

INTERVIEWS WITH PATIENTS WITH ADDICTION, ORGANISED BY DASM IN THE FRAMEWORK OF THE CARE4SUD PROJECT

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Abstract

Context: The European Union and its Member States have taken strategic and operational measures to address the health and safety implications of drug trafficking and of drug use. Equipping health care practitioners with addiction treatment competences and techniques (CARE4SUD) is a project which is funded by the Erasmus + Programme of the European Union (KA 220 VET – Cooperation partnerships in vocational education and training). The project's overall objective is to ensure a higher professionalism of the healthcare work force in the illicit drug addiction field at national and European level.

Objectives: Exploring needs and gaps through interviews with patients.

Material and methods: The interviews for Romania with patients were held by DASM as follows: 5 interviews with patients, lasting for about 20 minutes each, conducted by two physicians, part of the project team. All interviews

were conducted with the participants' approval for audio recording and prior completion of their informed consent form, as required in the project methodology.

The structure of the interviews complied with the methodology provided by UPorto (Portugal), the coordinator of Activity 2.3.

Results and Discussions: Considering the 5 interviews which were held it appears that the participants believe that in Romania there are not enough centres addressed to addicts and that the professionals are not properly trained in treating addiction and in the management of addictions. Drug users initially prefer to turn to psychologists for treatment, rarely to doctors. The participants in the interviews emphasized the essential role of support groups and of the help of other addicts in abstinence/recovery.

There is a real need for training of medical staff in dealing with addicts, especially of medical staff in primary and in emergency care.

Key words: addiction, training, medical staff

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Context

EU drugs policy

The European Union and its Member States have taken strategic and operational measures to address the health and safety implications of drug trafficking and of drug use. Drugs are a complex social and health phenomenon, affecting millions of people in the EU. Illicit drugs can have enormous negative consequences, not only for the people who use them, but also for their families and communities [1,2].

Drug use generates enormous costs and damage to public health and safety, the environment and labour productivity. It also brings about security threats related to violence, crime and corruption [1,2].

The EU and its Member States have taken strategic and operational measures to reduce drug supply and demand in Europe, which it coordinates through the EU Drugs Strategy. Over the past two decades, the European Union and its Member States have worked together to develop a common approach to address the health and safety implications of drug trafficking and of drug use [1].

The EU approach is based on: evidence on what works and what does not work in terms of policies and measures; balance between drug supply reduction and drug demand reduction; multidisciplinary, given the cross-cutting nature of the drug phenomenon; innovation and foresight, given the complexity of the drug situation and market; respect for human rights, gender equality and health equity; participation and involvement of civil society [2].

EU fight against illicit drug trafficking. Enhancing security

To reduce the supply of drugs and fight drug-related crime, the EU needs to strengthen its security. Measures in this area include preventing, deterring and disrupting drug-related crime through judicial and law enforcement cooperation, operational data, interdiction, confiscation of criminal assets, investigations and border management [3].

To reduce drug supply and combat drug-related crime, the EU needs to strengthen its security assets. Measures in this area include the prevention, deterrence and disruption of drug-related crime through

judicial and law enforcement cooperation, operational data, interdiction, confiscation of criminal assets, investigations and border management [4].

Protecting people's health: Prevention, treatment and care services [5]

To protect people's health, it is essential to reduce the demand for drugs. Several mutually reinforcing measures can contribute to this objective, such as prevention, early detection and intervention, counselling, treatment, rehabilitation, social reintegration and recovery. Such measures must be: adapted to the local social context and the needs of the target population; evidence-based; safe and effective; developed in close collaboration with health and social care services [5].

The crisis caused by the COVID-19 pandemic has exacerbated the health vulnerabilities of drug users and confirmed once again the need for continued focus on this policy area [4,5].

Addressing the negative consequences associated with drug use

The EU has identified a number of areas for action to prevent or reduce the potential risks and harms of drugs for users, society and prison environments. These areas include: reducing the prevalence and incidence of drug-related infectious diseases; preventing overdose and drug-related deaths; providing alternatives to coercive sanctions [5].

Regarding the situation in Romania, The National Drug Situation Report 2022, produced by specialists of the National Anti-Drug Agency (ANA), contains the latest data and information on drug use and trafficking in Romania, highlighting the trends in our country, both in terms of drug prevention and combating drug trafficking, as well as the measures adopted by public institutions to deal with drug issues. The data analysed are those recorded in 2021 [6].

