



FEDERAL CENTRE
FOR HEALTH EDUCATION



WHO-COLLABORATING CENTRE
FOR HEALTH EDUCATION

IVth Consultation on Public
Education and AIDS-Prevention
“Health Promotion and
Health Education
in the areas of AIDS and Drugs”
- Bad Honnef, 10 - 12 October 1990 -

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Public Education and AIDS Prevention
"Health Promotion and Health Education in the Areas AIDS and Drugs"
Bad Honnef, 10 - 12 October 1990

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IVth European Consultation on
Public Education and AIDS Prevention
"Health Promotion and Health Education in the Areas AIDS and Drugs"
Bad Honnef, 10 - 12 October 1990

INTRODUCTION

The IVth European Consultation on Public Education and AIDS Prevention held in Bad Honnef, Federal Republic of Germany (FRG) between 10 - 12 October 1990 was organised by the Federal Centre for Health Education (FCHE), Cologne, in co-operation with the Regional Office for Europe of the World Health Organisation (WHO-EURO), Copenhagen.

The previous consultations discussed Public Education for AIDS (1987), AIDS and HIV in the Workplace (1988) and Youth and AIDS (1989). This year's Consultation concentrated on health promotion and health education in the fields of AIDS and Drugs and was designed to address its personal, social and political aspects.

It was recognised that these aspects were interlinked, not mutually exclusive activities. The keynote papers were chosen to reflect these different aspects.

Participants were invited from all European countries and were asked to submit a country report.

As an introduction to the debate Dr. Rosemary Ancelle from the WHO-Collaborating Centre on AIDS, Paris, presented a European perspective of the epidemiology of AIDS. This was followed by a presentation from Prof. Meinrad Koch, from the Federal Health Office, Berlin, who concentrated on the epidemiology among drug users in the FRG.

Virginia Blakey from the Health Promotion Authority of Wales presented a paper concerning "The Health Promotion Concept and AIDS Prevention."

Dr. Wolfgang Heckmann, of the AIDS Centre of the Federal Health Office, Berlin, concentrated on AIDS and drugs from the perspective of drug prevention.

Following the keynote papers a selection of country reports and case studies were given. These had been selected from papers submitted prior to the Consultation.

Finally the Consultation explored the changing political structure throughout Europe and its implications for co-operation between countries and individual organisations. The two major changes concerned political developments in Eastern Europe and the reduction of border controls among E.C. member states.

Working groups were held to discuss, in greater detail, the plenary presentations.

A Bazaar of health education and promotion materials, compiled by the participants, enabled them to examine the concepts and ideas used in this field on a European-wide basis.



4th EUROPEAN CONSULTATION ON PUBLIC EDUCATION
and AIDS PREVENTION

"Health Promotion and Health Education in the areas Aids and Drugs"

Bad Honnef 10 - 12 October 1990

Scope and Purpose

According to estimates made by the World Health Organisation up to 1 million people in Europe are misusing drugs. Apart from sexual transmission the use of infected injection needles is one of the most important ways for HIV infection. Drug consumers, therefore, are a significant risk group in respect of HIV infection. Activities directed at prevention in this field must be intensified and further developed with respect to methods and strategies used.

The proportion of drug consumers registered as being infected by HIV or ill with Aids varies considerably across Europe. The cause for this variation is presumed to be the different outgoing situations which exist in relation to drugs and Aids as well as the various prevention strategies employed. As a further possibility, however, are the fundamental, socio-cultural differences concerning social and moral values, likewise the actual behaviour of people regarding (homo)sexuality and drug consumption. Clarification of the epidemiological situation is an essential pre-requisite for the planning of preventive measures.

The interface "Aids and Drugs" is determined by the interests and aims of two relatively independent systems. The work with drug addicts - here related to illegal drugs - has been established and institutionalised over the last 20 years. This work is based on an internationally valid framework of legislation and a control system in the areas of social order and drug therapy.

The Aids Help Centres have been in existence now for some 5 years. They may be seen primarily as self-help groups and as a support for those in need. The care system shows wide regional differences.

The fact that various people, institutions, financial benefactors and scientists have become involved with the problems of Aids and drugs has led respectively to a variety of interests, approaches and ideologies prevailing.

Not only Aids policies but also drug policies are subject both to moral and ideological values.

One transmission route for HIV among drug consumers is the sharing of injecting equipment. Therefore, Aids prevention has to consider the following tasks:

- to prevent drug consumers switching over to intravenous drug abuse;
- to make clear the necessity of clean injection needles for preventing Aids and to ensure the availability of clean needles, alternatively how to disinfect them (e.g. bleach), also to provide here both information and counselling.

