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

Report of the technical review meeting

Warsaw, Poland, 8-9 July 1998
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Abstract

In 1997, a special project Prevention of Substance Abuse Among Young People in Central and Eastern Europe was initiated by WHO's Substance Abuse Department (SAB). 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 in each of the seven countries to guide national priorities and selection of priority projects.

In July 1998 SAB organized a Technical Review Meeting in Warsaw, Poland involving representatives of all seven countries. The meeting served as a platform to review progress made in the formation of National Task Forces and the preparation of National Strategies; to provide technical assistance on the systematic collection, interpretation, reporting and application of substance use related data; and to encourage exchange of information among the seven countries. This report provides a summary of the proceedings and outcomes of the Technical Review Meeting.
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Opening of the meeting

The Technical Review Meeting organized under the WHO Programme on Substance Abuse (PSA) Prevention of Substance Abuse among Young People in Central and Eastern Europe Project was held in Warsaw, Poland on 8 - 9 July 1998. The Meeting was organized in consultation and close cooperation with the Institute of Psychiatry and Neurology, Warsaw, Poland, a WHO Collaborating Centre for Research and Training in Mental Health.

The consultation was opened by Dr. Andrzej Zbonikowski, WHO Liaison Officer for Poland. Dr Zbonikowski welcomed the participants from the seven countries, along with his colleagues from WHO Headquarters. He indicated that adolescence and young adulthood were the periods most associated with the onset of substance use worldwide. European studies had shown that more than 20 percent of young people in cities had tried cannabis, and at least half of those who report drinking alcohol started before the age of 15. Up to 30 per cent of European young people smoke, with the majority of them commencing the habit by the age of 19.

Dr Zbonikowski indicated that the serious health consequences associated with substance use show a clear need for initiatives targeted towards young people. The objective of the meeting, to assist with developing and implementing innovative strategies and models for preventing substance-related health and social problems among young people, will therefore be helpful for all the participating countries. Finally, he wished the participants a fruitful and pleasant stay in Warsaw.

Attendance

Participants from the following countries were present at the Technical Review Meeting: Bulgaria, Czech Republic, Estonia, Latvia, Lithuania, Poland, and Slovakia (A detailed list is attached as Annex 1). A representative from the United Nations Development Programme (UNDP) Poland attended as an observer. Ms Leanne Riley, Ms Diane Widdus and Mr Martin Donoghoe represented the WHO Programme on Substance Abuse, WHO Headquarters, Geneva. Dr Jacek Moskalewicz from the Institute for Psychiatry and Neurology, Poland and Dr Matthew Hickman of the Centre for Research on Drugs and Health Behaviour, UK were also in attendance as temporary advisors (A directory of all attendees is attached as Annex 2).

Adoption of the agenda and organization of work

Introductory remarks were shared by Dr Olaf Mejel-Zahorowski, Director of the National Bureau for Drug Addictions, Poland, welcoming the representatives from the seven countries and from WHO and UNDP.

Following the official opening, the following officers to the Technical Review Meeting were nominated and elected:

Chair Dr Olaf Mejel-Zahorowski, National Bureau for Drug Addictions, Poland
Vice-Chair Dr Tarmo Kariis, Ministry of Social Affairs, Estonia

1In 1998 the WHO Programme on Substance Abuse (PSA) was renamed the WHO Substance Abuse Department.
Rapporteurs
Dr Štefan Matula, Research Institute of Child Psychology and Patopsychology, Centre of Education and Psychological Prevention, Slovakia
Mrs Eleonora Nesheva, National Centre for Addictions, Bulgaria

Subsequently, the Technical Review Meeting adopted the following agenda:

1. Opening of the meeting and workshop.
2. Introductory remarks.
3. Review of the objectives, scope and purpose of the meeting and workshop.
4. Presentation of progress on work of National Task Forces by participants.
5. Overview of comprehensive programming for primary prevention of substance-related health and social problems among young people.
7. Exploration of ways to encourage participation of young people.
8. Identification of ongoing technical assistance needs.

A presentation by Ms Leanne Riley of WHO, Programme on Substance Abuse, Geneva, Switzerland provided an overview of the objectives and scope of the Technical Review Meeting and the Epidemiology Workshop which would follow the Meeting. The objectives were the following:

- To review and facilitate progress related to: (i) formation and functioning of National Task Forces; (ii) assessment of the basic situation and needs in relation to substance use by young people in each of the seven countries participating in this project; (iii) development of National Strategies on Prevention of Substance Abuse among Young People; (iv) participation of young people in the work of National Task Forces; and (v) selection of priority projects.

- To provide technical assistance on the systematic collection, interpretation, reporting and application of data on the prevalence, nature and consequences of substance abuse by young people, with particular attention being given to qualitative research methods and rapid assessment tools.

- To inform the development of a training programme on the application of the WHO Guide to Drug Abuse Epidemiology.

- To encourage exchange of information among the seven countries and seek to build ongoing communication networks related to primary prevention of substance-related health and social problems among young people.

