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the nature and extent of drug  
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## **Programme base for the prevention of drug abuse in Yugoslavia**

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### **ABSTRACT**

The article summarizes policies and strategies of a drug abuse control programme adopted by the Commission on Narcotic Drugs of the Federal Executive Council (federal Government) of Yugoslavia. Because it is on the main road between the Middle East and western Europe, Yugoslavia is increasingly being used by drug traffickers for the transit of heroin, cannabis and other drugs from their sources of production to illicit international markets. A small amount of heroin and other drugs spills over into the illicit channels in Yugoslavia, creating domestic demand for such drugs. According to annual reports, approximately 2,000 drug addicts have been registered in medical treatment facilities in urban areas, but it is estimated that some 10,000 people abuse narcotic drugs. The programme identifies action to be taken by different sectors of society concerned with drug problems. Emphasis is placed on preventing drug abuse, primarily by involving health and social services, parents and other members of the family, the school, the community, the work place and various social and non-governmental organizations. The programme also emphasizes the need for healthy activities for youth, personality development during adolescence and the elimination of factors that are conducive to drug abuse. The Customs and the police are making efforts to intensify their action against illicit drugs in transit in Yugoslavia and, to this end, plan to improve co-operation within the country and with their counterparts abroad and to improve their technical capability to combat drug trafficking.

### **Introduction**

Yugoslavia is situated on the main road between the Middle East and western Europe, a fact that has prompted drug traffickers to use the country for the illicit transit of heroin, cannabis and other drugs from their sources of production to the more lucrative international markets. It is estimated that huge quantities of drugs are transported through illegal channels across the Yugoslav border. Although Yugoslavia does not

provide a favourable market for "retail" sale, a small portion of the drugs in transit spills over onto the illicit market in the country.

The extent of the illicit drug transit via the "traditional illegal road of the Balkans", which runs through Yugoslavia, is reflected in the large amount of drugs that have been seized by the Yugoslav Customs and the police. All of the illegal shipments of drugs travelling through Yugoslavia are destined for illicit markets, mainly those in western Europe (though some are in North America).

### **The extent of drug abuse**

Drug abuse has been increasing in larger urban areas. According to recent annual reports of the republics and autonomous provinces of Yugoslavia, approximately 2,000 drug addicts have been registered in medical treatment facilities. Obviously, this is not a realistic figure. The real extent of drug abuse is very difficult to assess because the records on individuals who abuse drugs are incomplete. Because of the illegal nature of drug abuse and the social stigma attached to it, an addicted person's parents and other family members tend not to inform the authorities about the person's addiction. According to certain estimates, there are approximately 10,000 people in Yugoslavia who abuse narcotic drugs.

### **Response to the problem**

Public concern over the increasing drug problem has prompted the public authorities to make better use of the various social and professional resources that are (or can be made) available to combat all aspects of the drug problem. As part of this response, the Commission on Narcotic Drugs of the Federal Executive Council (federal Government) of Yugoslavia has undertaken the task of drafting a national programme for drug abuse control.

Experience gained in the country and elsewhere clearly indicates that combating illicit drug trafficking and providing treatment for drug addicts are not enough to solve the problem of drug abuse and that, in a long-term programme for drug abuse control, emphasis should be placed on prevention, primarily involving parents and other members of the family, the school, the community, the work place, and social and non-governmental organizations. For these reasons, the Commission, in preparing the programme, has focused on the primary prevention of drug abuse, promoting opportunities for youth to participate in healthy activities, personality development during adolescence and the elimination of factors that are conducive to drug abuse.

Several social and political organizations have taken part in defining the basic postulates for an organized and comprehensive approach to the solution of drug problems. The programme has been prepared in close co-operation with the various sectors of society concerned with drug problems, such as youth organizations, schools, health protection, public information, social welfare, civil defence, the judiciary, the Customs and the police.

The document describing the programme, which is entitled "Joint Programme Base for the Prevention of Abuse and for the Control of Narcotic Drugs", has been endorsed by the Government. It contains a conceptual framework for action in different sectors of society, with specific policies and strategies for the prevention and reduction of drug abuse and the suppression of the illicit drug supply and trafficking. This article summarizes the salient points of the document relating to action to be taken by the various sectors of society to help in controlling the drug problem.

### **Legal framework**

Drug control legislation in Yugoslavia has incorporated all relevant provisions of the Single Convention on Narcotic Drugs, 1961, and the 1972 Protocol amending that Convention [1] and of the Convention on Psychotropic Substances 1971 [2].