A further way of HIV transmission for drug consumers is sexual intercourse. Here, a higher risk is present, since young drug consumers are presumed likely to change (sexual) partners more frequently, also that sexual intercourse will occur while under the influence of drugs, whether illegal or otherwise, and further that prostitution to raise money to buy drugs is not uncommon. The realisation of 'Safer Sex', also the availability and acceptance of condom usage on each and every occasion that sexual intercourse takes place, are therefore the central aims.

The Federal Centre for Health Education, as a WHO Collaborating Centre for Health Education, will be organising between the 10th - 12th October 1990 and in co-operation with WHO/EURO, the 4th European Consultation within the framework of the WHO Regional and Global Programmes on Aids. At these annual consultations the various health educational and health-promoting approaches for the

prevention of HIV infection and Aids are discussed, for example, Aids prevention at the workplace and with reference to young people as a target group.

The WHO Regional Office for Europe has arranged a number of seminars on the subject of prevention and treatment of HIV infection and Aids relating to drug consumers.

This 4th Consultation will bring together the accumulated knowledge and experience from the previous events and that of the individual participants and so develop the current approaches still further.

The 50 participants will be coming from countries within the European Region. They will comprise members of the network "Health Education and Aids" and representatives from governmental and non-governmental organisations having experience relating to Aids prevention and drugs.

A status report on the health policies, conceptual and practical development tendencies and needs relating to the areas of Aids and drug prevention is expected to lead to practical conclusions. Here, the participants should develop concrete and realizable recommendations for the main emphases of future prevention work. A further aim is to build up and support a European network of experts and institutions in this field.

Participants from each country are asked to prepare information and discussion papers on their prevention concepts and practical experience in the form of "Case Studies". These participant reports, in conjunction with three keynote papers and an "Information Bazaar", will form the basis of the plenary discussions and working groups.

In the keynote papers three aspects will be dealt with, namely:

- Epidemiological background data on Aids and Drugs
- Aids and Drugs as a theme in Aids prevention
- Aids and Drugs as a theme in drug prevention.

The working languages are German and English.



IVth European Consultation on
Public Education and AIDS Prevention
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PROGRAMME

Wednesday, 10 October 1990

up to 13.00 hrs	Arrival of Participants
13.00 - 14.00 hrs	Lunch
14.00 - 15.30 hrs	Registration
15.30 - 16.30 hrs	Opening of the Consultation Welcome of participants Statements of participating organisations: <ul style="list-style-type: none">- Federal Centre for Health Education, Dr. Elisabeth Pott, Director- World Health Organization, Regional Office for Europe, Dr. Jan Branckaerts Cees Goos- International Union for Health Education, European Bureau, Dr. Maria José Caldes- World Assembly of Youth, Demetrio Boniche
16.30 - 17.15 hrs	Dr. Rosemarie Ancelle, WHO-Collaborating Centre on AIDS, Paris Epidemiology of AIDS among drug users in Europe
17.15 - 17.45 hrs	Prof. Dr. Meinrad Koch, AIDS Centre of the Federal Health Office, Berlin Epidemiology of AIDS among drug users in the Federal Republic of Germany
19.00 hrs	Reception and Buffet

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Thursday, 11 October 1990

09.00 - 10.30 hrs	Plenary session Virginia Blakey, Health Promotion Authority Wales "The Health Promotion Concept and AIDS prevention" Country reports and case studies Discussion
10.30 - 11.00 hrs	Coffee break
11.00 - 12.30 hrs	Working Groups "Development of personal skills in dealing with the dangers of AIDS and drugs"
12.30 - 14.00 hrs	Lunch
14.00 - 15.30 hrs	Plenary session Dr. Wolfgang Heckmann AIDS Centre of the Federal Health Office, Berlin "AIDS and Drugs from the perspective of drug prevention" Country reports and case studies Discussion
15.30 - 16.00 hrs	Coffee break
16.00 - 17.30 hrs	Working Groups "Creating supportive anti-discriminatory environments by strengthening community action"
17.30 - 19.30 hrs	Setting-up of display stands by participants
19.00 - 19.30 hrs	Opening of Bazaar
19.30 - 20.30 hrs	Dinner

20.30 hrs

Bazaar

"Health promotion and health education in AIDS and drug prevention"

- Practice and ideas market
- Exchange of information and experience
- Presentation of audio-visual material
- Workshops

Friday, 12 October 1990

09.00 - 09.30 hrs

Plenary session

"Development and perspectives in the areas of AIDS and Drugs in the light of the political changes in Europe - possibilities for cooperation"

Country Reports

09.30 - 11.00 hrs

Working Groups

11.00 - 11.30 hrs

Coffee break

11.30 - 13.00 hrs

Reports from Working Groups

13.00 - 14.30 hrs

Lunch

14.30 - 16.30 hrs

Plenary session

Adoption of recommendations
Closing statements

16.30 hrs

Departure

Consultation Venue:

Seminaris Hotel
Alexander-v.-Humboldt-Str. 20
5340 Bad Honnef 1

Tel.: 02224/771-0
Tx. : 885617 shd
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IVth European Consultation on
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TOPICS AND CONCLUSIONS

OPENING STATEMENTS

Dr. Elisabeth Pott opened the conference by welcoming 60 participants from 17 countries. She extended greetings from the Federal Minister for Youth, Family Affairs, Women and Health, Prof. Ursula Lehr, who was unable to attend owing to commitments arising from the political changes subsequent to German unification.

