

The DRSTP Connection



Issue 4

December 2000

Dear members of the DRSTP Network

This issue is actually the first one with substantial contributions from the DRSTP Consultants. The Secretariat would therefore like to thank the contributors and we hope that this will also inspire other members of the DRSTP Network to contribute to the news bulletin with comments related to the project that can clarify issues, provide useful tips and information regarding the implementation in general and perhaps also raise special issues for further discussions.

In this issue we focus upon risks and problems facing the implementation. This may of course leave you with the impression that the project is in serious trouble, but this is certainly a wrong conclusion. Thanks to the devoted work of the NPT leaders and all the national experts involved, the project is at a very productive stage and the development of new training material is very promising.

Spreading the word

We urge the NPT leaders to assist us in passing on information to all experts involved (and to members of the NCGs) since there are, from time to time, problems with internet servers, faxes and since mail sometimes is slow. We actually have received some mail in return due to wrong addresses. Please therefore update from time to time your national DRSTP address lists and provide the Secretariat with the relevant information.

The DRSTP Seretariat thanks you all for a year of excellent cooperation and wishes you a peaceful holiday and a Happy New Year.

*Arne Schanche Andresen, Project Coordinator
Marina Lajoinie, Project Assistant*

Good News:

ALBANIA CATHING UP

Dr. Pavel BEM, Czech Rep. has recently successfully completed his first DRSTP consultation to Albania.

The aim is to assist the Albanian NPT / NCG in developing National Guidelines on DDR in order to increase awareness among decision makers and experts for the development of a modern DDR policy.

**DRSTP Management Committee:
RISK ASSESSMENTS**

The second meeting of the DRSTP II Management Committee took place in Strasbourg on 13 September 2000.

Having adopted the Third DRSTP II Project Implementation Report, and gone through the report country by country, the Committee focused on further risk assessments.

Initiating the discussions, the Chair Mr. BERG reminded the Committee that the fact that the project is developing according to schedule is actually no guarantee that the objectives will be achieved.

The overall objective of the DRSTP II is 'to support the development of sustainable staff training in the field of drug demand reduction.' Developing training material in high priority areas adapted to the national context and in the national language is the approach. Therefore the Chair recommended that one should at this stage take a closer look to see if the ongoing activities actually correspond to what we mean by development of training materials.

As the project now has reached a very critical stage of implementation we must focus on achievements and ensure that training material actually are being developed. With this in mind all countries were discussed in detail based on the monitoring reports received from the NPTs and the Consultants' reporting from their consultations.

Looking at the priorities some countries are aiming at developing national guidelines for certain DDR areas. One may argue that development of national guidelines in itself, unless it includes a specific training component, is not really compatible with the project objective. However, if such guidelines become part of the official national drug policies and endorsed, it may create a basis for future training initiatives. This must be taken into account in cases where the aim is to develop guidelines for certain DDR activities. This should be kept in mind in relation to the progress of the work in Albania (Guidelines for development of a comprehensive drug demand reduction policy) and in Estonia and the Russian Federation (National guidelines for drug treatment and social rehabilitation).

Few carrots from PG Secretariat

Another, more general issue, is the difficulties in creating necessary commitment and motivation among the NCG members. This is of course to some extent due to the fact that national experts involved in the writing process are not receiving financial support from the CoE/PG budget for their work. Although this has initially been agreed as a national responsibility, the lack of financial resources available for this kind of work in many countries seems to slow down the process. Some of the most experienced experts are in some cases unable to take on the work due to their

extensive obligations in national as well as other international projects. We understand that this may be frustrating and perceived as a lack of incentive for all the experts involved in the work. We have, however, informed the NPTs that given a concrete need for support in order to 'get over the hilltop' the Secretariat is able to consider some financial support to the writing process. We will consider this from case to case since there are considerable differences in the way in which the work is being implemented and needs therefore differ considerably.

Printing of final drafts

Another issue that has been raised is that there is not yet a full budget for production of the training materials now being developed. In order to address the PG Member States and other possible sources for financial support for production, the PG Secretariat will, however, have to make a pretty accurate picture of the drafts produced in each country. The deadline for these drafts has been set as June 2001. Then, depending on the achievements of the DRSTP, the PG Secretariat will prepare a final cost estimate in order to further support production costs in each country.