The immediate output of the Technical Review Meeting would include a report on the success and challenges related to the:

(i) formation and functioning of National Task Forces;
(ii) assessment of basic situations and needs in relation to substance use by young people;
(iii) development of National Strategies;
(iv) participation of young people in the work of National Task Forces; and
(v) selection of priority projects.
The work of the Technical Review Meeting was organized around a series of plenary presentations by the representatives of WHO, introducing discussions that took place in small groups. The small groups subsequently reported to the plenary session and brief plenary discussions followed. In addition, at the beginning of day two and before the closure of the Technical Review Meeting, one of the two rapporteurs provided a short reflection to the plenary of the proceedings of the previous sessions.

Progress of the National Task Forces

Ms Diane Widdus of WHO introduced the discussion on the progress of the National Task Forces in each of the seven countries. She thanked participants for the preparation of the detailed background reports, noting that the reports reflect their commitment and hard work and that of the Task Forces. The plan for the morning sessions was presented to include several components. First, National Task Force Coordinators would be asked to provide a brief overview of progress in the following key areas:

(i) formation and functioning of National Task Forces;
(ii) assessment of basic situations and needs related to substance use by young people;
(iii) development of plans to prepare National Strategies;
(iv) participation of young people in the work of National Task Forces; and
(v) selection of priority projects.

Next, country teams would be asked to give brief presentations, using colour-coded cards, on the major successes and challenges of their respective Task Forces. To complete the morning tasks, participants would be asked to identify priority issues and topics they hoped would be addressed in the meeting.

Dr Gueorgui Vassilev, National Centre for Addictions, Bulgaria, began the session by reporting that the Task Force in Bulgaria was convened officially in March 1998, electing the chairperson and adopting the organizational structure and programme of work in its first meeting. Initially, there was insufficient involvement of Bulgarian nongovernmental organizations (NGOs) in the project; however, after an intensive effort to identify and recruit NGOs, an additional five joined the Task Force, making the total membership 20 people. He added that three Task Force meetings have been held and the next will follow this meeting in Warsaw. Dr Vassilev reported that data available for the situational analysis so far relates to illicit drug use, via information prepared for the Phare multi-beneficiary programme and the United Nations International Drug Control Programme (UNDCP). However, a meta-analysis of existing school surveys will be another major source of information. Also, the school-based survey under development for administration in Sophia will be an important data source on current use of substances by young people in schools. Further, it was stated the current assessment does not provide enough information about needs of special populations, such as street children and young people in institutions. Because the Task Force has not completed its initial assessment, the development of the National Strategy is in an early stage. However, preparation of the strategy outline is underway and the first draft is anticipated in September 1998.

Related to young people's involvement in the work of the Bulgarian Task Force, Dr Vassilev indicated that the youth members of several NGOs, such as the Bulgarian Youth Red Cross, will take part in discussions to analyse assessment findings and consider actions to take. Also, young people will give information on their needs as part of planned surveys. Nonetheless, he reported that this is an area to strengthen. The priority project in Bulgaria has not been selected yet, although it was anticipated that the project will be a community level school-based project in a district of Sophia.
Dr Pavel Bém, Executive Secretary, National Drug Commission, Czech Republic, reported that the Czech Republic National Task Force was created originally as a board involving a number of key ministries and other governmental bodies, as well as an association of leading NGOs. The Task Force has formed a small "action working group" to foster implementation of its activities. Dr Bém explained that the National Drug Commission has been given the responsibility to elaborate both a National Drug Strategy for 1998-2000 and a National Strategy to Prevent Substance Abuse among Young People. Although an appointment of a programme coordinator had been made by Dr Bém, this person had resigned and has not yet been replaced. It was reported that a number of information sources will be available to inform the situational analysis, such as surveys using standardized monitoring instruments and qualitative studies focused on hidden populations of young people (reports expected in November 1998). The assessment will build on identification of needs of young people, which are partially addressed within the National Drug Strategy for 1998-2000. The "action working group" will coordinate the development of the strategy specific to young people with the overall national drug strategy.

In Czech Republic, young people will be part of assessment activities and are expected to be a key resource for strategic planning. However, to date young people have not had a direct role on the National Task Force. It was reported that the priority project will address needs of young people in foster care institutions through establishment of training and consultation centres which will aim to increase the quality of prevention services delivered to young people in these institutions.

Although initially there were delays in establishing the National Task Force in Estonia due to lack of adequate resources to support the project, Dr Tarmo Kariis, Senior Specialist, Public Health Department, Ministry of Social Affairs, was pleased to report that the Task Force had been established at the Ministry of Social Affairs. Further, he reported an office has been provided for a project assistant, who is working there on a permanent basis. Technical administration of the National Task Force is being provided by the Estonian Foundation for Prevention of Drug Addiction (EFPDA). Dr Kariis informed the group that the project team, composed of representatives from governmental agencies, the medical sector, a national research institute and several NGOs, had made a preliminary analysis of the situation based on survey data from several sources regarding substance use among school pupils, as well as information collected from a survey of current prevention work being implemented throughout Estonia.

The National Strategy specific to young people, which is under development by the Task Force in Estonia, will be coordinated with the plans of the National Programme for Prevention of Drug Addiction. Involvement of young people has been planned through implementation of student-lead initiatives in schools. An upcoming seminar to be led by students in Tartu has been identified as an excellent opportunity to seek input from young people regarding substance use-related issues and recommended actions to contribute to prevention of substance-related problems. The priority project in Estonia will be the development of a resource centre on substance-related issues. A priority issue for the Task Force was highlighted as the need to coordinate efforts of several national prevention programmes being undertaken by different government bodies and present them as part of an overall national strategy.