The law on drug control has defined both narcotic drugs and psychotropic substances as "narcotic drugs". Therefore, the term narcotic drugs applies to all substances that are controlled and, in terms of measures of control, no distinction is made between narcotic drugs and psychotropic substances. Similarly, criminal law provides for the judgement of a drug offence on the basis of its gravity and possible consequences rather than on the basis of the type of drug involved.

As for the possibility of amending health legislation, discussions are currently being held on whether the treatment of drug addicts should be compulsory or voluntary. Some support the view that drug addicts should be subject to the same compulsory treatment as persons with contagious diseases, while others contend that a voluntary effort on the part of the drug addict is essential to successful treatment.

### **Combating the illicit drug transit through Yugoslavia**

Great efforts have been made by the Customs and the police in Yugoslavia to interrupt the flow of illicit drugs passing through the country and to detect and arrest drug traffickers in the country. It is

believed that law enforcement personnel should have more modern technical equipment to enable them to deal more effectively with the more sophisticated methods of smuggling and concealing drugs. Plans have been made to modernize technical equipment for detecting concealed drugs and to improve communication facilities in order to make possible the rapid exchange of information on drug trafficking within Yugoslavia and with other countries. Certain steps have already been taken in this direction. The Customs and the police are strengthening their co-operation with their counterparts in other countries and with international organizations concerned with combating illicit drug traffic.

### **Public information**

In preparing information material such as pamphlets and posters, as well as the content of discussions, round-table meetings and interviews with experts that are to be broadcast on radio or television, the intended audience is to be taken into consideration. Efforts are being made to ensure that such information does not arouse young people's curiosity or desire to experiment and that it is entirely accurate and up to date.

Programmes intended for young people are to encourage healthy alternatives to drug use, emphasize the advantages of a drug-free life-style and "deglamorize" drug use in general. With regard to films dealing with drug abuse, experience shows that they quite frequently present drug addicts as tragic and romantic heroes, which in turn may tempt adolescents to imitate such heroes. It is therefore recommended that such films should be made in conformity with professional standards, requiring consultations with the appropriate experts and the professional and social organizations concerned. This also applies when a film is being selected for a given audience. With regard to documentary films that deal with such topics as methods of drug use, smuggling, cultivation and illegal production of drugs, it is recommended that they should be made only for services such as health services, the police and the Customs, which deal with drug problems as part of their regular activities.

Materials such as song lyrics, advertising on television, badges and record album covers, which may arouse young people's curiosity and exert an influence on their attitudes, are to be carefully selected and prepared.

The mass media are encouraged to help generate social support for former addicts to facilitate their rehabilitation, social reintegration and return to work after detoxification and treatment. This is, however, difficult to achieve because of the stigma attached to drug addiction. Society tends to reject former addicts, and such rejection often leads to their becoming isolated from society and work, and, as a result, they may turn to drugs again.



### **School and education**

School and education are considered the most important areas of preventive activities. The objectives of preventive programmes in these areas include the following:

- (a) To develop a positive approach to a healthy, natural way of life;
- (b) To develop the need to promote personal health and the health of the community;
- (c) To increase awareness of the harmful effects of drug abuse on an individual's physical, mental and social well-being;
- (d) To foster the proper attitudes towards drugs in general and their use;
- (e) To develop the individual's ability to resist pressure to abuse drugs; and
- (f) To generate individual and community involvement in programmes for the prevention of drug abuse.

In addition to providing accurate and up-to-date information on drugs, drug use and its hazards, the focus of the programme is on a so-called "school for life" that aims at increasing the individual's knowledge and understanding of healthy behaviour of youth and deviations of such behaviour. Thus, emphasis is placed on personal development and coping skills among young people through the promotion of mental health, social skills and interpersonal relations. The programme also stresses the need to link the student's studies to his or her day-to-day life and future work. To achieve these aims, the programme intends to generate the continuous interest of the student's family, health care and social services and the local community to participate in school drug abuse prevention programmes, and to contribute to the development of school children and youth.

The influence of the family and the social environment of pupils and students is an important factor in the area of education. Youth organizations, sport and scout associations and work projects in which young people participate voluntarily provide youth with opportunities for self-expression, self-esteem, creativeness and the feeling of having contributed to the well-being of the community.