NPTs and Consultants: RISK ASSUMPTIONS

To give you an idea of the areas which felt most problematic in the project implementation we have listed the following statements received from NPTs and consultants:

- Multidisciplinary approach leads us to work with different partners with different views / priorities
- Commitment difficult to achieve - lack of reward, too busy, not present at all times /meetings.
- Administrative/political changes
- Lack of resources/funds or lack of interest/understanding at National level
- Too ambitious plans in the first place
- Incomplete meetings, lack of continuity in NCG
- Lack of recent high quality background literature, difficulties with translations of foreign material
- No 'right' to call upon the involvement of professionals or educational institutions if they are not working directly for or under the relevant ministry
- Monitoring by NPT is constantly needed

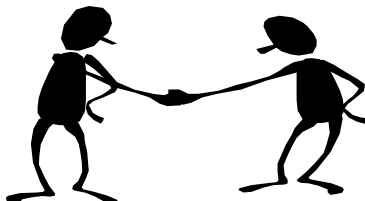
And to end on a more positive note;

- The networking over 6 consultations is really a very useful and valuable output in itself creating solid ties between national and international experts.

10 COMMANDMENTS FOR A GOOD DIALOGUE

Mr. Inge Eidsvag, Rector of the 'Nansen School' – a humanistic college in Lillehammer, Norway has been promoting some useful hints to ensure a good dialogue. We thought these 10 'commandments' could be of interest to all of us in the implementation of the DRSTP:

- 1 It is important to spend time getting to know each other.
- 2 Invite all participants to discuss the themes and working methods.
- 3 To become involved in a dialogue is also accepting that the arguments of the others are accessible through the language.
- 4 We take part in the dialogue to learn, grow and change.
- 5 The participants must be allowed to represent themselves.
- 6 Only equals can take part in a real dialogue.
- 7 We should compare our ideals and practice with those of our partners.
- 8 We must train ourselves in being receptive to nuances in tone as well as in body language.
- 9 Be a good listener, show patience also to what may at first seem like irrelevant.
- 10 Take your time. The worst enemy of a good and fruitful dialogue is time pressure.



Drs. Wim Buisman, Jellinek/EATI consultant: RISK FACTORS AND PROJECT IMPLEMENTATION

Although generally speaking, the implementation of the DRSTPII projects in Romania and the Czech Republic are going well and the projects so far are almost following the planning schedule, some risks and problems can be mentioned.

To characterize the most important risks and problems. First of all there is the problem of *quality control*. In both Romania and the Czech Republic, leading national professionals in the field of drug demand reduction are working on the preparation of materials (text-book, glossary, treatment guide), that should be considered as the first principal and comprehensive publications in the native languages of Romanian and Czech. These publications cover all main themes and aspects of prevention, care & treatment and are intended to be widely disseminated through the multi-disciplinary professionals, employed or involved in DDR institutes, drug services, ministries, local agencies, universities etc etc. The implication of these DRSTP II projects, aimed at material-development and publications is that no mistakes, no misunderstandings, no miscommunication in the information and final texts can be tolerated, because they might affect a broad professional audience.

Unfortunately, at this moment no integral and final quality control measures can be taken, because external evaluation by the consultant is not or hardly possible since he can not evaluate the draft publication as he does not read/understand written Romanian or Czech language.

I guess this is a common problem in all DRSTP II projects, currently being carried out in other CEE countries.

Secondly, there is another problem. Because the leading professionals are involved in DRSTPII, they sometimes (more or less) hardly have the time to meet the demands and requirements of the projects' time schedule. Essentially, to carry out the DRSTP project carefully, with high quality, much time needs to be spent on meeting, discussing, preparing, writing and editing (draft) texts and articles. Leading national professionals are very busy people and very often involved in more (inter)national project duties.

As such this is a *capacity-problem*: "a few national shoulders have to bear many international duties"

On the other hand, as I have observed in the projects under my supervision, it provides young professional talents, entering the field of prevention and treatment, opportunities to get involved in the drafting and editing process of training materials (if carefully handed and carefully supervised).

Thirdly, there is the always existing problem of *lack of funds*. In the current DRSTP II projects it is one

thing to prepare and produce good draft materials, it is another thing to really edit, publish and disseminate those materials to a broad professional audience (in fact the main objective of the DRSTPII projects).

Finally, what I have observed as a very positive outcome so far (one can call it favourable spin-off), is the *unique process* in which the members of the national project team are involved by going through the dynamic steps and phases all together during a period of nearly 2 years to achieve the specific results of the project: training materials, textbook, guide etc. In fact it forces them to actively participate (and to expose themselves to) in an intellectual debate with their colleagues on all kinds of issues that are linked to the problem of substance abuse (prevention, care, treatment and policy). In this case, the process in the projects start with divergence (and sometimes strong controversies), but during the implementation much more convergence and cohesion has been achieved.

