

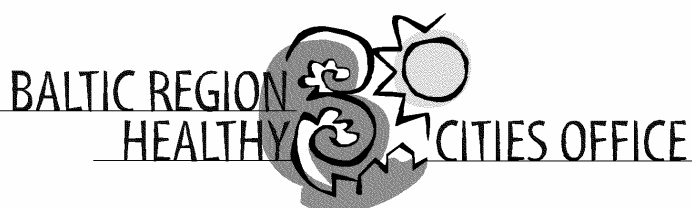


BALTIC REGION HEALTHY CITIES

MEETING 29.11 – 1.12.2001

TURKU, FINLAND

REPORT



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1. SUMMARY

Baltic Region Healthy Cities co-ordinators meeting was held in Turku (Finland) 29.11 – 1.12.2001. Healthy Cities and National network co-ordinators from the Baltic region were invited to attend. Some financial support was provided to Baltic and Russian delegates to ease their participation. The meeting was hosted by Baltic Region Healthy Cities association and financed by the Finnish Ministry of Social Affairs and Health.

Totally 28 delegates from 5 countries and one representative from WHO attended the meeting. The main theme for the meeting was capacity building and the two day meeting included (1) presentations and (2) business sessions. The presentations introduced knowledge about drugs and communicable diseases. In the business sessions was discussed about the possibilities of future collaboration in the Baltic Sea region.

The meeting was chaired by executive director Mårten Kvist from the Baltic Region Healthy Cities Office. This report has been compiled by Healthy City co-ordinator Heini Parkkunen from the City of Turku.

The delegates arrived to Turku on Thursday and left on Saturday. The discussion of the situations in different cities and networks took more time than it was planned beforehand. The delegates felt that in the next meeting more time has to be reserved for exchange of good experiences.

The materials provided by the presenters is collected in a package, which is available in a hard copy format. See also the attached list of participants, programme and summary of presentations.

2. INTRODUCTION

The participants were warmly welcomed Executive Director, Dr. **Mårten Kvist** from the Baltic Region Healthy Cities Office (Turku). He gave an introduction to the meeting: the themes, scope and purpose and presented the agenda for the meeting.

There were three main themes in the meeting:

- capacity building in Healthy Cities in the Baltic region
- rapidly growing drug problem
- possibilities for future collaboration

Dr. **Jill Farrington** from the WHO European Office's Centre for Urban Health, the office for Healthy Cities issues, reported the current situation of the Healthy Cities in Europe. She described the constitutes / framework of the Healthy Cities. She also stressed the importance of the regional collaboration. The Baltic Region work has now a possibility for a new start

with approval of the Collaborating Centre status, which will be solved, hopefully, in the beginning of the year 2002.

Dr. Farrington described the status and current tasks of the other WHO Healthy Cities Collaborating Centres. As an example, the Collaborating Centre for Healthy Cities Training and Capacity building (Denmark) has several programmes and activities also in the Baltic States and other former Russian states.

3. REPORTS FROM CITY CO-ORDINATORS AND NATIONAL NETWORKS

3.1. ESTONIAN NATIONAL NETWORK/Anu Kasmel** CITY OF KURESSAARE/**Ingrid Tilts****

The Estonian National network is in a development stage. The third network meeting was held in Pärnu in September 2001. There 8 municipalities, who had applied become, were approved as members of the network. After that 3 more have shown their interest. The network is planned to be officially established soon. The Estonian network will discuss and approve their strategic directions and action plans for the next years in the beginning of the year 2002.

The Mayor of Kuressaare is the president of the Association of the Estonian Municipalities. The association will support the National HC network. Kuressaare has (as being the only official Healthy City in the country) prepared draft plans/requirements for the network: short- and long term aims etc. More training for local co-ordinators and politicians is needed. Also diverse material is needed and some of them are under preparation already: leaflets, web-site etc.

3.2 LATVIAN NATIONAL NETWORK / **Dace Skirskalne**

The name of the network is Health Promoting Municipalities. In the network there has been 6 pilot projects e.g. in collaboration with the Agenda 21 work. In the country health care is no priority at this stage, as an example of that, the funding for drug prevention is insufficient.

Good examples and experiences was described by **Ginta Zarina** from the City of Valmiera: care for new-born children and healthy nursing have been created, a crisis phone has been established in the district. Special attention has also been paid for recreation (e.g. cycling) possibilities in the city.