Dr Jānis Caunītis, Head of Department, Centre of Drug Abuse Prevention and Treatment, Latvia, related that the work of the National Task Force has been going well in Latvia since its establishment in October 1997. Although the Task Force is made up of 16 members and 4 observers, not all of these people are able to regularly attend the monthly Task Force meetings. However, the core "working group" of the Task Force has found it possible to consult with the various experts when needed. Three members of the Task Force are from youth organizations (Latvian Youth Red Cross, the Papardes Zieds- Latvia's Association for Family Planning and Sexual Health and the Street Children Prevention Programme). Dr Caunītis shared that the situational analysis has progressed very well; data have been collected from
many agencies and sectors about youth education, employment and interests, as well as problems with alcohol and other drugs among young people and crime issues. However, more information is required about young people in especially difficult circumstances and this will be the next step to complete the assessment. The Task Force aims to finalize the assessment and prepare the outline for the National Strategy by August, finish writing it in September and present it to the mass media, politicians, and others in December 1998.

In January 1998, the Latvian Task Force selected work with the mass media as its priority project. The aim of this project, which has included the organization of a competition for the best print or broadcast feature depicting substance use problems and a seminar for representatives of mass media, is to move public opinion towards favouring primary prevention intervention.

Dr Ona Grimalauskiene, Head Specialist, Ministry of Health, Deputy Chairperson of the Governmental Drug Control Commission, Lithuania, reported that due to political changes and preparations for the election of a new president, the formation of the Task Force in Lithuania, which had been well underway after the WHO mission held in October 1997, was temporarily stopped. She indicated that the Task Force had now been officially established with approximately 20 members. She emphasized that although there had been delays, the preparation of a master work plan for Task Force activities was underway. The Task Force has a solid body of survey information related to use of alcohol, tobacco and other substances among young people in technical and high schools to draw on in the situational analysis, but additional work will be required to understand substance use patterns and related needs of young people in difficult circumstances.

The Lithuanian National Drug Prevention strategy is under preparation. It is foreseen that the Task Force will coordinate preparation of the National Strategy specific to young people within the overall strategy. It is planned to invite three young people to join the Task Force to augment the current system of contact with views of young people via youth-serving NGO adult representatives. Dr Grimalauskiene also reported on Task Force plans to discuss and select a priority project in its September meeting.

Mrs Boguslawa Bukowska, Rehabilitation Specialist, National Bureau for Drug Addiction, Poland, stated that the cooperation between key ministries, extra government agencies and youth organizations being initiated under the National Task Force umbrella in Poland has given an opportunity for the integration of preventive actions related to alcohol, tobacco and other substances used by young people. The structure of the Task Force has incorporated an overall coordination group with representation of the three government departments with separate responsibilities related to alcohol, tobacco and drugs, a working group of government and NGO experts (including youth organizations), a consulting group made up of a wider forum and a secretarial position.

Mrs Bukowska reported that the National Strategy outline had been prepared by the working group in February 1998, after analysis of a range of sources of information related to the situation of young people. In addition to substance use patterns and trends among young people, information related to family life, education, job availability, substance-related policies and legislation, treatment resources, the picture of ongoing prevention activities and effective ways of working with young people were considered in the analysis. In addition to the input of young people via surveys and studies as part of the situational assessment, young people representing the NGO Public Young People's Academy have been involved in the work of the Task Force working group. The Task Force plans to initiate its priority project in a particular community, with the aim of creating a communal programme of integrated prevention activities. The last stage of the pilot programme will be a conference to share lessons learned and help other interested communities develop similar projects.
Dr Štefan Matula, Research Institute of Child Psychology and Patopsychology, Centre of Education and Psychological Prevention, Slovakia, informed the group that the 17-member National Task Force in Slovakia which is made up of representatives from a mix of government organizations and NGOs has met four times since its establishment in December 1997. Dr Matula explained the Task Force views the situation analysis as an ongoing process. Although the school surveys will provide the initial data related to use of tobacco, alcohol and other substances, other epidemiological data will be added as collected. The development of the National Strategy was reported to be in its early development with particular attention being given to review of current prevention activities being implemented in Slovakia. In August, the Task Force will address issues regarding implementation of the priority project, which has been selected to include a peer education programme in grades five and six and a complementary programme of services for young people who are seen by self and/or others to be at heightened risk for problems related to substance use. Planning for both aspects of the priority project is currently under development.

Following the presentations, country teams identified particular successes and challenges of the work of their respective Task Forces. A key success of the work of a number of the country Task Forces has been the positive cooperation and collaboration which have developed between NGOs and government agencies involved in prevention issues (e.g. Bulgaria, Latvia, Poland and Slovakia). In a number of instances, Task Force Coordinators reported on new opportunities for technical collaboration and partnership with agencies in their countries which had formerly been lacking (e.g. Bulgaria and Latvia). Several Task Forces reported as a success the formation of particular working groups to support the Task Force and the development of the National Strategy.