**Ms. Agneta Flinck:
DEVELOPING SELF-
INSTRUCTIONAL COURSE
MATERIAL.**

During my stay in Budapest in June this summer I had the possibility to learn about the outcome of the first part of the project. The first part was to develop self-instructional

course material for nurses. I was very happy to see that the material was of a high quality, well presented, a nice lay out and something new for the target group. The course was almost finished and the result of some formative evaluation was also presented to me. That was a good starting point for my second mission, where we were going to train other course writers for another target group, this time doctors. The newly recruited course writers/specialists were motivated and eager to learn. Based on the Handbook for Course Writers, which was distributed, we discussed how to design an attractive self-learning material for a demanding target group. That is really a challenge which everybody wanted to take. So, the workshop was tough and pleasant at the same time. However, there are also some clouds in this blue summer sky. I discussed them with the team-leader and she is really aware of them. The first one is the manpower situation that is troublesome in more than one way. We wanted to have the very best specialists as course writers for this project, of course. But, these people are involved in so many projects and have so many different duties, which is why it is difficult for them to make time and priorities. This affects the planning, and one cannot say when the manuscripts could be finished by. The other side of the manpower issue is that from top level there are changes in organisational set up as well as staffing, which could affect the sustainability of the

project. To keep the sustainability of the project you also need some financial plan. That is unfortunately another issue. When you actually do not know how big your budget is and when the money will be available, it is very difficult to create this kind of material. You cannot decide on the paper quality which means that you cannot decide on the lay out nor on the illustrations as they are affected by the paper quality. The material for nurses was in the end an attractive material where much was made with small funds. I am sure that it could be done again, but it is a frustrating situation to work in. Even if the course writers and the team leader as well like challenges they should not be too many and not the ones that could be avoided.

Mr. Roland Andersson:
**DECENTRALISED PRIMARY
DRUG PREVENTION IN
LITHUANIA**

During the period of DRSTP I in Lithuania a decentralised method for primary drug prevention based on capacity building and strategic planning was introduced. Representatives from different professions and sectors worked together demonstrating the idea of combined national strategic planning and local practical action. The need for printed information and educational material in the Lithuanian language has been evident as well as the need for long-term assessments.

DRSTP II in Lithuania has as a starting point decided to support the Lithuanian National Team in producing a Handbook for medical professionals, some of the most important key groups in local prevention.

An editorial board is appointed and has started the work in organising the writing process.

The important role of the local community in promoting health during the rapid social transition and economy development of Europe will be emphasised.

Facts about drugs and mechanisms of dependence are important details for medical professions as well as the epidemiology of drug abuse and drug abusers.

The role of the medical professionals in primary, secondary and tertiary prevention will be pointed out. Besides the need for more knowledge, the Handbook will also consider communication skills, pedagogical methods and the role of leadership. Hopefully some examples of best practise from local communities in Lithuania will be demonstrated. A draft of the Handbook that can be used in a seminar process is expected in the end of the Year or during the early spring of 2001.

Mr. Igor Koutsenok, MD: THE FIRST CONSULTANCY IN HUNGARY: AREAS OF CONCERN, DIFFICULTIES AND SUCCESSES

The consultancy took place in September 2000. The main goal was to help the Hungarian National Expert Team to develop a comprehensive basic curriculum for a large variety of front line professionals, working in the field of substance abuse and addictive behaviour. The following are some concerns as well as some positive considerations I would like to share with you and other colleagues.

General attitudes

My impression is (though I might be wrong) that the general policy attitudes in Hungary lean toward more harm reduction activities than treatment and prevention. If this impression is correct, it might create a potential problem of unbalance between these activities with considerable negative consequences. Most of the experts are aware of this potential problem, however, their ability to influence the national policy is very limited. Another problem relevant to their attitudes and typical for professionals in this part of the world is that most of them have been trained and are competent in the medical model of addictions. However, psychological, psycho-social and environmental dimensions

of substance abuse are much less known.

Insufficient funding

It is apparent that the local financial resources allocated for this work are not sufficient to cover even the most essential expenses, such as gathering of recent scientific findings from journals and books. The local expert team does not have easy access to the Internet, which could be a major source of the most relevant and recent information, as well as the fastest and most efficient means of communication between the team members.

Experts' workload

The majority of the members of the National Expert Team are extremely busy in their jobs. Though their level of enthusiasm to continue working on the curriculum is high, it will decline soon without serious incentives, including but not limited to financial means.

Positive considerations:

Leadership

The leader of the Hungarian National Team has a clear vision of the further development of the project in Hungary. In addition to that she is very capable and willing to take responsibility for providing excellent leadership for the team members. This without doubt is a very strong positive factor.

Team members' expertise

Most of the experts in the team

have considerable expertise in their particular fields.

My overall impression from the first visit to Hungary is that the project is very much doable in this country, its goals and objectives are achievable, and, despite all the concerns mentioned above, I do not anticipate any major impediments potentially jeopardizing the final success of the mission.