From city of Madone **Erika Maderniece** described prevention campaigns of drug abuse in schools: classroom lessons, information in newspapers etc. Surveys has been made with questionnaires and interviews in the schools.

3.3 LITHUANIAN NATIONAL NETWORK / **Nida Cistovaite**

The network has been established in 1995 and it includes 6 cities and 4 regions. The plans for the future include:

- to develop the movement further
- to continue training programmes for co-ordinators
- to support initiatives
- to raise funds
- to develop closer collaboration in the Baltic region

From city of Panevezys Dr. **Rita Voitkiene** described their programmes and initiatives in Healthy Cities work. They have established programmes for antialcoholic/-drugs, healthy food, healthy kindergartens, healthy schools, local agenda, drinking water etc. Also health monitoring plays an important role in the city.

Antanas Mieliauskas from Marijampole and Nida Cistovaite from Kaunas described their cities current situation and programmes in promoting Healthy Cities.

3.4 RUSSIAN NATIONAL NETWORK / **Yuliya Abrosimova**

The Russian HC network is established in 1996 and includes 28 cities. The process of promoting Healthy Cities is rather slow and a very challenging task. New challenges for the network now are e.g.

- to prepare a common, general plan and programme
- to enlarge the network
- to collaborate with the Ministry of Health

4. **THE DRUG PROBLEM AND COMMUNICABLE DISEASES IN THE BALTIC REGION**

When planning the meeting the cities had expressed their interest to focus on two items:

- a) solving the drug problem
- b) communicable diseases

Several presenters from national and local level in Finland had asked to give presentations about these issues.

Dr. Paula Vainiomäki presented the Baltic Sea Task Force on control of communicable diseases: why, what, where and who the Task Force means.

The Task Force members include the eleven Baltic Region countries, the secretariat is in Norway and the main actors are a group of senior health officials.

The five programme groups of the Task Force are: tuberculosis, HIV, antibiotic resistance, surveillance and primary health care. All these groups have their own goals and activities.

See the attached slides and www.baltichealth.org

From the Finnish Ministry of Social Affairs and Health **Dr. Maarit Kokki** gave a presentation about the Drugs and communicable diseases situation in the Baltic region. She presented the causes and incidence of tuberculosis and numbers of the HIV cases in the Baltic region.

According her presentation, the most used drugs in the Baltic regions are; amphetamine in Estonia, ecstasy in Latvia and Lithuania. It is estimated that there are 3 million drug users in Russia, of which 2 million are iv-users.

From the Finnish National Research and Development Centre for Welfare and Health (STAKES) **Pekka Hakkarainen** presented the changing state of drug problems in Finland and Turku. In drugs, the heavy ones had got a strong position and the number of fatal overdoses has exploded in 1990's. In 1995 there was only 1 fatal heroine overdose case in Finland but in 2000 already 60 cases. In Finland a new national strategy for Drug prevention has been created.

In Finland there has not been an increase in the use of cannabis in the last years. Still, Turku has got a bad reputation because several young people have died in heroine overdose compared to other parts of the country.

The police works hard against the drug problem, especially against heroine. Also the public discussion has showed more concern about the problem. Several programmes and projects are aimed at school children. See the attached slides about primary findings of drugs and some results from the school health survey.

Turku's local drugs and intoxicants programme was presented by **Jari Päckilä** from the City of Turku. Turku made a strategy against drugs in 1999 and the presented programme has been made to realise this strategy. The programme will be presented to the City Board for approval in the near future. This cross-sector programme is co-ordinated by the health care, but it involves other sectors of the municipality, as well, to work together against substances abuse.

5. GROUP WORK

The delegates were divided into three groups to allow more detailed discussion. The groups were advised to discuss about co-ordinating local and regional action, using the cases and information from the presentations (drugs and communicable diseases) as a model. The groups were facilitated by the Baltic Region Healthy Cities co-ordinators. The three themes for the groups were

1. Gathering data
2. Policy making
3. Networking

5.1. RESULTS OF THE GROUP WORK

1. Gathering data

How to identify the significant problems ?

How to choose the problems that are amenable to change ?

How to organise the data ?

The police and the customs have existing statistics. Also different kind of surveys and questionnaires e.g. in the schools are already made regularly. The problem is that this information does not always reach the politicians and others who are responsible of services/make the decisions → there is an information gap to be filled: some kind of "information bank" is needed and also the form of information is important.