Another success has been the role that the project has taken in facilitating a more coordinated approach to primary prevention at a country level and in developing the conceptual framework for prevention within the country (e.g. Poland, Czech Republic and Slovakia). Two Task Forces also reported those priority areas such as school-based drug prevention curriculums (Czech Republic) and work with the mass-media (Latvia) were starting to be addressed.

In some instances, the successes in some countries were also seen as part of the challenge in other countries. For example, the increased cooperation among government and nongovernmental agencies which was a success, is also a challenge to sustain. Likewise, cooperation between separate institutions/agencies working on prevention issues and different substances is clearly an overall success in Poland; however, it has also been difficult to find a common language between different institutions, particularly government ones. The Estonian Task Force has observed that successes and challenges are not always discrete occurrences. In particular, having many international projects going on in Estonia is both a great help to prevention efforts and also time consuming due to different documentation requirements and multiple travel commitments.

Many of the Task Forces recognized, the involvement of young people in the project and in prevention issues within the country generally, as a challenge. In Poland, even though a strength was the involvement in the Task Force of the Public Young People’s Academy, it was felt that too few youth organizations were participating in the Task Force’s activities overall. A related challenge in Bulgaria, was the engagement of too few youth-serving NGOs in the field of substance abuse prevention. Additionally in Bulgaria, it was reported that young people generally have been less interested in working in peer education programmes. More information will need to be collected to understand better why this seems to be a trend in Bulgaria.

Gaining political commitment to support substance-related prevention efforts and sustaining the interest and participation of high level politicians was voiced as a challenge by the Estonian and Latvian county
teams and agreed by all to be an ongoing issue. Changeable political support was described as contributing to the delay in the establishment of the National Task Force in Lithuania. Lack of adequate staffing and other resources to undertake Task Force activities at the national level were seen as related to lack of political support. Low level of social awareness about prevention at the local level and lack of initiatives on this level have also been identified as important matters to be addressed in Lithuania and Poland.

The lack of comprehensive information on substance use patterns and related issues/needs among particular populations (e.g. young people in foster care institutions, Romany young people, “hidden populations” of injecting drug users (IDUs) and recreational drug users in the “Techno Scene”) available in countries was described as a challenge in planning appropriately. In Slovakia, creating an information and communication system related to primary prevention was also identified as an important need. An obstacle to be overcome in improving data on the substance use situation indicated by the Latvian country team, was a tendency to accept uncritically the substance use patterns of some other European countries. Ethical concerns with some prevention initiatives were voiced by the Slovakian Task Force as a challenging area it will need to consider how to address. Lack of experience in preparing prevention programmes, expressed as a challenge in Lithuania, may be assisted by contacts with countries in the project indicating experience with prevention efforts.

**Identification of priorities to be addressed in the meeting**

Ms Widdus used the *brainstorming* technique to facilitate participants’ identification of priorities for the Technical Review Meeting. Participants related a range of issues and experiences which they hoped to gain both from the structured programme and from informal discussions. The summary of comments below includes points raised in the open discussion and also several priorities added to the list, left available throughout the day.

Participants expressed interest in learning more about how to develop key interventions, such as school-based curricula aimed at preventing substance use problems among young people and mass media approaches as part of primary prevention efforts. Participants highlighted that working with mass media included respecting the need for journalistic independence and also seeking a common space with journalists to promote national prevention aims related to substance use. Ms Widdus stated that several countries in the project have experience with these interventions which could be described in the meeting discussions to follow.

Some priorities related to the quality of interventions, such as a desire to better understand how to help teachers contribute to primary prevention of substance-related problems. Participants were also interested in methods found effective to help teachers and others understand why substance use among young people is an important issue.

Participants also discussed wanting to increase primary prevention efforts and specifically expressed interest in considering how to increase substance use-related health promotion work among youth NGOs, increase political support for substance-related prevention programming and mobilize resources.

An additional priority related to interventions is exploring ways that measurement of effectiveness of interventions can be undertaken. Participants added that a related priority would be to challenge us to explore what is possible to measure, or further, to explore if primary prevention is truly possible.
There was a general consensus that an important priority of the meeting would be to gain "moral support" (i.e. encouragement) from WHO and colleagues for what participants are trying to accomplish within their own countries. The chance to "network" and share ideas were seen as vital, not only to increase technical knowledge and skills, but also to maintain motivation to tackle what can be difficult work. Ms Widdus indicated that the planned meeting programme would offer the chance to discuss many of these issues and that those which could not be explored in detail would be identified as ongoing technical needs.

**Comprehensive programming for primary prevention**

Ms Riley introduced the session on comprehensive approaches to primary prevention of substance-related health and social problems among young people. She outlined that 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 harm requires a comprehensive and coordinated approach across a range of organizations and agencies.

Since substance-related health and social problems are multifaceted, requiring complex responses, the responsibility for such actions cannot rest with any single agency or organization (governmental or nongovernmental). It requires the combined efforts of a number of organizations and institutions, and all sectors of civil society to begin to address these issues.