In terms of medical emergencies caused by drug use, 1,742 cases of medical emergencies were recorded in which at least one illicit drug was reported (single or combined use). Cannabis and new psychoactive substances are reported, in similar percentages (27.5% for cannabis and 26.8% for NSP), in more than half of the emergencies for which illicit drug use alone was reported [6].

Drug use was reported in 23.8% of recorded emergency cases. Opiates were reported in 7% of cases, and stimulant use was reported in approximately 10% of cases (3.7% cocaine and 6.5% stimulants other than cocaine). Most emergency cases were recorded for young people, under 35 (77.1%) [6].

On the component of drug-related infectious diseases, prevalent data indicate that 20.9% of people admitted for treatment who had injected drugs in the last 30 days of use (current use) reported being HIV-infected, 68.7% reported being HCV-infected and 7.6% reported being HBV-positive.

The summary of the data provided by the Romanian HIV/AIDS Monitoring and Evaluation Unit - National Institute of Infectious Diseases "Prof. Dr. M. Balș" reveals that 559 new HIV/AIDS cases have been detected, of which 50 are people who inject drugs [6].

2,328 injecting drug users accessed harm reduction services offered under syringe exchange programmes, down from the previous year (by 34.3%). In methadone substitution treatment, 1,769 opiate users were registered [6].

In the drugs market, the highest total amount of drugs seized was recorded, with the highest amount of heroin seized and the second highest number of seizures made. Cannabis and cocaine are increasingly available on the illicit drug market, with the highest value of seizures recorded for cocaine and the second highest value for cannabis recorded to date. 74.38% of the total quantity of drugs from significant seizures was destined for the illicit market in Romania, which is an indication of its dynamic at national level [6].

According to the Regional Centre for Drug Prevention, Evaluation and Counselling (CPECA) National Report for 2022, the North Western region of Romania has a high level of experimental use for most of the drugs analysed. Thus, higher values than those obtained at national level could be observed for the prevalence of cannabis, cocaine, crack, LSD, amphetamines and solvents. As regards the use of non-prescription drugs and ecstasy, a similar level to the national level was observed, and for NSP, heroin, ketamine, the prevalence of use was lower than that observed at national level [7].

The population groups with higher prevalence of use of any illicit drug are the age groups 25-29

years (19.1% for experimental use, 8.8% for recent use, 5.9% for current use), 30-34 years (21.3% for experimental use, 9% for recent use, 6.7% for current use). According to CPECA statistics, of the respondents in this region who reported having used an illicit drug at least once in their lifetime: 63% are male, 59.1% have completed secondary or post-secondary education, 66.5% are economically active, 52.6% are aged 25-34 and 82% live in urban areas [7].

Regarding drug use in Cluj county between 2020-2022, the statistics provided to DASM by the Cluj County Emergency Clinical Hospital- the drug addiction section and the Cluj County Emergency Clinical Hospital for Children highlights the upward trend of the phenomenon in the number of emergency records due to drug use, i.e. the number of people who entered emergency units due to medical problems caused by drug use [8]:

Year	Total no.	The Cluj County Emergency Clinical Hospital- drug addiction section	The Cluj County Emergency Clinical Hospital for Children
2020	174	135	39
2021	200	171	29
2022	279	226	53

The table below highlights the number of people who sought treatment due to drug problems, reported to CPECA Cluj by hospitals in Cluj-Napoca for the period 2020-2022 [9]:

Year	Total no.	The Cluj County Emergency Clinical Hospital- drug addiction section	The Cluj County Emergency Clinical Hospital for Children - Pediatric Psychiatry Department
2020	211	114	97
2021	312	159	153
2022	366	213	154

The analysis of medical emergencies due to drug use shows an increase in the number of medical emergencies due to illicit drug use. From the analysis of the distribution of medical emergencies at the level of the territorial-administrative units of the country, in relation to the weight of the number of registered emergency cases, it was established that

Cluj County falls in a very high-risk area: (weight above 10%).

International cooperation [10]

Cooperation with countries outside the EU is an important component of EU drugs policy. The EU and its Member States fund cooperation programmes that address the drugs problem and organise dialogues with a number of countries and regions of the world. The dialogues promote a balanced and evidence-based approach. Respect for human rights is at the heart of its concerns [10].

