

# RESULTS OF THE FIVE-YEAR SOCIO-BIHEVIOURAL RESEARCH OF DRUG-ADDICTED POPULATION IN THE REPUBLIC OF SRPSKA AND BOSNIA AND HERZEGOVINA, OBTAINED BY THE MEANS OF POMPIDOU QUESTIONNAIRE

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**Summary:** This explorative study is to enable the author to present results of the socio-epidemiological study, carried out during the period from 2002 to 2007, as a part of the regular work of the Counselling Office for Drug Addiction Prevention and Treatment, NGO "Viktorija", which involved 444 drug addicts, and that for the first time in Bosnia and Herzegovina. The standardized questionnaire of the POMPIDOU Group, the European Monitoring Center for Drugs and Drug Addiction (EMCDDA), was applied in order to acquire relevant information. Majority of the addicts (90%) who addressed the Counselling Office for help were addicted to drugs while the minority of them (10%) only abused drugs. Heroin was the dominant drug abused (95%).

**Keywords:** drug addiction, socio-epidemiological research, Bosnia and Herzegovina, NGO Viktorija, POMPIDOU questionnaire

## Introduction

No official research dealing with drug abuse issue has been carried out in Bosnia and Herzegovina until today. There used to be several public opinion surveys or journalist researches, usually inspired by mass media, news or politics, which encompassed a small number of subjects with disputable statistical significance, used mainly as counter-arguments in public debates. Directors of clinics and Ministers of Health considered the number of drug addicts confidential information as well.

After the Counselling Office for Drug Abuse Prevention and Treatment was, for the first time, opened in 2002, regular preventive activities, psychotherapeutic and sociotherapeutic programs, acquisition of epidemiological data regarding drug addicts and abusers have commenced in the region of Banja Luka, and later on in the Republic of Srpska, being one of the entities of Bosnia and Herzegovina. Since over 90% of drug addicts came from various parts of the Republic of Srpska, as well as from other parts of Bosnia and Herzegovina, these data are considered relevant not only on for the town of Banja Luka and the Republic of Srpska, but for Bosnia and Herzegovina as well. Several researches carried out in the Bosnia and Herzegovina neighbouring countries are to be presented, and that in correlation with the results presented within this research, regarding its credibility and significance.

### *Socio-epidemiological research in neighbouring countries*

There have been no comprehensive epidemiological researches regarding drug abuse in the Republic of Serbia either; only independent researches with the limited number of subjects, mainly investigating the general population and youth, have been carried out. However, we are to mention number of researches, since they directly or indirectly indicate epidemiological circumstances in Bosnia and

Herzegovina, especially because there have been no similar researches in our country and both countries have significant joint past.

In 2001, the Commission for Prevention of Drug Abuse among Youth carried out the research named: "The use of substances among the primary and secondary school students in Serbia". In the sample of 1459 students, 9.9% would like to try some of the drugs. Most frequently, the first drug to try is marihuana, and 8.4% of the examined, 15.3 years of age in average, have already tried it. 1.5% of the examined have tried alcohol combined with tablets, while 3.1% have tried alcohol with marihuana. 90.1% of the students say that they have never had a contact with drugs. As much as the examined are informed and according to their attitudes, three best known drugs are marihuana, cocaine and heroin. Majority of the students, 90.3%, have heard of marihuana, while only 15.5% have heard of amphetamines. Girls are better informed about drugs and they begin with their abuse earlier. Data from the present research indicate that smoking is very frequent among youth, 47.3% of them have tried cigarettes while 57.3% is not against its occasional use. There is no considerable difference between boys and girls when cigarette consumption is in question. The examined are even more tolerant when it comes to alcohol consumption, 76.7% of them have tried at least one alcoholic drink. As early as with 11 years of age, a considerable percentage of the examined have already established an important contact with alcohol. Boys show more tolerance, more prominent tendency and their consumption of alcohol starts earlier in comparison with girls(1).

The research, carried out by Vesna Korać in 1980, indicates the most relevant differences when it comes to manifestation of drug addiction before and after 1970. While prior to 1970, the so called "classic drug addiction" used to be widespread, that is, there was a high percentage of drug addict from 25 to 75 years of age, after 1970 drug addiction has, in more than 90% of cases, become present among the young between 15 and 25 years of age(2).