Mr. Stein Mikkelsen: DIFFICULTIES IN THE PROCESS OF FULFILLING THE POLISH DSRSTP II PROJECT 2000-2001

The following paper contains a brief summary on some of the risk factors and problems that I have encountered in my work together with the Polish group. Most of these minor obstacles have been tentatively reported; I refer to "Risk factors/External factors" in the Consultation report forms. These are of course my personal views coloured by my position as an "outsider" to the Polish socio-cultural context.

The objective of the Polish project is to make a manual on local community prevention, including early intervention and outreach work.

After having reached a consensus regarding the main objectives and concepts, most of the sessions have consisted of presentations of the various chapters/drafts and

discussions on content and structure. (The Polish professionals seem to love deep, philosophical discussions and hate trivialities like project management issues as M.B.O.)

There will be co-writers on almost all of the chapters in the Handbook, so the issue of co-ordinating the input is important. As a consultant I have experienced some problems regarding assessing the content and quality of the material, due to lack of translation of the texts to be produced. It is difficult to grasp all of the often-crucial details presented during the sessions by direct oral interpretation. If the consultants are supposed to evaluate the process and drafts that are being produced, at least English summaries should be available. In my opinion this lack of funding the translation of material, and rather slow decision process in economic matters, reduces the role of the consultant. I have to rely on the professionals and my intuition as a sociologist - and have no direct means of assessing the process.

I have already reported on the possible problem regarding losing project momentum due to the fact that the core contributors are very busy professionals. It seems that for most of the contributors, the DRSTP II - project comes on top of their ordinary workload. The DRSTP II material incentive structure seems weak. Consequently some of the members will ask the Polish NPT for payment for the material to be produced, and this will be one of the

topics in the November meeting. The outcome of this negotiation may affect the final stage of the writing process, although this does not apply for all members of the Core Group. In addition to material incentives, project ownership and dedication to the task will be motivating factors. At an earlier stage in the project there were some insecurities regarding the unstable Polish political situation at the national level, and that this may influence the project (key members positions/project funding). This situation has settled and has in my view had no impact so far on fulfilling the DRSTP II project ambitions.

This report has highlighted - and thereby somehow "constructed" - the problem side of the project. As I have reported to the PG in several consultation reports, my overall evaluation of the Polish process is still very optimistic. However - allocation of necessary incentives to the main writers and contributors to the project, and translations of key texts into English will probably enhance the process towards May 2001.

**Lithuania:
DRUG PREVENTION WILL BE
A MAJOR PRIORITY FOR
THE NEW GOVERNMENT**

During the last DRSTP consultation in Lithuania the consultant Mr. Roland Andersson and the DRSTP Project Coordinator were invited to meet the new Deputy Minister of

Health Mr. Vytautas Kriauza and two of his key advisors.

In his orientation Mr. Kriauza made it clear that the policy of the new government is seriously addressing the drug problems in the country and more funds will be allocated to drug issues in the budget for year 2001, particularly towards drug prevention.

Dr. Ona Grimalauskiene, NPT leader and Dr. Zenonas Javtokas, both very concerned with and strongly involved in the implementation of the national drug policy, were convinced that this would ease the implementation of the DRSTP in Lithuania and perhaps provide some incentives for the national experts directly involved in the drafting of their prevention handbook.



**Dr. Kim Wolff:
LJUBLJANA UNIVERSITY; A
MASTERS PROGRAMME IN
ADDICTIONS**

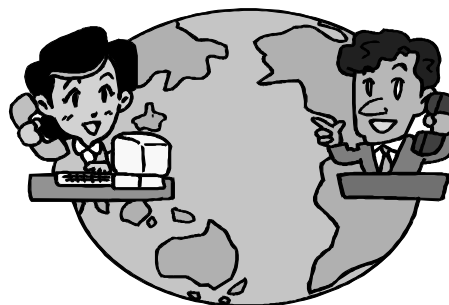
The task in Slovenia has been to establish a Masters Programme at the University of Ljubljana. The

specific risk factor with this project and any other multidisciplinary project is one of maintaining harmony whilst recognising the individuality of approaches and concepts. Everyone is keen to help and I have been made very welcome. It has been difficult to arrange for everyone to meet together. The structure of the programme is such that it will be run using a 'new' formula within the existing University framework. It is essential that the University structure is clear from the outset.

The process of establishing this programme has been extremely useful. Once constructed the programme will have many strengths and the students will gain considerable knowledge and become experts in their subject.

There is much experience in Slovenia and a positive attitude that will make this programme a beacon for other 'like-thinking' countries.

At any time, please feel free to contact us with questions or comments!



We can be reached by email at:

arne.andresen@coe.int
marina.lajoinie@coe.int