Dr. Pott's address outlined the importance of recognising the needs of drug users who represented 13% of those infected and registered in the FRG prior to unification, and even higher percentages in other European countries. The growth rate of infection was rising at a higher rate among drug users than for any other group and new methods of access needed to be developed in order to reach them.

Dr. Pott went on to explain the importance for HIV workers and drug workers to combine their knowledge and strategies to better assist drug users to prevent infection. There was a clear need to co-operate and reduce competition in this area. This would require drug workers to enhance their understanding of issues such as sex education and for AIDS-workers to enhance their understanding concerning addiction and dependence.

She asked that the Working Groups should pay special attention to the needs of sex industry workers, who were using prostitution as a means of funding their drug habit, and to discrimination against drug users.

Dr. Pott explained that the final plenary session and the Working Groups were to be devoted to the changing political structures and their consequences in Central and Eastern Europe.

It was hoped that the exchange of ideas in the fields of AIDS and drugs would subsequently lead to concerted action.

Dr. Jan Branckaerts brought greetings from Dr. Asvall, Regional Director of the WHO-Regional Office for Europe and from Dr. Merson, Director of the Global Programme on AIDS, WHO Headquarters, Geneva.

Dr. Branckaerts asked participants to consider four questions during their deliberations:

- What good health programmes are currently being used?
- What relationships have we fostered between the fields of AIDS and drugs?
- How have we included sexual transmission into our work with drug users?
- Who are we talking about when we talk about drug users? Does this include those who use more socially accepted drugs such as alcohol and marijuana?

He pointed out that the bulk of our experience, until recently, has been concerned with gay men. As a consequence of injecting drug use the number of women infected is increasing either as a direct result of injecting or as a result of sexual transmission with an infected partner.

The number of children infected is also increasing as a result of perinatal transmission. This poses both moral and ethical questions on the role of service providers to these women. We need to ensure that, whatever decision they make regarding children, it is their personal choice based on the most up-to-date information and the availability of appropriate support services.

Cees Goos explained the activities of the United Nations during 1990. He then referred to the view of some Western European countries that drug use was leveling out and in some instances on the decline. He felt that this was unjustifiable and pointed out that countries in Southern Europe and some in Eastern Europe are still showing an increase in the use of illegal drugs.

With specific regard to AIDS and drug use he referred to the rise in the number of AIDS cases throughout Europe as a consequence of injecting drugs. In 1986 drug users represented 12% of all AIDS cases, by 1989 this figure had risen to 35%.

In response to this problem WHO has established a variety of initiatives. WHO-EURO will conduct a yearly review of the situation regarding drug use and HIV. This will be presented to governments to assist them in their efforts to deal with the problem.

A package of health education models was being developed to enable graduates and undergraduates in the health care sector to better understand the problems of HIV and drug use and subsequently educate others.

WHO-EURO office was also engaged in promoting outreach work as a method of contacting drug users, thereby recognising that, in the effort to combat HIV, agencies could no longer wait for the users to come to them.

Mr. Goos concluded by asking who was to be responsible for looking after HIV-infected drug users. Were they to be cared for by specialist drug workers or were they to be cared for, like everyone else, in the general health care sector? If it was the latter, then this would require specific training for all health care workers.

The International Union for Health Education and the World Assembly of Youth wished the Consultation success and expressed the belief that a strong, widespread action of health education would be effective in controlling the spread of HIV infection.

EPIDEMIOLOGY

From an epidemiological perspective the rate of increase of AIDS in Europe shows that the incidence of infection as a consequence of homosexual activity is beginning to level off. The incidence as a consequence of injecting drugs and heterosexual activity still shows an increase.

There would appear to be a disparity in infection between Northern and Southern Europe as well as between Eastern and Western Europe.

In Northern Europe the main route of transmission has been through homosexual activity, with a much lower incidence of AIDS as a consequence of injecting drugs or heterosexual activity. There is, however, a leveling off among the homosexual incidence whilst injecting and heterosexual incidence shows an upward trend.