Strategies and projects are needed. The preventive work is crucial e.g. in the matters of security and smoking. The people doing this preventive work should think how do they get to the "roots" of the problems, e.g. catching the drug dealers to prevent the crimes.

Improving communication is an important way of prevention

- communication on drug statistics
- communication with other municipalities: how to gather the data

Sources of information must be easy accessible and reliable

- medical statistics
- questionnaires
- epidemiological resources
- data from e.g. mental hospitals, police, NGO's

Usually information is needed from several levels: city, region, country

After having the data municipalities have to choose the priorities and usually an integrated and cross-sector approach is needed. As conclusion more detailed and better information is needed for making the decisions.

2. Policy making

Identification of the appropriate level of competence – advocacy, lobbying, media.

A profile of the problem(s) must be prepared, in which the levels of the problem are identified. Also the existing activities and partners must be clarified. After that a strategic plan can be prepared to meet the problem.

One has always to keep in mind the intersectoral nature of the drug-problem, as well as, the questions of equity and community involvement. As an example the partners from the City of Trakai in the drug control and prevention are: educational sector, police, mental hospital, social services, city planning, employment sector and tourism.

3. Networking

Identification of partners at the city level: politicians, decision makers and planners, professionals, community groups.

As an example the City of Kuressaare presented its partners and projects, which are realising the Healthy Cities principles in action and carried out in cross-sector collaboration especially in issues concerning young people and drugs prevention.

The Kuressaare town government includes schools, open youth centre, collaboration with parents and the youth consultancy committee for promoting health among school aged children. In the health care there is also a family advisory centre.

Churches take care of the refugees and police has started a drug prevention project in which also the customs is included.

The Saaremaa county government has a drug prevention committee and there is co-operation project between Saaremaa and Hiiumaa.

6. FUTURE TRAINING ISSUES AND NEED FOR COLLABORATION

Dr. Mårten Kvist introduced the themes for the last day of the meeting. He pointed out the key elements of the Healthy Cities approach and principles as well as introduced the agreed

framework in the Baltic Region for collaboration with Baltic Region Healthy Cities Office and WHO, which includes the following action points:

- participation in the European Healthy Cities networks
- developing a knowledge base
- adapting HC tools, guidelines, documents etc.
- assisting in the training and capacity building
- seeking for funding
- networking and communicating

The last meeting day was spent for brainstorming and discussing about the future collaboration in the Baltic Region – in this case especially in the Baltic states. The events, projects, programmes that were already known by the participants were presented.

The following **training** issues were raised during the discussion

- environmental health: indicators, data, what is the impact, knowledge from other countries
- media approach: how to use the media (TV, newspapers, video etc.)
- health indicators: how to include healthy cities principles in city planning, exchange of good experiences from other countries/cities
- healthy cities concept in strategic planning, health determinants, evaluation

The role of the Baltic Office was seen as

- centre for information, collecting information

The following actions, meetings etc. were already decided or planned to be realised in the future (2002)

- Estonian national network meeting/summerschool will be held in the Spring 2002. One training issue there could be Environmental Health and the Pro Healthy Life CD-ROM
- Leadership and management seminars in March (Turku) and in the Autumn (Tallinn)
- Estonian Healthy Cities conference in September (?) in Võru
- Healthy Cities meetings in February (National networks) in UK and in September (cities) in Croatia
- Health promoting schools meeting in Kaliningrad

The next meeting of the Baltic Region Healthy Cities and National Networks will be held late in the Autumn 2002. It should preferably concentrate on one single theme and have co-ordinators as a focus group. The theme could be addressed more as a "technical" issue as drugs or to themes that the co-ordinators will raise from their point of view. One suggestion was to focus on communication and using the media

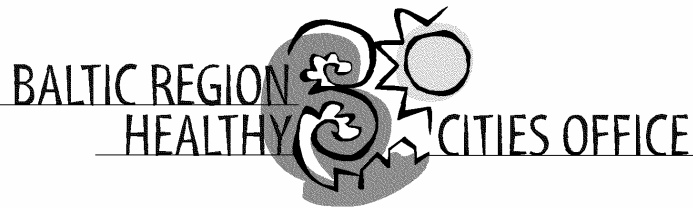
ATTACHMENTS

List of participants

Final programme

Summary of presentations (Paula Vainiomäki, Pekka Hakkarainen, Jari Päckilä)

Separate package of materials from other presentations (hard copy)