The Džinić-Spadijier research in 1983, which included the sample of 505 treated drug addicts in Belgrade, Ljubljana and Skopje, confirms that drug addiction has been all the more present among the young between 16 and 18 years of age(3).

Data obtained from numerous researches, the research of Dimitrijević and associates carried out 1991-1992 is the one of the mentioned that we would like to emphasize, indicate that alcohol abuse is constantly on the increase. The research has clearly proved that alcohol consumption starts very early, already in elementary school. It has also pointed out that 26.3% of secondary school students have been drunk at least once in their lives. It has also been confirmed that a large number of elementary school students (31.8% in towns and 34% in villages) and 41% of secondary school students in towns bring alcohol to school(4).

In the *Republic of Croatia*, there have been several serious researches dealing with drug abuse among youth, and such researches have been intensified on establishing "Governmental Office for Combating Narcotic Drug Abuse", as the Governmental Office engaged in research and prevention projects, applications for donations and their appropriation through open competitions, as well as in monitoring psycho-social treatment of drug-addicts.

One of the comprehensive researches dealing with drug abuse among adolescents is the research called "Drug Abuse Among Adolescents", carried out by Galić and associates in 2001, including 2404 participants from the eighth grade of elementary schools and all grades of secondary schools, which was a representative sample of 5% of the population. The research dealt also with experimental and regular consumption, gender and age characteristics, drug availability, attitude of youth toward drugs, interconnection of psychoactive substances as well as socio-economic status of families and quality of family relations. The research has clearly indicated that almost all students try cigarettes and alcohol, and more than a half of them also try marihuana, by the end of secondary school. The data concerning regular abuse of psychoac-

tive substances indicate that one in three secondary school students smokes cigarettes every day, while 40% of them drink alcohol occasionally (several times a month) and 11% (in the third grade of secondary school even 19%) occasionally smoke marihuana, while 1.7% have taken Ecstasy at least once in the last month.

Distribution according to gender has clearly indicated that everyday use of psychoactive substances is by far more frequent with boys than with girls. The data concerning drug availability have explicitly pointed out that the living environment of contemporary adolescents offers high drug availability (even within classrooms), while youth are ready to try drugs mainly on their own initiative or when talked into it by their peers. As for the attitude of youth toward drugs, the research has shown that they are selective and uncritical when assessing danger of drugs, which indicates poor quality of information relevant for making decision whether or not one should take psychoactive substances, and that due to the fact that, when drugs are concerned, the youth get information from "the street" (28%) or mass-media, primarily the Internet (29%).

Adolescents get their first experience with psychoactive substances through alcohol consumption with 13.2 years of age in average, which is followed soon by cigarettes with 13.6 years of age, and then by marihuana with 16. The research has also proved that the adolescents with the tendency to use one psychoactive substance are interested in other kinds of psychoactive substances as well. Chronologically speaking, marihuana abuse is, as a rule, preceded by the consumption of cigarettes and alcohol, while heavier drugs "get in the game" after marihuana.

The research has considered a correlation of marital status of the parents as a precursor for psychoactive substance abuse, however the results have shown that marital status of the parents in general, that is integrity of the primary family, is not a relevant factor for drug abuse in adolescents. The categories such as sequence of birth, the number of family members and employment status of the parents have shown the same statistical insignificance. Interestingly, as opposed to the mentioned, adolescents whose parents have college and university education incline toward drugs more frequently than their peers whose parents are less educated, while material status of the family influences psychoactive substance abuse in the way that the abuse is more frequent in well-off and impoverished families than in middle-class families.

It is especially important to point out that in case parents consume psychoactive substances, cigarettes and alcohol in the first place, it will greatly increase frequency of psychoactive substance abuse by the adolescents of such families. What is also important is the fact that the adolescents who have had personal experience with drugs regard them considerably less harmful than their peers who have never tried them(5).

