society is a very structured one and that people are not accustomed to talking openly about matters which are considered private, such as problems within the family and issues related to sexual matters or substance use among young people, for example. Development and evaluation of health education strategies which are culturally acceptable and effective in tackling communication about substance related issues among young people need to continue. People also noted that typically alcohol and tobacco were not seen as problems and that the Task Force will need to address how to increase awareness of problems related to their use, as well as other substances.

4.3 OVERVIEW OF CURRENT YOUTH-SPECIFIC PREVENTION WORK RELATED TO SUBSTANCE USE

The Ministry of Education and Science noted that training teachers in health education strategies in general is a major challenge in the country. The idea that health promotion and education specific to health should be a routine part of a schools's mandate is a relatively new concept in Latvia. There are a total of 24 schools in the country which are “health promoting schools” (10 are part of the WHO European Office Health Promoting Schools project and additional 14 are part of the national programme). Most of these schools have incorporated activities to address prevention of problems related to substances. However, comprehensive health education, including “healthy lifestyle” lessons specific to substance use issues, has not been implemented throughout the country. Low pay for teachers in general was reported as an issue contributing to poor motivation among some teachers to take on new duties, such as prevention activities related to substance use problems among students. Also, it was noted that teachers have reported that a lack of adequate information on substance use issues and lack of training in how to discuss such issues with students is a barrier to prevention activities.

A number of teacher-training materials, educational resources and student workbooks, and peer education programmes related to prevention of problems with alcohol, tobacco and illicit drugs have been developed by both government agencies and nongovernment organizations. Materials are reviewed and approved by the Ministry of Education, however, schools choose which materials to use locally. The lack of common approaches on how schools handle issues related to substance use among students and strategies to prevent substance-related problems was cited as a concern. Work is felt to be needed on how to best introduce prevention programmes within the cultural context of Latvian society, which was described as fairly conservative.
The Centre of Drug Abuse Prevention and Treatment through collaboration with the NGO Parents Against Narcotics and social worker groups has developed an intervention for the school setting which employs “prevention teams” who conduct day long education activities designed to promote prevention of substance-related problems. The activities have been carried out in a number of selected schools throughout the country. The response to these activities has been positive. Further follow-up to explore benefits over time in the participating schools could be useful in planning future interventions.

The National Health Promotion Centre reported that focus on health promotion in general is relatively new in the country. In the past, physicians have been seen as the main professional group responsible for all issues related to substance use and more focus has been on the treatment side. The creation of the Health Promotion Centre has provided a new resource which can assist in development of a range of prevention strategies related to young people and substance use, including training physicians on prevention approaches. Both the Centre along with the Ministry of Education and Science and Ministry of Health have identified that training teachers on approaches with young people related to prevention of substance-related problems is a priority. Although the training of health education teachers has begun, it was reported that currently there is wide disparity among schools throughout the country on approaches employed to prevent substance-related problems among young people. Only about half of the schools have a resource teacher trained in health education.

The National Health Promotion Centre plans to develop standards for education of teachers in health promotion, as well as strategies to increase the role of physicians in prevention efforts. The Centre has worked with the United Kingdom Health Education Authority on development of materials and smoking cessation programmes for Latvia, such as the Quit and Win campaign. Also, the Soros Foundation-Latvia has introduced some workshops for teachers related to alcohol and tobacco.

Some groups are undertaking work with young people in street situations, including the Latvian Youth Movement and Centre of Drug Abuse Prevention and Treatment. The Centre’s work involves outreach prevention and treatment activities related to substances with young people in such settings. More work in this area and training in how to effectively implement prevention interventions among young people living in particularly difficult circumstances was identified consistently as a priority that the National Task Force will need to address in its work. UNICEF is actively working on increasing awareness of the issues related to the growing population of street children and other undeserved populations of young people, such as Russian-speaking young people.

It was reported that a significant part of the democratization process in the Latvia has been a remarkable growth of civil organizations with a great variety of interests. Following this trend there are many youth-serving and youth membership NGOs. Some are totally new and some, such as the Association of Scouts and Guides, YMCA and YWCA, are groups which had been inactive and have now resumed activity. These organizations are seen to make an important contribution to primary prevention of substance related problems through support of the healthy development of young people via leisure opportunities (such as summer camps and active recreational pursuits), leadership training and positive socialization opportunities with other young people and adults. Such organizations also offer an opportunity to integrate interventions specifically related to substance use issues into their programmes.