In Southern Europe the incidence of infection is primarily a consequence of injecting drugs. The representation of homosexual and heterosexual transmission is much lower. There does not appear to be the same degree of leveling off in Southern Europe among those who are infected through injecting drugs as there does among those infected through homosexual activity in the Northern European region.

In Eastern Europe the infection rate is significantly lower among all groups. This would suggest that the Eastern European countries are at the primary stage of the epidemic or have developed prevention strategies which have enabled them to protect their population from AIDS.

It is clear from an epidemiological perspective that the incidence of infection through injecting drugs is centred around large urban areas and, specifically, areas of economic and social deprivation. This can be demonstrated by looking at the country specific data supplied and examples given for both Germany and Italy. Estimating the full extent of the HIV problem for drug users is made more difficult by inadequate epidemiological data on drug use.

KEYNOTE PAPERS

1. The Health Promotion Concept and AIDS Prevention

The paper "The Health Promotion Concept and AIDS Prevention" offered the following definition of health promotion: "Health promotion is a process of enabling individuals and communities to take responsibility for their health." This is a relatively new concept and essential to understanding the framework in which prevention strategies have developed in drugs work concerning HIV/AIDS.

The paper used the five principles of the Ottawa Charter to describe the role of health promotion in the drug and HIV field.

Point 1: Promoting Health Through Public Policy

Public policy concerning drug users is changing as a consequence of HIV/AIDS infection among people who share injecting equipment. In order to reduce the incidence of infection among injecting drug users it is essential to recognise the impact of public policy in all areas not just the health sector. As a result, public policy has changed from a prohibitive approach to one which recognises the importance of harm minimisation services including needle and syringe exchanges.

Point 2: Re-orienting Health Services

As a continuation of established public health policies, health services had focussed their attention on "curing" people of their drug problems. In order to ensure a reduction in the risk of infection, services have begun to change their direction towards health gain.

This has meant providing drug users with access to injecting equipment and condoms as well as explaining their correct use. It was demonstrated, by a number of country reports, that this has lessened the number of health problems associated with injecting as well as the spread of HIV.

Point 3: Creating Supportive Environments

In order to sustain behaviour change it is essential to create supportive environments. Drug users exist within a wider community that has been encouraged to view them as anti-social. Media coverage and anti-drug campaigns have provided negative stereotypical images of drug users which encourage their alienation from the community as a whole. It is essential that this climate changes if drug users are to be reached by health promotion campaigns.

Point 4: Developing Personal Skills

Simply by providing information on the consequences of sharing injecting equipment will not necessarily cause individuals to change their behaviour. Health education and promotion programmes need to be adapted to help the individual to develop personal, social and political skills to take action to promote health. These empowering programmes have proved to be successful in America and Europe. It is important to note that they succeed where the underlying discrimination has changed, ie. because of gender, class, age, sexual orientation, etc.

Point 5: Strengthening Community Action

By assisting drug users to develop responses to their own needs and providing them with the resources to do so, it is possible to achieve better results in regard to harm minimisation. Whilst there isn't the same infrastructure among drug users as there is among gay men, agencies have been able to assist. Self-help groups have been successful in developing and promoting health strategies.

2. AIDS and Drugs from the Viewpoint of Drug Prevention

The AIDS crisis has provided a major challenge to drug workers and policy makers. Drug prevention strategies have been oriented towards preventing use among the general population and assisting drug users to achieve and sustain abstinence. People working in the AIDS field questioned the validity of this approach. As AIDS began to affect people sharing injecting equipment they demanded policy changes which promoted harm minimisation as a goal of drug policy.

The reason for this seeming conflict appears to be

- a) a lack of understanding of the process of addiction and the methods used to prevent it, among HIV workers, and
- b) a lack of understanding of the concept of harm minimisation by some drug workers and policy makers.

Addiction develops in three phases:

- Phase 1: Gaining a group identity through drug use where drug use is seen as a pleasurable activity.
- Phase 2: Suffering physical and emotional pain as a result of use which, in turn, produces an ambivalence towards using drugs. This phase may be endured for a long time in the belief that they can regain control over drugs.
- Phase 3: Capitulation to addiction, finally recognising that the drug is controlling them. It is at this point that the user seeks help.

In the past, drug work has achieved its best results when the person reaches the third phase.

If drug therapists are to be successful in enabling those with problems to overcome them, then it is important for therapists to find an alternative which suits that particular individual.

As a consequence of HIV among injecting drug users drug workers have had to develop methods prior to the user reaching Phase 3 of addiction.

In countries like the FRG, where drug services have been developed to assist the user at every phase of the addiction process, it is possible to provide harm minimisation services without jeopardizing the aim of abstinence. The legal framework allows for the supply of injecting equipment thus enabling users to protect themselves from HIV.