BALTIC REGION HEALTHY CITIES COORDINATORS' MEETING IN TURKU 29.11 – 1.12.2001

PROGRAMME

29.11.01 THURSDAY

1430-1500 **Arrival, Lunch and Registration**

1500-1515 **Welcome and Introduction:** Executive Director, Dr. Mårten Kvist,
Baltic Region Healthy Cities Office

Scope and Purpose of the Meeting

Provisional agenda for this meeting

1515-1600 **Healthy Cities in the Baltic Region**
Dr. Jill L. Farrington, World Health Organization, Urban Health Centre

1600-1630 Break for coffee

1630-1830 **Reports from City Coordinators and Representatives of Estonian, Latvian Lithuanian and Russian National Networks**

1830 Closing of the Day

1900 **Reception**

30.11.01 FRIDAY

900-945 **Baltic Sea Task Force on Control of Communicable Diseases**
Why, what how, where and who of the Task Force
Dr. Paula Vainiomäki, International Technical Adviser

945-1030 **Drugs and Communicable Diseases Situation in the Baltic Region**
Dr. Maarit Kokki, Ministry of Social Affairs and Health, Finland

- 1030-1100 Break for Coffee
- 1100-1200 **The changing state of drug problems in Finland and Turku**
Pekka Hakkarainen, Senior Researcher, STAKES
- 1200 Lunch
- 1300-1330 **Local Drugs and Intoxicants Program:** Mr. Jari Pääkkilä, Turku Health Care
- 1330-1530 **Introduction to Group Work**
Group work on coordinating local and regional action, using the case of drugs and communicable diseases as a model. Facilitators from cities with experience of the themes.
- Groups:
1. Gathering data: How to identify the significant problems. How to choose the problems that are amenable to change; How to organize data.
 2. Policy making: Identification of the appropriate level of competence – advocacy, lobbying, media
 3. Networking: Identification of partners at the city level: politicians, decision-makers and planners, professionals, community groups.
- 1530-1600 Break for Coffee
- 1600 Report on the work of the groups: models of good practice, shared experiences.**
- 1700 Free evening

1.12.01 SATURDAY

- 0930-1030 **Future Training issues and needs for collaboration**
Review of Terms of Reference for the Baltic Region Healthy Cities Office
- 1030-1100 Break for Coffee
- 1100-1145 **Summary & Action points**
Any other business
- Date of next meeting
- 1200 Lunch
- 1330 Departure

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SUMMARY OF THE SLIDES ABOUT BALTIC TASK FORCE

1. INTERNATIONAL TECHNICAL ADVISER PAULA VAINIOMÄKI:

BALTIC SEA TASK FORCE ON CONTROL OF COMMUNICABLE DISEASES, PRIMARY HEALTH CARE PROGRAMME GROUP

Eleven Prime Ministers in the Baltic Sea Region and the European Commission established a Task Force, Kolding 12-13 April 2000

Secretariat in Norway

Task Force members, GSHO, PGs with experts, ITA for four groups, projects locally

FIVE PROGRAMME GROUPS

- Tuberculosis
- HIV
- Antibiotic resistance
- Surveillance
- Primary Health Care

TUBERCULOSIS GROUP: GOALS

- Reduced burden of TB to reach European average levels
- Further development of multi-drug resistant TB prevented

HIV-PG: GOALS

- to reduce the transmission of STIs in high risk target populations
- to reduce HIV transmission and the negative social and economical impact of HIV/AIDS

MAIN TASKS - PHC GROUP

- Support PHC reforms and development HR capacity building
- Promote effective control of infectious diseases
- Capacity building: CME-groups, exchange, training, system and management development, QI, Special and vulnerable risk groups, rReproductive health services

WE USE LOGICAL FRAMEWORK APPROACH= LFA

AN EVALUATION PROGRAM IS IN PLANNING

www.baltichealth.org

2. Baltic Sea Task Force / Primary Health Care Program Group

MEMBERS

Ali Arsalo (Finland) —chairman

Guntis Kilkuts (Latvia), Jon H. Iversen (Norway), Bjorn Olsson (Sweden), Alexei Savinykh (Russia), Heidi-Ingrid Maaros (Estonia), Julius Kalibatas (Lithuania), Zbigniew Krol (Poland)

Paula Vainiomäki (Finland)—ITA

Invited: Olga Kuznetsova, Slava Plavinski (MAPS), Juri Petrov (St. P.), Klara Shevschenko (Karelia)