## **POMPIDOU questionnaire**

The questionnaire of the POMPIDOU Group, the European Monitoring Center for Drugs and Drug Addiction (EMCDDA), one of the relevant institutions engaged in the issue of abuse of psychoactive substances in Europe, was primarily applied in order to acquire socio-epidemiological data. UG "Viktorija" implemented this standardized questionnaire in order to acquire presentable relevant data and to indirectly introduce implementation of this questionnaire in all institutions of the Republic of Srpska and Bosnia and Herzegovina which are engaged in the relevant problem and which have direct contact with addicts and consumers, since it actively participates in creation of the national strategy fighting against addictive diseases.

The Pompidou questionnaire consists of 11 basic chapters (wholes) marked with Alphabetical letters. The following chapters are included in the questionnaire:

- Basic data of the treatment
- Socio-demographic data

- The use of psychoactive substances
- Risky behaviour
- Treatment
- Family data
- Legal issues
- Previous course of the disease
- Health problems
- Etiology
- Confidential data

All these chapters consist of a number of questions through which the data covering all aspects of a single chapter are obtained, in as much details as possible.

The data which refer to the date of addressing the doctor, previous treatments, a person who has issued the referral and whether the examined is in contact with other centers for addictive diseases treatment, are acquired in the chapter dealing with basic data of the treatment. Socio-epidemiological data include sex of the examined, living conditions, place of residence, citizenship, employment status, and education. The use of psychoactive substances clearly determines the kind of the initial substance, present substance and the age and consumption manner.

Risky behaviour is assessed according to intravenous drug use, the use of joint equipment, HIV status, provided that the examined has been tested, and the kind of treatment the examined commenced his treatment with. Family data include marital status of the examined, marital status of his parents, material status of the family, psychic disorders in the family, the number of primary family members and sequence of birth, as well as how much time passed between the psychoactive substance consumption and the moment parents found it out. The chapter dealing with legal issues investigates the first criminal offence, previous and present legal issues.

The chapter dealing with previous course of the disease examines who has been the first to find out about the problem with psychoactive substances, whether the examined has ever overdosed and provided that he has, whether he has received the appropriate treatment. Health problems include existence of contagious and chronic diseases. Etiology examines causes of the psychoactive substance use from the point of view of the examined as well as assessment of the examiners according to the previous anamnesis. At the end of the questionnaire, there are confidential data which include name and family name, name of the parent, personal identification number, residing address etc., and they are not the subject matter of the present research.

## Research results

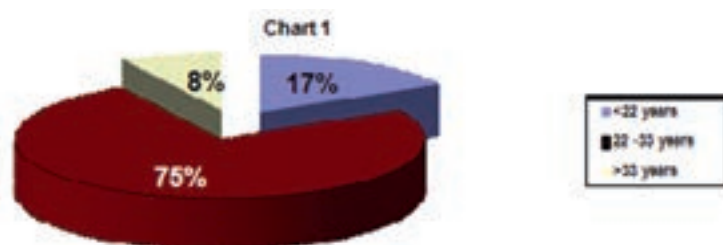
Since its establishment in 2002 until today (the data concluded with January 31, 2007), 444 addicts and consumers of narcotics and their families have passed through the Addiction Prevention and Treatment Counselling Service. During the said period of time, 2399 therapeutic conversations have been carried out, there have been 533 groups of addicts undergoing resocialization and their parents, while 132 youths have been included in the therapy association for a two-year psycho-social treatment.

Beneficiaries of our services in 68% of cases address the Counselling Service after they have been talked into it by their families while in 25% of cases they come on their own initiative, which contributes to the fact that the results of the work of our Service are widely known among addicts and their parents,

and that they recognize professional work of UG "Viktorija" which protects their privacy and is at their disposal, while beneficiaries directed to us by the friends and other centers make 3.5% respectively.