Drug workers and HIV workers need to work together in developing low threshold services that recognise the needs of drug users.

Public policy makers need to address the issues which make it harder for drug users to give up drugs, such as homelessness, unemployment and discrimination.

COUNTRY REPORTS

Federal Republic of Germany

A federal programme was established in response to the increasing number of women contracting AIDS. It was finally recognised that women needed women-centred approaches to meet their needs. These could not be found in traditional drug services which were primarily male dominated.

For women working in the sex industry specific issues occurred. Drugs provide an escape from the traumas of the work that they do. They are often subjected to violence when a client reneges on his agreement to use a condom. They are the targets of law enforcement, not the men.

The programme has established 20 projects in cities throughout the FRG. Eight of them are medical services, the remaining 12 are psycho-social models. It is hoped that these centres will provide a safe place for women and assist them to move away from the drug scene.

Sweden

Sweden has had a history of drug use going back for 30 years. Amphetamine has been the main drug of injection. Heroin injection has developed in more recent years. There are approximately 10,000 - 15,000 users nationally, 3,000 of which live in the Stockholm area and a further 3,000 in the Southern region of the country.

Treatment beliefs in Sweden have been based on social engineering resulting in the provision of abstinence-orientated programmes. Treatment in Sweden is compulsory by law. The sale of injecting equipment is illegal. HIV infection is a notifiable disease in Sweden.

In order to prevent the spread of HIV infection among drug users in the southernmost areas the drug treatment centres in Malmoe-Lund established a needle exchange scheme. This was difficult given the political response to drug use and to HIV nationally.

The programme provides injecting equipment, medical care, condoms, HIV testing and advice on hygiene and health issues. It reaches between 1,000 - 2,000 of the 3,000 injectors in the area. It is seen as a non-judgemental organisation by the users and enables onward referral to the treatment facilities if desired. 75% of those attending use amphetamines, the remaining 25% heroin.

The programme has attracted some women to its services, a group which has been very hard to reach. 80% of those attending no longer share injecting equipment. During the time the project has been operating (1986 - 1990) only 10 - 12 cases of HIV-infection have been reported in the region. This compares with 50 new reports a year in the Stockholm area.

Italy

This presentation concentrated on the legal position of drug users. In August 1990 the Italian government changed the laws concerning drug misuse, as a response to HIV infection among drug users.

The new laws divide drugs into soft, ie. marijuana, and hard drugs, ie. heroin. It differentiates between the drug user and the trafficker by defining what is considered to be a reasonable amount to possess for a daily dose. Anything above this is assumed to be for sale and the burden of proof lies with the user to demonstrate otherwise. If they cannot do so, they are assumed to be trafficking.

The maximum penalty for drug offences is 30 years imprisonment. It was felt by people working in the area of drug dependence that this legal change will simply increase the number of drug users in prison rather than tackle the problems of drug dependence and drug use and HIV problems. It would have been more beneficial to introduce schemes for needle exchange and provision of condoms, none of which at present exist.

The Netherlands

A broad range of services had been developed which include needle exchange schemes, outreach work, co-work with drug users' self-help groups or junkiebunds and specific projects working with drug-using sex industry workers.

Emphasis is placed on the importance of involvement of drug users in constructing and implementing policies and that a greater degree of success is achieved where agencies worked alongside drug users.

There is a need for research, the involvement of other sectors such as health care workers, the police and probation service in implementing AIDS policy, the development of AIDS policy by and for ethnic minority drug users, an improvement in needle exchange schemes and the targeting of clients and partners of drug using prostitutes and prisoners.

Norway

Nationally, there exists an interdepartmental strategy involving all disciplines in developing and carrying out HIV/AIDS prevention. The strategy concerning drug use and HIV has established a variety of initiatives which recognise that drug users are a hard-to-reach group. These initiatives include: A prisons project providing education for prison officers and prisoners; an AIDS information bus providing needles and syringes, information on safer sex and a testing service for HIV and hepatitis B; a prostitution project run by sex industry workers; and the M.O.B. project (Mobilising Active Drug Users) which provides education, HIV support groups and needle exchanges. This is run by social workers and drug users.

One key organisation has been established called PLUSS which brings together all HIV-positive people irrespective of "risk" group and attempts to prevent discrimination and exclusion of groups or individuals. A social worker has been employed to look after the needs of drug users within the organisation. All of the above projects undergo evaluation in order to ensure that they are effective in meeting their objectives.

The Former German Democratic Republic (GDR)

There are at present few HIV cases in East Germany none of which are drug users. The primary aim of policy concerning HIV and drug use is prevention.

At present there are two counselling centres and two treatment centres which offer a full range of services to people who are HIV-positive.

Self-help groups have been established since 1989 and policy guidelines have been drawn up in consultation with them.