WHO believes that it is important for all psychoactive substances to be included in a comprehensive approach to prevention, irrespective of the legal status of individual drugs. Therefore attention must be paid not only to illicit drugs, but also to alcohol and tobacco, medicinal drugs and volatile solvents, to ensure that a reduction in health and social problems due to illicit drug use will not be offset by and increase in problems due to these other substances. In addition, when we are focusing on young people, the factors and motivations affecting their use of these substances can be common, and the skills and attitudes they need to develop healthy behaviours in relation to these substances are also common.

Another critical element to effective prevention of substance-related health and social problems among young people is the active participation of young people in the planning, implementation and evaluation of strategies and approaches. The involvement of young people in all these stages helps to ensure that their health needs are comprehensively and sensitively addressed. They have a unique understanding of the context in which strategies are applied, along with a good understanding of the views, opinions and behaviours which put them at risk of substance-related harms. Therefore, their involvement can help to ensure that the strategies and actions developed will have direct relevance to their needs and aspirations.

Comprehensive approaches are likely to include a focus in the following areas: providing accurate, timely and relevant information from sources credible with young people; encouraging interactive education with young people which addresses the knowledge, attitudes and skills necessary to make healthy decisions about substance use; promoting involvement of family, especially siblings, and peers; community involvement to ensure that consistent messages about substance use are reinforced across a range of settings; appropriate deterrence measures; and environmental strategies.

Participants were then invited to consider a matrix for mapping approaches and strategies for prevention in their individual countries. The matrix presented was simplistic model which outlined some of the key 'settings' for prevention work - home, school, health system, community, media, and policy/legislation.
The strategies/approaches included information, education, deterrence, environmental, access to needed services, and underpinning research. Participants agreed to try and scale activities in their countries to provide an overview of the general picture and approach to prevention of substance related health and social problems amongst young people in their country. A scaling of zero to five was agreed, with zero representing ‘absent’, and five representing ‘highly present’.

**Participation of young people in work of task forces**

Ms Widdus began this session by stressing that adult-youth partnerships are critical in programming to prevent substance-related health and social problems in young people because these develop local capacity and future resources, promote relevance and maintain legitimacy of programming efforts. Further, the importance of adults providing guidance in work with young people was highlighted. Encouraging the participation of young people does not mean simply turning everything over to them, but instead developing ways that young people and adults can share responsibilities, with each group assuming duties as appropriate to various tasks. The degree of youth participation in each stage of programming can be described as falling along a continuum from non-involvement to shared decision-making with adults.

The task of developing ways to involve young people is an ongoing challenge. Globally, the practice of allowing young people to participate in decision-making meetings with adults seems to be the least common way to involve young people. However, a number of resources and valuable examples of youth participation have been identified by each country in this project, which can be drawn upon to develop effective ways to engage young people in National Task Forces’ work. Lessons learned in this project on how to develop youth participation strategies which are acceptable to the local cultural, political and practical considerations can be helpful in this region and also to many other countries.

Specific ways for young people to contribute in planning, implementing and evaluating programming were elaborated, using a series of overheads to outline key themes. Participants were commended for initiating involvement of young people in National Task Force activities in their countries, but were also challenged to consider how such participation could be enhanced. Participants were encouraged to reflect on the degree of participation the suggested examples offered and to consider how methods offering the potential for fuller participation might work in their local situations.

To assist in planning programming, young people’s input can be collected via surveys, focus groups and other assessment methods. Additional involvement can be obtained by asking young people to offer feedback on assessment tools to assure that the language will be understood and that significant issues from the perspective of young people are addressed. In some situations, planners have had success in training young people, usually age 15 and older, to assist in leading focus group discussions or interviewing peers on key topics. Young people can also give feedback on selection of methods and strategies to reach effectively various groups of young people. In addition to youth input about their substance-related attitudes and behaviours, information can be gathered about what interventions they think are needed and could work, who would be helpful in leadership roles, what they are prepared to do to assist in the implementation of various interventions and training they feel they would need to do so.

In analysing findings from surveys and other data sources, involvement of young people can range from informing them of the results to engaging them in discussions with other young people and/or adults to help explore and identify implications for actions. Likewise, in drawing conclusions and selecting
priorities for action young people can simply be informed of the decisions adults make about programmes for them or can be asked to help identify and prioritise actions to take.

In implementing activities to prevent substance-related problems, young peoples' roles can vary from taking part in adult-led activities to assisting adults in programme delivery to leading and initiating activities. To help monitor and evaluate activities, young people can give their opinions, ideas and suggestions on programming efforts, review assessment tools and assist in delivery of qualitative methods. Young people can also work with adults to explore and develop creative evaluation strategies to reach groups of young people who may be hard to reach.

It was suggested that different mechanisms could be used to assure an ongoing role for young people or their representatives on National Task Forces. Mechanisms presented as options included:

- linkage with existing youth councils or other youth networks and youth NGOs;
- establishment of National Task Force auxiliary youth committee(s), where no such youth groups already exist; and
- designation of individual young people to participate as members of National Task Force.

It was suggested that a representative or several representatives of designated youth groups could be invited to sit on the full Task Force to report on the ideas of the youth's committee, or alternatively send reports to the Task Force. It was encouraged that young people present their reports and ideas directly whenever possible. Where this is not feasible, adult representatives of various groups can be a bridge to youth members or constituents.