Several organizations identified the need for more programmes which educate parents about substance use problems and how to talk with young people about them.
4.4 SITUATION OF YOUNG PEOPLE IN LATVIA

4.4.1 General

Latvia has a relatively young population with 24% of the population below the age of 24 years. Economic recovery is now underway in the Baltic States (defined by the United Nations Children’s Fund (UNICEF) as Estonia, Latvia and Lithuania) (4). The decline in economic output following political changes in the second half of the 1980s was more pronounced in the Baltic region (and particularly in Latvia) than in, for example, the countries of Central Europe (notably Czech Republic, Slovakia and Slovenia) (4).

In spite of more recent economic stabilization and partial recovery the social conditions of the majority of the general population in Latvia worsened following the political upheavals and recovery has been slow. The decline in economic output, related to changes in the political situation, led to a decrease in incomes (wages lost 39% of their real value between 1989 and 1995), increased unemployment and increased poverty in the general population. Children have been particularly affected by these changes and child poverty rates have increased more than overall poverty rates, and, as is common in the region, more than that for the elderly.

Infant mortality rates in Latvia are the highest of the three Baltic States and increased from 13.7 per 1000 live births in 1990 to 17.4 in 1992. Rates fell in 1993 and again in 1994 but increased to 18.5 per 1000 live births in 1995. These rates are more than double those found in western European countries.

A range of other health problems among children and young people are identified in the Latvian Strategy for Health Care Development (5). These include: low birth rate; high number of abortions (see below); inadequate use of contraception (see below); high perinatal and maternal mortality; increasing infant mortality (see above); increasing numbers of teenage pregnancies and births and high numbers of children with health problems which qualify for invalidity criteria.

A survey on reproductive health conducted on behalf of the United Nations Population Fund (UNFPA) (6) reports on contraception and HIV prevention, as well as attitudes and risk behaviour related to sexuality and sexual behaviour. The survey found that a third of sexually active young men and women aged 15 to 19 years never used condoms or other forms of contraception. Latvia, as with the other Baltic States, has exceptionally high rates of abortion (145.05 per 100 live births in 1995). Young peoples’ knowledge about contraception was reported to be worse than that of older people. 13% of men and 5% reported their first sexual relations at ages younger than 16 years.

Sexually transmitted diseases have been increasing in recent years. In 1995 the reported rates per 100,000 population were: 111.2 for gonorrhea and 176.2 for urogenital chlamydia. The majority (60%) of reported cases of STDs were amongst the young (17 to 29 years) (6).

High levels of teen suicides, particularly among males are found in Latvia. Rates per 100,000 for males aged 15 to 19 years increased from 20.0 in 1989 to 37.7 in 1992 and began to decrease thereafter to 28.7 in 1995 (4).

The number of young people not attending school was reported to be increasing. Estimates of young people not attending school ranged from 7,000 to 15,000. The need to understand why young people were stopping school prematurely and to intervene before they dropped out was identified. Groups working with street children indicated that a full assessment of the needs of street children in Riga and other cities is needed. It was indicated that more assessment of young people in especially difficult circumstances, such as young people living on the street, was needed to better understand the issues and needs of a range of populations of young people. It was felt that it will be important for the Task Force to undertake such assessment as part of its situational analysis phase in the development of the national strategy.
4.4.2 Substance Use

It was reported from several sources that since the political and economic changes of the late 1980s levels of substance use have increased in Latvia, as elsewhere in the region, particularly among the young. Reported seizures of illicit drugs have increased since the late 1980s, as have the number of reported drug related crimes and the number of drug users in treatment. Small seizures of MDMA (ecstasy), MDA, LSD and cocaine are now reported, as well as the more traditional opiate and amphetamine-type stimulant drugs, principally poppy straw, ephedrine and ephedrone (1).

In part some of these increases may be apparent rather than real because of improved reporting procedures and more openness with regard to revealing sensitive information. It is also the case that the loosening of borders and increased travel and trade has led to increased availability of some drugs. Some increased substance use, particularly among young people, is associated with infiltration by the “western life-style”. This is particularly the case with “fashionable” drugs such as MDMA “ecstasy”, other amphetamine-type stimulants and LSD. Some cocaine use is reported but its relatively high price (50-55 Lats per gram) in relation to other drugs such as the ATS ephedrine (5 Lats per gramme) puts it out of the range of most young people.