ACTIVITIES

1. Meetings

Oslo (Norway) September 7-8, 2000, Riga (Latvia) October 1-2, 2000, Riga (Latvia) March 14, 2001, Riga (Latvia) March 25, 2001, Gothenburg (Sweden) May 21-23, 2001, St. Petersburg (Russia) June 7-10, 2001, some of the PG, Lofoten (Norway) July 23-26, 2001

2. E—mail correspondence

3. Site visits

THE MAIN TASKS FOR ACTIVITIES

- Support PHC reforms and development
- HR capacity building
- Promote effective control of infectious diseases

TWO LINES OF OUTPUT AREAS

- Relevant projects successfully planned and implemented
- Responsibilities implemented by BSTF PHC group

RELEVANT PROJECTS SUCCESSFULLY PLANNED AND IMPLEMENTED

- Capacity building projects, international CME-groups, exchange programs, training capacity building in relevant institutions
- PHC system and management development, quality initiatives, operational research, control, registration and reporting of CD
- Projects focusing on CCD of special and vulnerable risk groups
- Reproductive health services

RESPONSIBILITIES IMPLEMENTED BY BSTF PHC GROUP

- advice and information, spreading special activities from other BSTF PGs to PHC level
- mechanisms to process project support applications for technical assistance and funding
- successful and functioning communication channels with authorities and mass media to promote advocacy for PHC role in CCD
- ITA works effectively and in efficient collaboration with BSTF PHC group
- mechanisms for project monitoring and follow-up support established.

APPROVED AND RECOMMENDED PROJECTS

- Guidelines for PHC Doctors in Women's Health, MAPS
- Distant learning program on CCD for PHC professionals (CME courses) and general public
- Prevention through Education, MAPS
- Introduction to Primary Health Care in Norway as carried out in the middle-sized town, Ålesund

PROJECTS TO BE PROCESSED IN VILNIUS

- 17 (-20) projects have been assessed here: a list of projects to be processed is still available, decisions are made according to the selection criteria set

SOME ISSUES CHALLENGES, CONCERNS

- grassroots level important for vertical information and implementation
- collaboration for projects between program groups very important
- financial situation promising, but most of the financial support from Norway this far
- a great variety of projects (possibility to multiply the projects, to make models)
- common language between countries

3. Pekka Hakkarainen

FORENSIC FINDINGS OF DRUGS IN THE AUTOPSIES OF THE 11 DRUG DEATH CASES IN 1999 IN TURKU

Drug	As a primary cause of death	Minor findings
Heroin	9	1
Morphine	1	10
Amphetamines	2	1
Cannabis	-	5
Diazepam	2	3
Desmethyldiazepam	-	4
Oxazepam	4	3
Temazepam	2	4
Alprazolam	1	-
Clopidoxid	1	-
Lidocaine	1	-
Sertraline	1	-
Citalopram	1	1
Demoxepam	-	1
Midazolam	-	1
Codeine	-	3
Parasetamol	-	1

Source: Institute of Forensic Medicine, University of Turku

DRUG USE AMONG 14-16 YEARS OLD SCHOOLCHILDREN IN TURKU 1996-2001

1996 **13 %** **(N= 2 676)**

1998 **14 %** **(N= 2 245)**

2001 **9 %** **(N=2 444)**

Source: School Health Survey, Stakes

4. Jari Päckilä

City of TURKU Alcohol and Drugs Prevention Program PROVISIONAL 2002-2004 November, 2001

The Vision:
* Turku supports children's and young persons' life-control capacity, health and social well-being by sustaining a safe physical and mental living environment, by encouraging young persons to assume responsibility for their lives and offering diverse and positive options and leisure activities to prevent use of alcohol and drugs.
Values of the Program:
* EQUALITY
* EQUITY
* RESPONSIBILITY
Scope of the Program:
* Aiming at safeguarding physical and mental well-being of all citizens.
* Input into developing preventive techniques.
* Creating, sustaining and developing an appropriate and adequate treatment network for drugs and alcohol users.
* Building up a well-functioning network of different sectors working in the prevention of drugs and alcohol problems.
Objectives of the Program:
* Comprehensive support to parenthood and families.
* Recreational activities and settings for children and young persons are kept drugs and alcohol-free.
* Educational programs are developed and monitored to a greater degree.
* A commonly agreed threshold of intervention is created.
* Training in drugs and alcohol issues is intensified in all priority areas.
* Establishing an unbroken chain of treatment.
* Decreasing the detrimental effects of use of drugs and alcohol.
* Identifying human and appropriate means to alleviate the health, social and economic impacts connected with the use of drugs and alcohol to family members and community.
* Increasing and developing collaboration with different partners in all priority areas.
* Seeing the drug user as a victim and helping him/her to rehabilitate enough to participate in normal life. Maintaining contact with the drug user during the whole treatment and rehabilitation process. Aiming at successes at treatment taking into account the differences in and between the groups of drug users.
* Participating in the work on controlling availability of drugs.