Services in the former GDR are facing uncertainty owing to political and economic changes.

Hungary

There are currently 237 recorded cases of HIV-positive in Hungary of which 24 persons have died from AIDS. Responsibility for HIV issues is assumed by the Ministry of Welfare and the National Institute of Health Promotion.

Information leaflets and video films have been produced to explain the issues concerning HIV/AIDS. 20% of the population felt that they were fully informed by these, whilst 70% would like more information.

There are two networks dealing with HIV and drug use. These are the Youth Counselling Service and Family Guidance Centres. They provide screening, counselling and therapy. Self-help groups and a telephone helpline service have been established.

Opiate use is not new in Hungary. The main source of dependence occurs through the use of cough linctus and home-made poppy tea. Opium is also used when available. Solvent use became popular throughout the 1980's. There is, currently, no organised illegal drug market. Most drug use occurs in the inner city areas.

Bulgaria

There are currently 93 HIV-positive people in Bulgaria. 72% of these are heterosexual, 5% are gay. There are no drug users included in this figure, although 700 drug users have been tested up to 1990.

In Bulgaria tests are compulsory for some groups. To date 3 million tests have been carried out.

Bulgaria's drug problem is broken down as follows:

- 300,000 use alcohol;
- 16,000 use drugs of which 6,000 inject;
- 10,000 - 15,000 use solvents.

There has been an increase in the use of psychoactive drugs throughout the 1980's and solvent use has increased among the young. There is no heroin or cannabis use in Bulgaria.

There are currently 1,635 injectors registered with the police. It is felt that education for drug users is insufficient. There is a school programme and there are treatment facilities. The treatment facilities work on a one-to-one basis. Methadone treatment is being considered particularly for long-term users.

Health education leaflets and videos have been produced and staff in drug dependence units have been trained concerning HIV. Outreach facilities and a school programme have also been developed.

WORKING GROUP RESULTS

* Primary prevention is a starting point for health education and health promotion. It should include gender and age-oriented programmes and be carried out by people qualified in these particular areas of work.

It was felt that participative learning offered the best method for health education/health promotion. It should be recognised that learning is an ongoing process for all and that repeated training and education opportunities need to be provided which include partners and family members of drug users.

- * It was felt that drug workers needed to continue to develop their own personal skills in both the areas of prevention and support.
- * There is a need for HIV workers to have specific training on drug-related issues and treatment methods.
- * It is important to recognise that drug users do not have a separate sexual identity from the rest of society and that they do not require separate materials on sexual issues.
- * The role of drug users in health education/health promotion has proved very useful in those regions that have utilised them. It has enabled a broader contact with drug users and enhanced both programmes and services as well as improving policy. Where drug users are employed in this work they should be employed on the basis of their skills rather than their drug use and they should be given the same level and depth of training as other professionals.
- * There is a clear need to break down the discrimination against drug users. Stereotypical and negative images of drug users in mass media campaigns as well as in some health promotion and educational materials had only increased the discrimination against users. This has led to a further alienation of users from the wider community and made it harder for services to reach them. Health educators and promoters should work with the media to break down these stereotypical and discriminatory images.
- * It was felt that agencies had a responsibility to promote their services to drug users and to respond to drug users' actual needs rather than assuming what they need. Outreach work is a useful method of both promoting services as well as finding out what drug users need.

- * The greatest problem facing drug workers has been issues concerning sex and sexuality. Most drug workers lack both training and support in this area which were felt essential if the work was to be carried out effectively.
- * The provision of a range of options to drug users, in respect of services and treatment, does not conflict with the goal of abstinence. It recognises that drug users may go through many different phases of use and that in each phase they have particular needs. This has become more apparent with the advent of HIV and, as a result, harm minimisation policies have been useful in stemming the rise of infection in those regions that have adopted them.
- * The needs of women have been neglected for too long both in drug work and in HIV work. It was felt that agencies/materials were primarily orientated towards men to the exclusion of women and that gender specific materials and services were a way of addressing this issue as was assertiveness training for girls and younger women. It is also important to educate boys and men on the impact of their oppressive behaviour in relation to women in order to reduce and eradicate these problems.
- * Work in prisons was felt to be essential and there was a need to develop specific strategies that could meet the needs of prisoners.
- * In order that health promotion strategies can work effectively it was vital that co-ordination and co-operation occurred at every level from local through national to international. All agencies need to be involved in this process, particularly law enforcement, in order to prevent contradictory policies being implemented which would limit the effectiveness of health promotion strategies.