The Task Force may elect to set up a youth committee(s) specifically organized to assist the National Task Force. The youth committees may consist of representatives of different youth organizations or particular populations of young people. The aim is to have representation of diverse groups of young people. Also, individual young people can be selected to participate as members of National Task Forces. In selecting young people to sit on a Task Force, it was stressed that one young person cannot represent the ideas and opinions of diverse groups of young people. Where possible, it has been found helpful to identify young people who have an ongoing role with a youth organization or group of some kind. With young people as well as adults, it is also necessary to review the previous experience of Task Force candidates and identify appropriate roles in the context of the various activities being undertaken.

Next, participants were divided into two discussion groups, intermixing country representatives in groups facilitated by Ms Riley and Ms Widdus. In the small groups, participants were asked to relate their current experiences with youth participation, particularly in planning. In these discussions, there was a general consensus that youth participation at the local programming level was vital and also possible. Representatives from all countries identified examples of young people, often in peer education programmes, participating in the implementation of various prevention education programmes. Participants agreed that collecting information from young people about substance use patterns was essential. Involving young people in planning processes directly in meetings with adults, particularly as part of national strategic planning, was uncommon.

In the discussion groups, some hesitation was expressed as to whether the participation of young people in planning was really essential. Some of this hesitation seemed to stem from difficult situations encountered in trying to initiate involvement of young people. For example, in one discussion groups, participants mentioned situations in which young people had been part of setting priorities and had come up with ideas unacceptable to the adults. In another instance a peer-lead programme has not worked well.
Participants were encouraged to further consider ways to deal with such situations, but not to give up on the process. The benefit of exploring “real life” challenges in trying to involve young people was supported by the facilitators as a step in finding solutions. A comparison was highlighted with progress made in the active participation of women in planning activities which affect them. Although at one time it was common for men to plan for women, this would now be viewed as unacceptable because planning action without the active participation of those most affected does not lead to effective interventions.

Ensuring broad representation of different groups of young people in planning was described as another challenge. The representation of groups such as street children, young people who are not in the school system and young people who are using substances, such as heroin by injection, or are involved in commercial sex work was emphasized as important both in collecting information about substance use and also ideas about interventions. Dr Bém reported that the National Drug Commission in Czech Republic had held focus group discussions with young people in difficult circumstances and found these experiences very helpful in better understanding their issues and needs. It was discussed that it may be easier to collect information from young people in schools or youth clubs of some type. However, participants were in agreement that the goal is to collect information from a range of groups of young people. The idea of working with institutions that have contact with young people, such as organized religious groups, was suggested. Youth Parliaments, which are becoming popular in the Baltic countries in particular, were suggested as a vehicle for data collection, debates and idea generation about strategies to improve prevention efforts.

The degree of interest young people would have in commenting upon, or offering suggestions related to policies or actions broader than in their immediate sphere of activity, was questioned. It was suggested that it will be important to explore this issue with young people directly and also to continue to share experiences among countries on the most appropriate and feasible ways to involve young people in strategic planning. The instability of many youth-serving NGOs was identified as a challenge, making it difficult for some of the Task Forces to rely on such groups as a way to access the needs and opinions of young people.

After the group discussions, country teams identified ways to further explore and promote the involvement of young people on their National Task Forces. Everyone expressed motivation to try out various mechanisms, such as increasing direct youth participation on National Task Force committees, using focus groups to seek opinions of young people on priority projects and developing television programming about prevention efforts featuring young people. Ongoing sharing of experiences among the Task Forces via electronic mail and other communications was encouraged. A handout *Youth as Resources* identifying many aspects of the above discussion and providing additional ideas on ways to enhance the process of young people and adults working together was distributed.

Report of rapporteurs on Day One

Dr Mejer-Zahorowski, welcomed participants to the second day of the Technical Review and asked Mrs Eleonora Nesheva, National Centre for Addictions, Bulgaria, Rapporteur, to comment on the work so far. Mrs Nesheva commended the Chairperson and Vice Chairperson for facilitating a productive and punctual programme, reflecting that a task-oriented, calm and collaborative environment had been established. She summarized the key successes and challenges presented by Task Force coordinators in the morning plenary session. Further, she reported that the matrix mapping exercise undertaken in the afternoon session had been a useful way to assess quickly the strong and weak aspects of prevention activities in each country. With some refinement of the rating system, it was felt that the matrix would
be a useful tool. In the last session of the afternoon, there was a general agreement that youth participation is highly important, although involving young people has been challenging for most of the Task Forces. Dividing the national teams into different groups helped them explore ideas and experiences on this topic and participants proposed a number of ways to enhance the involvement of young people in the work of their respective Task Forces. Mrs Nesheva concluded her remarks by thanking the Institute of Psychiatry and Neurology for arranging the meeting dinner held the previous evening, which was most enjoyable.

**Strategic planning and key components of a national strategy on prevention of substance abuse among young people**

Ms Riley gave a brief presentation on the role of strategic planning and the need for a National Strategic Plan to be developed as part of the overall project agreement with WHO. She described strategic planning as a process which helps to evaluate the nature of work; define the long-term objectives; identify some quantifiable goals; develop strategies to reach objectives; and allocate resources to carry out strategies.