These programmes are also intended to increase the understanding of teachers, students and parents, as well as other people involved in education, of the importance of providing former addicts with social support during and after their treatment so that they may achieve social reintegration and lead normal lives. In order to develop an effective school programme for the prevention and reduction of drug abuse and the

involvement of local communities in such a programme, it is recommended that teachers, students and parents be adequately trained for their tasks in the programme.

### **Social welfare**

Social welfare services have assumed one of the major responsibilities in the programme for the prevention and reduction of drug abuse. In most cases, however, these services have little experience in dealing with drug addicts. They need to provide their staff with training so that they may recognize at an early stage individuals who abuse drugs and help such individuals to deal with the social conditions that have led to such behaviour. The tasks assigned to these services include the following:

- (a) To provide assistance to the family;
- (b) To provide care for children at the pre-school and school age;
- (c) To organize the participation of the community in the prevention and reduction of drug abuse;
- (d) To motivate drug addicts to seek treatment; and
- (e) After such treatment, to organize social support for former addicts, primarily involving their families, friends, places of work, schools and communities, to facilitate their reintegration into society.

### **Health care**

Drug addiction usually ends with medical treatment, often involving treatment of the various mental and somatic complications caused by the addiction. The focus of the health protection programme has been on both the prevention of drug abuse and the treatment of drug addicts, but it should be noted that relapse rates after treatment are relatively high. In the future, emphasis will be placed on prevention, after-care service and social reintegration, which will primarily involve the family, the work place, the school and the community, so that treated patients will be less likely to turn to drug abuse again. The objective of the treatment and rehabilitation is abstinence and the removal or alleviation of the mental, physical and social consequences of drug abuse.

Both prevention and treatment are to be approached on a multidisciplinary basis. The programme for prevention is designed to include promotion of mental health, rational use of medicaments for medical purposes, early detection and education with regard to drugs and drug use. Different methods of treating and rehabilitating drug addicts have been used, including a psychiatric team approach, treatment with medicaments, participation in self-help groups and community involvement.

It is recommended that treatment with methadone be restricted to hospital treatment during a limited time period, according to established criteria. In detoxification and the treatment of withdrawal syndrome, methadone may be used for treating cases with exceptional psychiatric and somatic complications.

It is recommended that, in principle, treatment of drug addicts should be carried out in out-patient clinics, under the supervision of a multidisciplinary team co-ordinated by a psychiatrist.

### **Civil defence and self-protection**

One important question for which an answer has yet to be found is whether drug addicts can be assigned certain tasks to be performed in emergency situations.

Since drug addicts cannot be left by themselves in an emergency situation, a number of questions have been raised in recent discussions on the subject, such as "What kind of responsibility can be entrusted to drug addicts?", "Which jobs are most suitable for them?" and "What kind and level of supervision should addicts be subjected to in such a situation?"

These questions are currently being considered by experts and the appropriate social bodies, who will determine the type and level of responsibility drug addicts can be given, taking into account the type and degree of their addiction.

### **Co-ordination of activities**

The real success of the programme for the prevention and reduction of drug abuse depends, to a large extent, on the synchronized implementation of the adopted measures and on the involvement of all interested and concerned sectors of society. In order to increase the effectiveness of drug abuse control programmes and to avoid unnecessary duplication of work, the activities aimed at combating drug problems in Yugoslavia are co-ordinated by multidisciplinary commissions on narcotic drugs at the levels of towns and autonomous provinces and republics, as well as at the federal level.

The Commission on Narcotic Drugs consists of representatives of the republics and autonomous provinces and of the various departments and organizations at the federal level that are concerned with drug problems. The Commission is entrusted with the following responsibilities:

- (a) To study and propose measures to prevent drug abuse;
- (b) To recommend and draft any change in drug control legislation;

(c) To co-ordinate and direct the measures and activities set forth in the national programme, including measures on prevention, treatment and rehabilitation;

(d) To carry out the assessment of the results achieved and the evaluation of the drug abuse control programme;

(e) To provide an effective exchange of experience gained in such programmes; and

(f) To act on any other matter pertinent to drug abuse control.

Such co-ordination at the federal level is primarily intended to facilitate the design and effective implementation of programmes at the level of the republics and autonomous regions, as well as at the local level.

### References

1. *Single Convention on Narcotic Drugs, 1961, as amended by the 1972 Protocol Amending the Single Convention on Narcotic Drugs, 1961* (United Nations publication, Sales No. E.77.XI.3).
2. *Convention on Psychotropic Substances 1971* (United Nations publication, Sales No. E.78.XI.3).