Priority areas / activities:	Responsible Parties	Schedule
1. Primary Prevention / decreasing demand and offer		
* The whole population is targeted with public services improving general well-being, supporting children's and young persons growth, and drugs and alcohol prevention information and education.	Administrations of the city	Continuing
* The range of alternative free-time activities is increased	Administrations of the city	Continuing
* Schools implement and evaluate drugs and alcohol education programs and include drugs and alcohol education in the new health education course outlines.	Schools, educational institutions	Continuing
* Techniques to early detection of a drug and/or alcohol use based on the support of the parents and care takers are increased (home-school activities)	Schools, educational institutions, Youth Administration	Continuing
* Alcohol and drugs training courses are organised for those working with children and young persons.	Administrations, Steering Group of Alcohol and Drugs	2002-2004
* Research on social exclusion is supported	Steering Group of Alcohol and Drugs	Continuing
* A comprehensive intranet/internet-based databank and a statistical monitoring register on the use of drugs are created	Steering Group of Alcohol and Drugs, Health Administration, Social Services Administration	2002-2004
* Collaboration between authorities is increased	Steering Group of Alcohol and Drugs	2002-2004
* Collaboration with the customs and the police forces is strengthened to decrease drugs offer	Steering Group of Alcohol and Drugs	2002-2004
* Youth employment measures are used to combat social exclusion	Administrations of Social Services and Youth	Continuing
2. Early Intervention (Secondary Prevention)		
* Supporting the population groups at risk of exclusion	Administrations	Continuing
* Professional training is organised to maintain and increase capacity on drugs and alcohol issues	P Steering Group of Alcohol and Drugs, Health Administration	2002-2004
* Identifying and helping users of drugs and other intoxicants	Administrations	Continuing
* Continued collaboration with non-governmental organisations doing preventive work on alcohol and drugs,	Steering Group of Alcohol and	2002-2004

searching for well-functioning and efficient ways to co-operate	Drugs	
* Implementing an operational preventive project with the NGOs	Steering Group of Alcohol and Drugs	2002
* Outlining, supporting and strengthening the work of district evaluation teams	Steering Group of Alcohol and Drugs	2002-2004
* Evaluating and developing the functions of a local intoxicants forum	Steering Group of Alcohol and Drugs	2002-2004
* Supporting the administrations in early intervention for personnel's use of alcohol and drugs	Steering Group of Alcohol and Drugs	Continuing

3. Development of Treatment Systems (Tertiary Prevention)		
* Updating the guidelines of referring for treatment and practical guidance for personnel	Administrations, Steering Group of Alcohol and Drugs	2002-2004
* Clarifying the principles of the rehabilitation process (who bears the cost, treatment facilities etc.)	Health Administration, Social Services Administration, Steering Group of Alcohol and Drugs	2002-2004
* Ensuring adequate care after de-toxication, when necessary, organising supported housing and a support person	Terveystoimi, sosiaalitoimi	2002-2004
* Further enlargement of the substitute care polyclinic activities	Health Administration, Steering Group of Alcohol and Drugs	2002-2004
* Studying the feasibility of establishing a low threshold treatment facility, or enlargement of the Point Milli	Health Administration, Steering Group of Alcohol and Drugs Steering Group of Alcohol and Drugs, A Working Group	2002-
* Setting up a working group to discuss prevention of drugs overdose	Steering Group of Alcohol and Drugs, A Working Group	2002-
* Developing the quality criteria for services bought from private organisations	Health Administration, Steering Group of Alcohol and Drugs	2003-2004
* Developing the impact indicators for alcohol and drugs treatment	Health Administration, Steering Group of Alcohol and Drugs	2002-2004
* Planning a vocational training module supporting an unbroken chain of drugs and alcohol treatment	Steering Group of Alcohol and Drugs	2002-2004