EU drugs agencies [11]

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) is the main authority on illicit drugs in the European Union (11). The Lisbon-based agency provides independent scientific evidence and analysis on all aspects of this ever-changing threat to individual lives and society at large. Its work contributes to EU and national policies to protect European citizens from the harmful effects of drugs [11]. On June 9th 2022, the Council adopted its negotiating mandate on the proposal for a European Union Drugs Agency. The new rules will step up the fight against illicit drugs by transforming the existing European Monitoring Centre for Drugs and Drug Addiction into an agency in its own right and strengthening its role. On 28 March 2023, the Council Presidency and the European Parliament reached a provisional agreement on this regulation [11].

The regulation will give the Agency the means to: respond more effectively to the new health and safety challenges posed by illicit drugs; better support Member States; and contribute to improving the situation at international level [10,11].

Introduction to the “Vocational training in illicit drug addiction: Equipping health care practitioners with addiction treatment competences and techniques” (CARE4SUD) project [12]

Vocational training in illicit drug addiction: Equipping health care practitioners with addiction treatment competences and techniques (CARE-4SUD) is a project which is funded by the Erasmus +

Programme of the European Union (KA 220 VET – Cooperation partnerships in vocational education and training) and it is developed by Klaipėdos Ernesto Galvanauskio Profesinio Mokymo Centras (Lithuania) in partnership with Institut Za Raziskave In Razvoj Utrip Zavod (Slovenia), Sosu Ostjylland (Denmark), Universidade do Porto (Portugal), **Direcția de Asistență Socială și Medicală Cluj-Napoca- DASM (Romania)** and Institute of Social Solidarity and Wellbeing: Social Mind (Greece).

Project’s overall objective: The project’s overall objective is to ensure a higher professionalism of the healthcare work force in the illicit drug addiction field at national and European level.

Objectives of certain activities within the project

The project activity we are referring to within this article is part of WP 2: Review and Analysis Report: Sharper lens on illicit drug addiction educational programs, A.2.3. Exploring needs and gaps through interviews with patients. It aims to support defining the needs and shortages in practical and forward-looking skills in the addiction health training industry in the six participating countries and provide an inventory on the national skill gaps and needs. We will present the respective situation as developed by the team involved in the Care4Sud Project within DASM.

Material and methods

The interviews for Romania with patients were held by DASM as follows: 5 interviews with patients, lasting for about 20 minutes each, conducted by two physicians, part of the project team. All interviews were conducted with the participants’ approval for audio recording and prior completion of their informed consent form, as required in the project methodology.

The structure of the interviews complied with the methodology provided by UPorto (Portugal), the coordinator of Activity 2.3 within the project.

Results and Discussions

DASM encountered difficulties in selecting the 5 patients for the interviews, numerous phone calls had to be made to find participants willing to be part of the interviews, agreeing to be recorded etc. The 5 selected patients in the interviews were illicit drug users in the past. All of them are still involved in supportive therapy provided by drug treatment specialist.

The team has also encountered trust issues in the interaction with the patients before conducting the interviews.

Considering the 5 interviews which were held it appears that the participants believe that in Romania there are not enough centres addressed to addicts and that the professionals are not properly trained in treating addiction and in the management of addictions.

Drug users initially prefer to turn to psychologists for treatment, rarely to doctors.

Those who need hospitalization and end up in psychiatric centres in Romania are not satisfied with the interactions they have with the medical personnel, with their professionalism and the treatment which is prescribed.

They consider that more addiction treatment and recovery centres should be set up, with multidisciplinary teams (psychologists, doctors, social workers, etc.) following models from abroad.

The participants in the interviews emphasized the essential role of support groups and of the help of other addicts in abstinence/recovery.

There is a real need for training of medical staff in dealing with addicts, especially of medical staff in primary and in emergency care.

The main skills and qualities needed by an addiction specialist would be those of communication with the patient (empathy, respect, understanding, honesty, etc.), extensive training and experience in this field.

As measures to be implemented for the needs of drug addicts, most of the interviewees referred to primary prevention of drug use, i.e. a more active and continuous involvement of the police by carrying out checks in certain areas, in schools and high-schools to identify and stop the

drug distribution by dealers, then primary prevention as early as possible by informing and raising public awareness about the adverse effects of drugs and drug addiction.

Another necessary measure is to set up more addiction treatment and recovery centres with multidisciplinary teams of properly trained specialists and support groups.

Conclusions

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