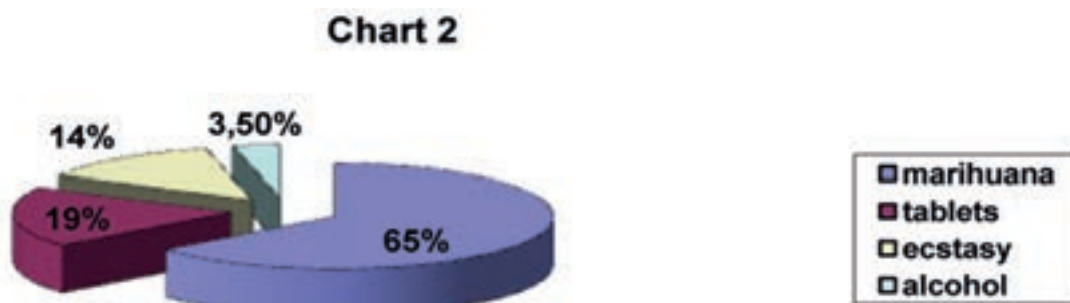
When it comes to distribution and kind of psychoactive substances, according to the data for the said period, 95% of our service beneficiaries used to be heroin addicts (85% out of which were intravenous addicts while 13% took heroin by sniffing or smoking) while 5% abused other psychoactive substances.

As for the age of the persons asking help, majority of them, that is 75%, have between 23 and 33 years, 17% are between 16 and 22 years of age, while there are only 8% of those older than 33 years of age. (Chart 1)



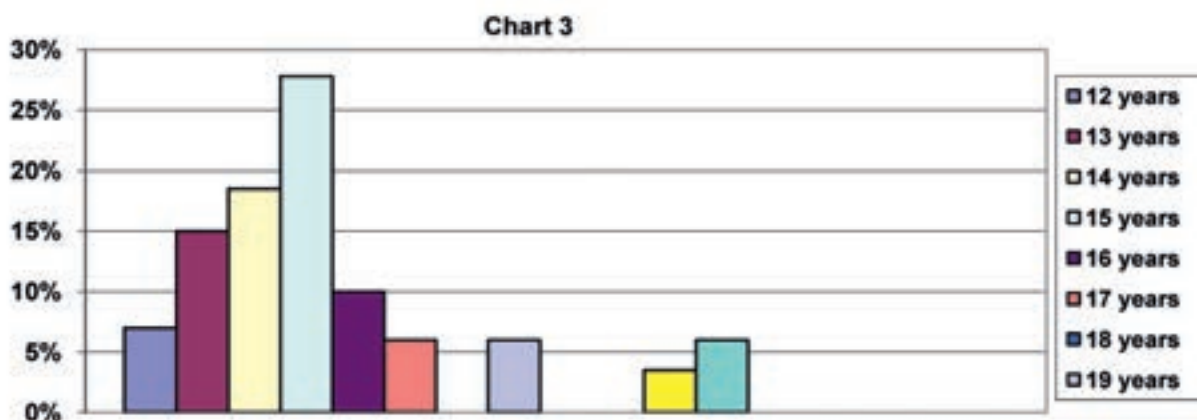
Distribution according to gender indicates that until now there have been much more male addicts, 93%, while there have been 7% of female addicts, which correlates with researches in the area (in the abovementioned research in Croatia, the distribution fluctuated at the proportion 1:6)(3). Such proportion between the genders may be a part of the fact that men abuse drugs and become addicts much more frequently than women, but from the experience of the direct work of affiliate Therapeutic Communities in Croatia and Italy, it is obvious that women are far more psychotraumatized, both on the psychical and physical level, and that they do not easily decide to ask help, but when finally decide to do so, they come much more emotionally and physically "scarred". The ratio of addicts from towns and those from villages indicates that there are many more addicts in towns, or 75%, as opposed to 21% which make those from villages; however, the mentioned 21%, which is not to neglect, explicitly indicate that drugs are very well present in villages too, and that the formerly strict border between towns and villages, concerning the presence of psychoactive substances, gradually "melts".

Data acquired during the work of the Counselling Service, concerning the kind and age of the initial use of psychoactive substances (the questionnaire does not include cigarettes) indicate that, in 65% of addicts, marihuana is by far the most frequently used psychoactive substance when the abuse starts, then come tablets (tranquilizers and analgetics) in 19% of addicts, Ecstasy in 14% and alcohol, as the last one, in 3.5% of addicts. (Chart 2)