The number of young people registered as drug users by the Latvian Drugs Enforcement Bureau (statistics compiled from police and medical files) has increased in recent years. In 1996 522 young people were registered, the majority (55%) being users of solvents (principally glue), followed by cannabis (15%), and amphetamines (ephedrine and ephedrine) (2%). Opiate use amongst young people registered by the Latvian Drugs Enforcement Bureau appears to be relatively rare, with only two reported cases in 1996. Twenty-one young people registered (4%) had used “Taren”, which contains cyclodole (triethyphenidyl) an anticholinergic used in the treatment of Parkinsonism, and used for its hallucinogenic effects. For registered adults (5328 in 1995), opiate - mostly poppy straw (47%) and amphetamine use - ephedrine and ephedrone (27%) are far more common than among registered young people. The number of registered drug users has been increasing in recent years 5210 in 1993 to 5328 in 1996, with similar increases in the number of registered young people. It is estimated that only approximately 25% of drug users are registered.

A similar pattern of drug use is reflected among young people receiving treatment. In 1996 of 904 persons receiving treatment 92 (10%) were aged 19 years and under, including 39 (4%) aged 15 years and under. Among these young people in treatment the most commonly used substances were solvents (68%), amphetamine-type stimulants (13%) and opiates (9%). For adults in treatment the majority were being treated for opiate use (47%) and amphetamine type stimulants (27%). Hospital data shows that the majority of adolescents admitted to hospitals with drug related problems are suffering the effects of solvent use.

In 1995 there were 42 recorded drug related deaths. Of the 41 deaths for which data are available eight (19.5%) were in the age range 15 to 19 years. The majority of drug related deaths among young people 15 to 19 years old were female (five of the eight deaths).

HIV does not, for the present, seem to be a problem among drug injectors in Latvia, with no reported cases. There is however increasing hepatitis C morbidity, from 1.2 cases per 100, 000 in 1993 to 3.3 in 1996 suggesting the presence of drug injection and unsafe injection behaviour in the country. Opiates (poppy straw solutions) and amphetamine-type stimulants (ephedrine and ephedrone) are injected in Latvia, sometimes together and HIV epidemics are reported among drug injectors in the neighbouring countries of Belarus and Ukraine (1).

With regard to alcohol use in the general population consumption rates per capita declined from a high of 11.3 litres per capita in 1980 to 4.4 litres per capita in 1987. Thereafter rates have increased year on year to 8 litres per capita in 1995 (Latvian State Drug Abuse Prevention and Health Care Centre, 1997). The number of alcohol related deaths recorded in Latvia peaked in 1994 with 385 deaths representing 15.1 per 1,0000 of the population. In 1995 and 1996 rates decreased to 12.1 and 9.2 respectively (Latvian State Drug Abuse Prevention and Health
Incidence (new cases) of alcohol psychosis increased from less than 5 cases per 100,000 in 1987 and peaked in 1995 at 65 cases per 100,000. Alcohol use, and related increases in accidents and trauma have been identified as an area of particular concern in the Latvian government’s Strategy for Health Care Development (5).

The WHO Regional Office for Europe Health Behaviour in School-Aged Children (HBSC) study (last data collection 1993/94) shows that 20% of 15 year old boys were drinking alcohol at least once a week (7). The overall number of juvenile crimes have been increasing in recent years. Approximately one quarter of all juvenile crimes involve alcohol related offences and in 1996 28% of juvenile offenders were intoxicated when they committed the crime (1).

The use of tobacco is common among young people in Latvia. School surveys, conducted as part of the European school survey project on alcohol and drugs (ESPAD), in cooperation with the Swedish Council for Information on Alcohol and other Drugs (CAN), using standardized methodologies and survey instruments developed by the Pompidou Group, show that 84% of boys aged 15 have tried a cigarette, 64% had tried their first cigarette before age 13 years and 39% smoked daily. These rates were the second highest recorded in any of the thirty countries that took part in the ESPAD survey (1).

Similar, though slightly lower, rates were found in the 1993-94 Survey of Health Behaviour in School-aged Children (A WHO Cross-National Study). The survey collects information about health-related behaviour among representative samples of school children in twenty-five countries. 33% of fifteen year old boys and 14% of girls reported smoking at least once a week. The rates for boys were amongst the highest recorded in any of the twenty-five countries (7). Smoking has also been identified as an area of concern in the Latvian government’s Strategy for Health Care Development (5). The strategy notes the increasing numbers of teenagers who smoke.

4.5 ISSUES RELATED TO MONITORING AND EVALUATION ACTIVITIES

The data available regarding young people and substance use provides a baseline against which to analyse trends, for planning and implementing interventions and for measuring the effectiveness of interventions. Participation in cross national studies using standardized methodologies and instruments (such as ESPAD and HBSC) provides comparatively reliable and comparable data.