- * Decriminalisation of illegal drug use and prostitution would better enable health education and promotion services to reach these groups. As a consequence of the illegal nature of these activities in some countries, drug users and prostitutes were extremely cautious in making contact with official agencies and organisations. This also holds true for those countries where these activities are no longer illegal.
- * In respect of the changing political agenda throughout Europe it is essential to avoid colonising and patronising attitudes towards Eastern European countries. Western countries should not expect Eastern European countries to adopt their strategies, which may be totally inappropriate, but rather adapt them to meet their specific needs.
- * All European countries need to recognise that general social policies such as unemployment, poor housing, inadequate education have an impact on both drug use and HIV. It should be recognised that the highest levels of drug use are in areas of economic and social deprivation.
- * It was felt that co-operation not force should be the goals aimed for by service providers and that international professional and self-help working groups might provide this. It might also be useful for individual organisations to develop twinning schemes as a means of improving learning and co-operation.



**IVth European Consultation on
Public Education and AIDS Prevention**
"Health Promotion and Health Education in the Areas AIDS and Drugs"
Bad Honnef, 10 - 12 October 1990

STATEMENT

The IVth European Consultation on Public Education and AIDS Prevention addressing, "Health Promotion and Health Education in the Areas of AIDS and Drugs", recognises that within Europe there is a disparity in emphasis, resources, and programmes concerning health education and promotion in general. The reasons for this are multiplicit beginning with economic stability which, in turn, effects the political prioritisation of health issues.

We reaffirm the importance of health education and promotion for all, based on the Ottawa Charter. We are particularly concerned that this should be available to people who are economically and socially disadvantaged, throughout Europe.

We note that there is a high rate of incidence of AIDS among people who inject drugs. The latest figures from the WHO-Collaborating Centre on AIDS, Paris, show an alarming increase among this group. We must recognise that HIV/AIDS is a serious threat to the lives of all including drug users. Consequently we urgently need to develop new prevention strategies in order to stem the spread of HIV among injecting and potential drug users.

We acknowledge that one of the main aims of drug prevention strategies throughout Europe has been to achieve drug abstinence, and that drug abstinence would reduce the ways in which HIV is spread. As an overall aim we still support this strategy. We recognise, however, that drug users go through many different stages before deciding to stop taking drugs. HIV education and prevention strategies need to reach drug users and potential users at every stage in their using career. Such strategies, therefore, must be constructed so as not to impede eventual abstinence, whilst not alienating and stigmatising the drug user, thus making the messages impotent. We therefore recommend the following.

RECOMMENDATIONS

1. That health education and health promotion programmes in their widest context be firmly established within all European countries and that economic security is provided to resource those engaged in this area of work.
2. That drug and HIV educators recognise that drug users like any other group of people are not a homogeneous group and therefore need to produce packages which include the needs of young people, people from different ethnic communities and take into account their cultural, social and linguistic background. Since programmes have up to now been tailored primarily to the needs of men, and thus have had little relevance for women, it is now necessary to develop programmes for all age and problem groups taking specific account of women's needs.
3. That specific health promotion and education materials are developed to address the needs of the partners, friends and relatives of drug users and potential drug users, and that AIDS prevention addresses also the clients of female and male prostitutes.
4. That health promotion campaigns are constructed, in consultation with drug users, to promote safer drug using and safer sexual practices.
5. That HIV and drug education/health promotion packages do not stigmatise and alienate drug users from the wider community, and recognise their rights as citizens.
6. That drug and HIV education programmes reflect the needs of drug users according to the stage at which they are using drugs, or their HIV status. This should include information and promotion of:
 - * drug free lifestyles;
 - * safer drug using practices, including the availability of sterile syringes and exchange back used ones;
 - * safer sexual practices;
 - * lifestyle issues, ie. nutrition, etc.

7. That drug service providers be given appropriate training on sex counselling, bereavement counselling and other related HIV issues.
8. That training on drug use and drug prevention strategies be provided to non drug professionals, particularly HIV/AIDS workers.
9. That campaigns in the mass media should use positive images and positive reinforcement, as opposed to negative stereotyping, which has consistently failed to achieve sustained behaviour change.
10. That health promotion and education needs to be innovative in its approach. It should produce materials which reflect the cultural values and literacy levels of its target groups and utilise peer group education opportunities where appropriate.
11. That law enforcement policy does not conflict with the aims of health promotion and education strategies thus making them ineffective.
12. The eventual establishment of a European data bank concerning health education and promotional materials, as well as service providers, concerned with AIDS and drugs. In the meantime this should be established at a national, regional and local level.
13. International and bilateral co-operation is necessary in this area, for example through twinning agreements and regular exchange of experience, taking place between countries, regions, communities, governmental and non-governmental organisations. Here, WHO is invited to assume an initiating and promoting role.
14. That evaluation and monitoring processes are included as an integral part of any health education/promotion programme and that these are carried out by independent organisations. Further reviews of past evaluations should occur to identify successful methods and channels of access.