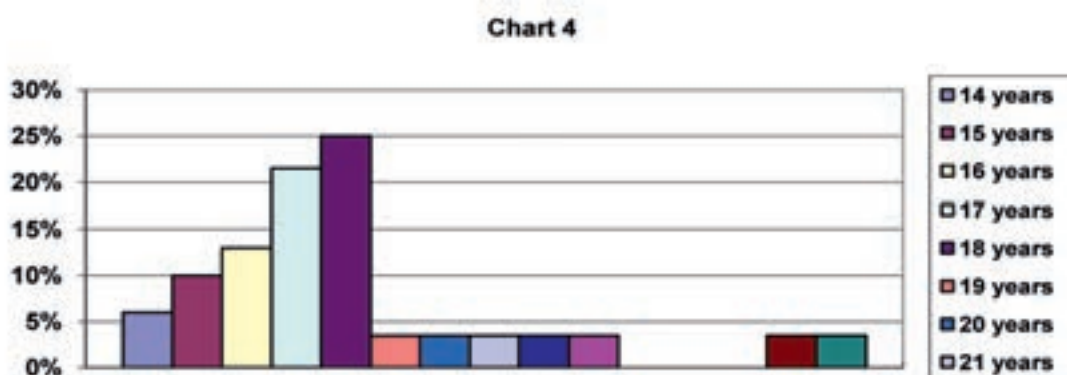


Distribution of the first psychoactive substance use according to age indicates that psychoactive substances are most frequently abused with 13 (15%), 14 (18.5%) and 15 (28%) years of age, while that

frequency lessens with age, so that we have not recorded any case of experimenting (that is the first taking) with psychoactive substances after 23 years of age. (Chart 3)

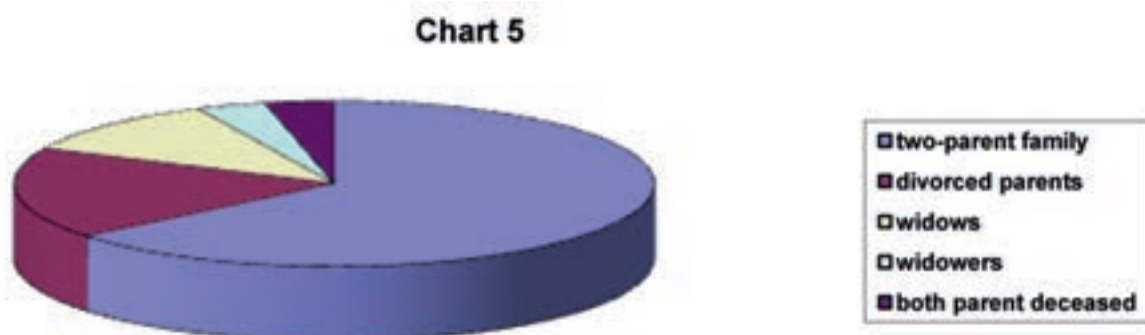


Unlike the initial use, the main substance use (in this case definitely heroin in 95% of cases) indicates the highest frequency starting from 16 years of age with 13%, via 17 years of age with 21.5%, concluded with 18 years of age with the frequency of 25%. (Chart 4)



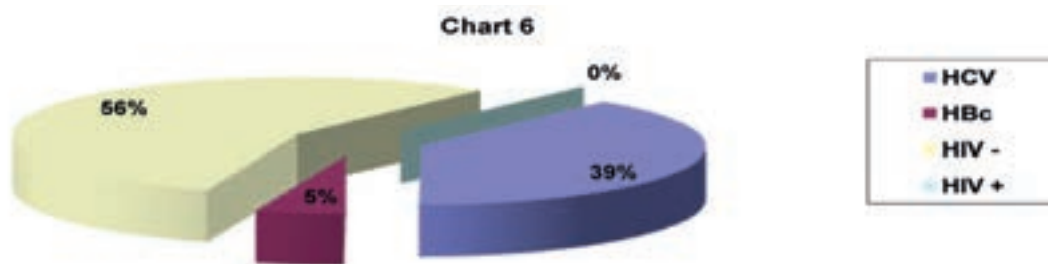
A small age difference between the initial consumption and the main substance use, in this case heroin, indicates rapid transition from drug to drug, its availability, and early use of drugs with a high potential to cause addiction, which represents a serious social and health problem.

Socio-epidemiological data acquired by the Pompidou questionnaire create the picture of social status of an addict, his family, education etc. Therefore, 89% out of the total number of beneficiaries are single, 64% live within the primary, two-parent family and in 74% of cases they describe their own social status as average. Considering education, the majority of addicts, more precisely 82%, have completed secondary education, 14% have failed to complete secondary education while 3.5% have only elementary education.