Since one of the expected outputs of the WHO project is the development of an agreed National Strategy addressing substance-related issues among young people, ideas were presented on why countries are encouraged to develop a strategic plan. An agreed National Strategic Plan in this area will help to develop a deeper understanding of the issues; to have a shared vision about the most important actions to be taken; to document how we will undertake the work; and to communicate what is being done in this area to others who may be interested in joining in the efforts.

Ms Riley outlined the need for the countries participating in the project to develop an agreement about what such a strategic plan could contain. A tentative framework for the strategy contents was presented to participants, who were invited to work in small groups to determine how appropriate the framework was for their Task Force, and to suggest any changes or additions. The framework presented included the following:

- statement describing the overall purpose;
- analysis of the issues to be addressed;
- specific objectives, and actions to be undertaken;
- resources available and how they will be allocated;
- timetable for implementation;
- monitoring and evaluation of the strategy.

Participants agreed that the National Strategic Plan should provide a statement describing the overall purpose of the strategy. Their feedback indicated that it will be important to define the purpose of the strategy across separate substances, describing why coordination is important and how the strategy will ensure the involvement of all relevant sectors and their cooperation. Further, the strategy should focus on how to reach more young people to encourage them to accept the concept of prevention. It was discussed that political strength could be enhanced by describing in the Strategy how various national initiatives reinforce and support overall substance-related prevention aims. Such a master plan would reinforce the roles of distinct agencies and indicate how all the initiatives contribute.

The view was expressed that the section on analysis of the situation should be expanded to include a description of activities already undertaken within countries and to add an evaluation of what has been
done. Further, the analysis of activities undertaken and outcomes achieved should differentiate between levels (e.g., national activities and policies, community, family and individual) to fully assess all aspects of the comprehensive approach to prevention of substance-related health and social among young people.

Ms Riley suggested that the analysis should include a description of the settings in which programming was being implemented, as well as the types of strategies/approaches being employed. Categories of types of settings and approaches to be assessed could draw on those discussed in the plenary discussion on comprehensive approaches to prevention. It would also be useful to systematically assess and document the extent to which young people were involved in the various programming efforts underway in the country.

Participants also raised the issue of the point at which the Task Force should actually start the process of developing the National Strategic Plan. The importance of beginning the process with analysis of the situation in the country was strongly suggested by some participants. Reporting the analysis of the situation at the beginning of the document before stating the overall purpose of the Strategy, was also seen as important. This would help the reader understand the problems and the considered reasons for the problems and see the need for the National Strategy, before reading the overall purpose.

It was agreed that the process to decide upon an appropriate purpose should start with an analysis of the situation, even if it was decided to place the overall aim first in an actual strategic plan. It was also stressed that the timetable needed to represent a well-thought out and realistic operational plan to make the document a truly useful strategic tool.

**Discussion of priority issues and ongoing needs for technical assistance**

Ms Widdus reviewed the list of previously identified priorities as possible topics for further discussion related to technical assistance. Participants were given the opportunity to raise other issues as well and to share information and ideas about prevention activities being undertaken in their countries.

The age at which primary prevention efforts related to substance use should start was the first issue raised. There was a general theoretical agreement that age-appropriate activities related to prevention should begin by age six or seven, however, there was also concern that limited resources specifically allocated to substance-related education might be spent better on prevention education for young people aged 10 to 12. The prevention needs of young people during the pre to early adolescent period were felt to be most urgent. In the Czech Republic there are several pilot programmes being implemented in preschools, but such efforts are not being proposed for all preschools. Representatives from Slovakia reported that substance-related prevention efforts in schools start at age 10 to 12. The benefits of activities begun early to build a foundation for healthy development were recognized. It was suggested that perhaps funding for such approaches could be shared with other programmes aiming generally to promote healthy development.

Dr Caunitis provided information on the mass media project which has been initiated in Latvia and highlighted the benefits of this approach in raising public awareness about issues related to substance use. The participants from Latvia also shared a copy of a newly-developed primary prevention resource for teachers of students in grade five, who are typically 12 years old. The material covers all substances and will be introduced for use by teachers in the upcoming school year. Slovakian participants responded to questions regarding a system of prevention services being developed in counselling centres in Slovakia for students who are at heightened risk for substance-related problems. In reference to students with
particular needs, it was added that teams of people are being trained in schools in Estonia to assist students with substance-related problems.

Next, the "healthy schools" approach being implemented in Czech Republic was described. In most Czech schools, one person is responsible for guidelines on how to integrate prevention content into the curricula at each grade level. The aim in this approach is to train all teachers to integrate prevention education and promotion of healthy behaviours into lessons. However, it was reported that often teachers are not fully trained to understand and to respond effectively to substance related issues among students. Some schools have an educational counsellor, others have a psychologist, but it is not possible for one person to handle all the needs of students with particular problems, of which substance use concerns is just one. There was agreement that there is an ongoing need to share resources and experience regarding effective ways to communicate and work with young people and effective ways to train teachers and others in these methods.