Less data are available on the effectiveness of current prevention and other interventions. Some assistance may be required with regard to ensuring monitoring and evaluation to provide research based evidence of effective intervention.

Latvia’s participation in the Phare Programme and the Pompidou Group Drug Demand Reduction Staff Training Programme, provides training opportunities and ongoing support for data collection and improvement in data quality. The Pompidou Group’s Drug Demand Reduction Staff Training Programme was established to meet the needs for strengthening demand reduction activities in twelve countries of Central and Eastern Europe (including Estonia, Lithuania and Latvia). Additional technical assistance and support may be required in certain areas of data collection. Training based on the WHO/NIDA Guidelines for Drug Abuse Epidemiology may be relevant in this respect.

Several particular areas in which technical assistance would be helpful were identified:

(a) qualitative methods, including Rapid Assessment procedures;
(b) special population studies; and
(c) early warning systems.
4.6 ISSUES/NEEDS RELATED TO TECHNICAL ASSISTANCE

Key areas noted for technical assistance to foster development of the National Strategic Plan and related activities include:

- Information and training opportunities related to qualitative research methods, as well as information on evaluative methods found useful with different populations of young people in different settings.

- Examples of effective interventions on substance use for young people in different ages groups and in different settings, such as schools, community and street settings.

Although there is experience in Latvia with substance use-related health promotion in school settings, there was a lot of interest in research findings and related recommendations for age-specific health promotion, which responds to different developmental needs and changing situations young people are facing.

- Information on strategies to engage the participation of young people in policy and programme processes.

Examples of specific ways in which young people can help develop the National Strategic Plan were requested. Such material needs to cover suggestions on how to prepare adults and young people to work together, as well as description of the continuum of possible youth participation from needs assessment input to direct role on National Task Force.

- The opportunity to discuss and compare approaches, common issues and challenges related to developing a National Strategy on Prevention of Substance Abuse among Young People with other countries in the project.

4.7 SUMMARY

Response to participation in this Project and establishment of a National Task Force in Latvia was very positive. It was felt that the National Task Force with the technical support of WHO and association with a WHO regional initiative could focus attention on substance use issues specific to young people and increase political and technical interest in making response to these issues a priority. Groups consistently stressed that despite many valuable programmes in Latvia, there was fragmentation of efforts by both government and nongovernment organizations. The need to bring together people from different disciplines and organizations to address the range of substance used by young people in an integrated way and to coordinate responses was consistently voiced. It was also determined that guidance was needed on appropriate approaches to employ in interventions related to young people and substance use. The National Task Force was seen as an excellent mechanism to tackle these challenges.

There was consensus that the State Narcotics Control and Coordination Commission, Subcommittee On Drug Demand Reduction, chaired by Dr Astrīda Stirna, Director of the Centre of Drug Abuse Prevention and Treatment, Ministry of Welfare of Latvia has the appropriate governmental mandate to oversee the National Task Force, as well as the informal support of government agencies and NGOs necessary to foster collaboration amongst various groups. It was determined that such an arrangement would afford the opportunity for further technical expertise and leadership to be provided by the Centre of Drug Abuse Prevention and Treatment. It was also noted that the State Narcotics Control and Coordination Commission and the Subcommittee have agreed that if the Task Force is situated under the Subcommittee, the range of substances to be addressed by the Task Force would include alcohol and tobacco, as well as illicit substances.
Many of the primary prevention efforts being undertaken in Latvia are focused on reaching young people through the school settings. It was reported, however, that little evaluation has been conducted about the effects of these programmes. There is also a need to train more teachers in health promotion strategies specific to prevention of problems related to use of substances among young people.

The prevention work being implemented outside the school settings includes the provision and promotion of leisure opportunities for young people, as well as some outreach prevention and treatment activities related to substances with young people targeted to young people in street situations. Ways to reach the growing population of young people not attending school who may be at a heightened risk for problems related to substance use was identified as a major concern and area in which training and technical assistance was sought. Review of interventions in a range of settings, and action planning which takes into account potential gaps in services for all populations of young people will be an important aspect of the work of the National Task Force.

There was considerable interest in information and opportunities for training related to monitoring and evaluation methods (particularly qualitative methods) specific to young people at different ages and in different circumstances, updates on research findings on the effectiveness of various interventions with young people, and ways to engage young people in planning, implementing, and evaluating programming designed to meet their needs.

REFERENCES - MISSION TO LATVIA