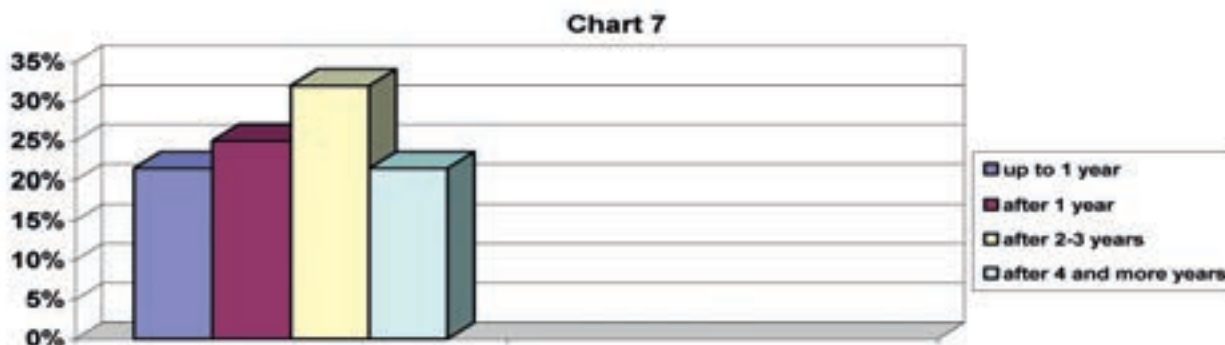


These data comply with those concerning the initial psychoactive substance use as well as the main substance use, which mainly take place during the secondary school and, depending on the speed of development, they achieve the full influence on personality at the end of secondary school or immediately after it. Data concerning family of the addict are very interesting too, 64% addicts come from two-parent families, 18% from the families of separated parents, 11% from the families with a widowed mother, and 3.5% from each the families with a widowed father and from the families with both parents deceased. (Chart 5)

Apart from the direct work with addicts, a routine examination for the presence of viruses of contagious diseases frequent among the relevant population, in the first place HIV, then HBc and HCV, is also required in the Addiction Prevention and Treatment Counselling Service. It is also important to mention that, apart from the fact that 56% were HIV negative while there were 0% HIV positive data, there were 39% of HCV virus bearers, while 5% were positive to the presence of HBc. This is a very significant, bearing in mind the manner such viruses are transmitted and highly risky behaviour of addicts (the use of the same syringes and needles), the examined addicts have had enormous luck not to run into a HIV infected person during the time spent as drug addicts. On one hand, according to the datum, there is a small number of HIV infected drug addicts in Bosnia and Herzegovina at the moment, on the other hand, though, the datum indicates their highly risky behaviour. (Chart 6)

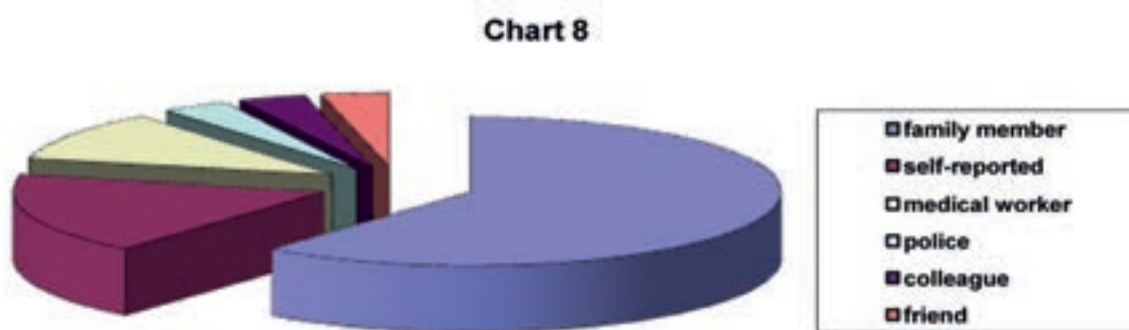


The data concerning the time period from commencement of the psychoactive substance consumption to the moment somebody finds out about that, as well as concerning the person who has been the first to find out, represent important information which tells us about the role of the primary family in prevention and early detection of addiction. According to the acquired data, the time which passes before a psychoactive consumer, or already an addict, is revealed is 2 to 3 years in more than a half of the cases (53.5%), while in 46.5% addiction is revealed within 1 or 2 years; more detailed distribution is presented in Charter 7.