Dr Kariis explained that in Estonia the National Drug Prevention Programme is aiming to create awareness and offer education about substance use issues, encouraging "moral rules" (healthy behaviour) and making the environment more supportive of less use of substances. He stressed that the experience in Estonia showed that it was essential to involve civil society to accomplish these aims.

The issue of how to influence politicians to be supportive of legislation enhancing primary prevention efforts, was raised. It was reported that in Estonia a questionnaire seeking opinions on alcohol policies was published in a nationally distributed newspaper to raise awareness and increase public discussion of such policies. In several countries, national drug commissions had challenged political parties during election campaigns to state their view on alcohol issues. Some participants felt this method had been an effective way to force politicians to take a stand. The general consensus was that to influence politicians, the information about problems related to use of alcohol needs to be absolutely precise and clearly state why any particular piece of legislation related to alcohol use is necessary. For example, scientific evidence would be required to explain why raising the age of legal consumption of alcohol to 19 or 20 years of age would decrease health and social problems. Participants were reminded that addressing policies about substances involves dealing with powerful industries. To make a convincing case for various policies, information would need to be specific to different topics, such as taxation, alcohol promotion, restrictions, alcohol and schools (e.g., how close to schools alcohol could be sold), as well as legal age of consumption. It was added that experience in Bulgaria had shown that to sustain any desired changes in policy it was essential to balance the readiness of society to make the changes with evidence that change would be advantageous to the public health and social situation.

Additional technical assistance needs which were indicated during the meeting included a request for sample print and video materials found effective in prevention work with young people (Lithuania), a need for sample questionaries already used for school-based populations (Bulgaria), guidance on ethical problems encountered in developing programming related to substance use and young people, particularly in design of research protocols (Slovakia) and resources on approaches to assess needs and plan interventions among diverse populations of young people (all countries in the project). Ms Riley suggested that ongoing exchange of information and resources between countries in the project would be an important way to address these technical interests. Also, participants were advised that the epidemiology workshop following this meeting would address several of the areas in which technical assistance was requested.
Next steps

In the final session of the Technical Review Meeting, participants from each of the Task Forces were asked to indicate the next steps they would undertake in relation to this project in their respective country.

In Estonia, the two Task Force representatives outlined the need for the appropriate administrative arrangements to support the work to be put into operation. With regard to the needs assessment, they indicated they would be summarizing the analysis of the problems to be addressed from the recent data they have collated. Finally, to reflect on the theme of youth participation, they undertook to make contact with all major funding sources operating in Estonia to encourage them to include the active involvement of young people as a criterion for receiving project funding.

In Poland, the Task Force representatives indicated that a priority next step for them would be to do a thorough assessment of all the available resources, and to create a system for information exchange.

The Slovakian Task Force representatives undertook to apply the information presented at this meeting to the planning and implementation of their priority project. They indicated that a particular need will be to improve the theoretical standpoint of the project.

In Bulgaria, the next steps will be to call another meeting of the Task Force, draft the outline for the National Strategy Plan, get additional feedback on issues, prepare school materials and finally conduct a new schools’ survey in Sofia.

In the Czech Republic, the Task Force representatives undertook to check their administrative arrangements, and in particular the contract agreement with WHO. In addition, they will be drafting an intermediate report to summarize ideas presented at the meeting, for submission to their Task Force members. Planning will also commence for the second meeting of Task Force in September. Following this they will analyse data available in October which will become basis for the national plan, and hope to elaborate the plan by December and encourage further involvement of young people.

The Lithuanian Task Force representatives indicated their need to obtain official approval for the Task Force, through the government. Following this, they will plan a meeting of the Task Force to involve government and nongovernmental organizations and agencies. They also undertook to plan a press conference to distribute ideas from this meeting to politicians and the public, and to prepare for planning at the local level by building on the national health plan.

Finally, in Latvia, the next steps will be to finish their priority project and to finalize their assessment report. The Latvian Task Force plans to finalize their Strategy in September/October, and present their completed strategy in December.

Report of rapporteurs on Day Two

Before closure of the meeting, Dr Matula, Rapporteur, was asked to offer comments on main points regarding the morning’s activities. He indicated that the presentation on development of National Strategies was most informative and would be helpful to Task Forces in undertaking this work. The plenary discussion on technical areas of particular interest was seen as a fruitful exchange of experiences and different approaches being implemented to enhance primary prevention. He expressed confidence
in Task Forces' ability to undertake their next steps and reminded everyone that there is power in information and in cooperation!

Closure of the meeting

Ms Riley closed the meeting by thanking all the participants for all their efforts and excellent contributions during the Technical Review Meeting. She stated that WHO is very proud to be collaborating with them in this work, and the meeting had provided a very useful forum to discuss the progress on the project, and to identify areas of common interest and concerns. She praised the Task Forces for all the valuable work that they have undertaken to date, and wished the members well in their continued efforts with this important initiative. Finally, she hoped that the Epidemiology Workshop which was to directly follow the meeting, will provide further opportunities to reinforce some of the issues raised in the workshop, and to address some of their specific technical assistance needs.

Thanks were also extended to the Institute for Psychiatry and Neurology in Warsaw, for assisting with the smooth running of the meeting, and to the United Nations Development Programme (UNDP) for their continued financial support (through the Mentor Foundation) and technical interest in the project.

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