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LIST OF WORKING PAPERS

Statements of Participating Organisations

Dr. Elisabeth Pott, Director, Federal Centre for Health Education, Cologne,
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"Gesundheitsförderung und Gesundheitserziehung im Bereich AIDS und Drogen".

Demetrio Boniche, Programme Director, World Assembly of Youth, Copenhagen,
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"Youth, AIDS and Drugs"

Background Papers

Dr. Rosemarie Ancelle, WHO-Collaborating Centre on AIDS, Paris, France
"Epidemiology of AIDS among drug users in Europe"

Prof. Dr. Meinrad Koch, AIDS Centre of the Federal Health Office, Berlin,
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"Epidemiology of AIDS among drug users in the Federal Republic of Germany"

Don Nutbeam, Virginia Blakey and Richard Pates, Health Promotion Authority
Wales, Cardiff, Great Britain
"The Health Promotion Concept and AIDS Prevention"

Dr. Wolfgang Heckmann, AIDS Centre of the Federal Health Office, Berlin,
Federal Republic of Germany
"AIDS and Drugs from the perspective of drug prevention"

Country Reports

Wouter M. de Jong, National Committee on AIDS Control, Amsterdam, Netherlands
"AIDS and Drugs in the Netherlands from the perspective of AIDS Prevention"

Una Due-Tonnessen, Oslo Health Prevention Board, Oslo, Norway
"Health & prevention policy guidelines in Norway in the areas of AIDS and
Drugs"

Régine Linder, INFOPUB, Bern, Switzerland
Discussion paper, Drugs and AIDS in Switzerland

Dietmar Denzel, Jugend- und Drogenhelfer Esch, Esch-Alzette, Luxembourg
Discussion Paper, AIDS and Drugs in Luxembourg

Prof. Kerstin Tunving, Drug Treatment Centre, University of Lund, Lund, Sweden
"Three years of experience from two syringe exchange programmes in southern Sweden; Do the programmes reach the target group in the area and can they prevent HIV?"

Prof. Maria Antonia Modolo and Dr. Maria José Caldés, Experimental Center for Health Education, University of Perugia, Perugia, Italy
"Health Policy Guidelines, AIDS and Drugs in Italy"

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"Anti-AIDS primary preventive activity and drug prevention in Hungary"

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"AIDS and Drugs in Bulgaria"

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Discussion paper, Aids and Drugs in the Dutch speaking community of Belgium.

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"French Policy in the areas of drug addiction and AIDS"

Dr. Sofija Djurić-Vukicévić, Institut für öffentliches Gesundheitswesen, Belgrade, Jugoslavia
"AIDS / SIDA in Jugoslawien"

Viktorija Rehar, Zdravstveni Centre Celje, Celje, Jugoslawien
Discussion Paper, AIDS and Drugs in Jugoslavia

Patrick O'Hare, Mersey Drug training and Information Centre, Liverpool, Great Britain
"HIV Prevention with injecting drug users in England with special reference to the region of Merseyside: a brief overview"

Martin J. Raymond, Principal Educationist, Scottish Health Education Group, Edinburgh, Scotland
"Health Promotion and Health Education in the areas AIDS and Drugs: The Scottish Experience"

Mieke Bot, N.I.A.D., Utrecht, Netherlands

"Health Promotion and Health Education in the areas AIDS and Drugs in the Netherlands"

Cristina Martins, Paulo Vitória, Centre of Drug Studies and Profilaxy, Lisboa, Portugal

"Drug addiction and AIDS Prevention: The case of Portugal"

Dr. Volkhard Netz, Deutsches Hygiene-Museum, Dresden, Federal Republic of Germany

"Gesundheitspolitisches Leitlinie bzgl. Prävention im Bereich AIDS/Drogen in der DDR bis 3.10.1990"

Isolde Jörg, Federal Association of Parents Groups, Schwandewede, Federal Republic of Germany

Discussion paper, AIDS and Drugs

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"The Concept of Harm Reduction in AIDS and Drug Work"

Dr. Eva-Maria Fahrner, Institut für Therapieforschung, München, Federal Republic of Germany

"AIDS and Drug Abuse in the Federal Republic of Germany"

Case Studies

Roel Kerssemakers, Institute for Alcohol and Drug Prevention, Amsterdam, Netherlands

"Amsterdam Health Policy guidelines concerning AIDS and Drugs"

Elfriede Steffan, SPI-Berlin, Berlin, Federal Republic of Germany

"HIV-Prävention durch frauenspezifische Arbeitsansätze im Drogenbereich"

Copies of these papers may be obtained from the Federal Centre for Health Education, Department of International Relations, Ostmerheimer Str. 200, 5000 Cologne 91.