The first person to find out about the abuse or addiction is a family member in majority of the cases (61%), then, interestingly, in 17.5% of the cases addicts self-report themselves, even though nobody knows that they have problems with psychoactive substances, in 11% of the cases the first person to find out is a

medical worker (usually when it comes to addiction-related medical problems – overdose, hepatitis B or C, infections etc.), while with 3.5% each there are police, colleagues and friends. (Chart 8)



Pompidou questionnaire has provided relevant data concerning risky behaviour, therefore we know that, during the previous month, before they came to the Counselling Service, 36% of the examined took drugs intravenously while 64% did not; however, answers to the question – whether they have ever taken drugs intravenously - have considerably changed the situation, and as it turns out, 64% of the examined actually used to take drugs intravenously while 36% of them did not. This information becomes even more serious if you take into account that the mentioned 64% of the examined, or all examined that have ever taken psychoactive substances intravenously, have used joint equipment at least once, which indicates to the severity of the situation and huge potential for occurrence and spread of viral diseases, primarily hepatitis B and C and HIV virus.

Other serious health complications which are life-endangering for addicts are indicated by the data concerning overdose intake of narcotic substances (overdose); out of the total number of the examined, 54% have survived overdosing and were hospitalized, 29% out of that number have been overdosed several times while 25% only once.

## Conclusion

The problem of addiction, as a psychiatric entity, has lately been in the focus of media, and as a consequence, of less competent persons or even such persons engaged in utterly different segments of addiction in social environment (employees of the Ministry of Interior, social workers, politicians, journalists). This would not be a problem provided that the mentioned persons restricted themselves to mere observation of the problem from the viewpoint of their own competence, but to the contrary, they frequently feel the urge to draw up random conclusions, which arise from their own prejudice, fears, projections. Such comments and statements, which seem silly to the persons directly included in therapeutic accommodation of the relevant population, cause confusion and panic fear in the public. The most obvious example is the fact that, almost all young persons who have committed violent crimes are frequently suspected of having consumed psychoactive substances. With respect to the results that we have acquired in this research, we would like to draw attention to particular parameters indicating the necessity of appropriate preventive actions.

When we take into account the fact that primary family (parents in the first place) is the one facing symptoms of addictive disease development, it is of the crucial importance to develop educational program primarily for parents, and thus to provide them with adequate information an adequate training so that they might recognize signs of addiction and face it, and to inform them of institutions and organizations at their disposal for help and support.



What is also very important is the huge potential for expansion of acute contagious diseases through various types of risky behaviour. This research has shown that a large number of intravenous drug addicts share their equipment, that is syringes and needles. The consequence of such behaviour is extremely high percentage of HC and HB viruses, and it can also cause rapid HIV virus spreading among the relevant population. Bearing this in mind, we have to mention development of "harm reduction" programs, which would include regular anonymous addicts testing, as well as better availability of sterile equipment for intravenous psychoactive substance consumption.

Considering all results of socio-epidemiological researches, we have to ask ourselves what makes adequate prevention of young persons. First of all, experience of other countries clearly indicates that - to provide mere information about kinds and harmfulness of drugs is no longer sufficient enough to call prevention in the age of mass communications (TV, Internet etc.)(6).

Early prevention should consist of personality development, as clearly indicated by the results of therapeutic association. Only a personality which has developed its capacities is able to appropriately resist temptation of psychoactive substances. To conclude, ideal prevention would consist of education of educational workers, better engagement of school psychologists (whose role in the Republic of Srpska is neglected) in order to detect young persons showing first signs of inappropriate behaviour as a consequence of personality development failures. Were there a possibility to influence young person in this stadium, there would be far less a chance for it to additionally develop psychoactive substance addiction. Not only would the signs of future risky behaviour in the young person be detected, but also other risk factors such as: family dysfunction, social milieu the person has grown up in etc.

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