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### Drug Demand Reduction in Central European Countries

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## CHAPTER 1

# Drug Demand Reduction in Central European Countries: Analysing the Institutional and Organizational Responses

Patrick Kenis

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## 1 Introduction

Drug demand reduction (DDR) has become an important issue in Central European Countries. Since 1989 the supply and demand in illicit drugs has rapidly increased and new approaches to deal with the demand in illicit drugs have been developed. The study on which the present volume is based, induces to describe and assess the institutional and organizational responses to DDR in four Central European Countries – Czech Republic, Hungary, Poland and Slovenia – as it had been developed at the end of the 1990s. Before presenting the basic concepts and the methodology of this study in somewhat more detail it is important to indicate a number of starting-points on which the study is based.

First, the original objective of the study was to have in place a “sustainable network of researchers ... with the ability to investigate, monitor and evaluate the structures of and changes in institutions in the area of drug control” (UNDCP Project Document, 1997: 9). What could be a better proof that these researchers are in place than the present publication? As the subsequent chapters will demonstrate, the project did not only result in a group of researchers who have gained the ability to investigate institutions in the area of DDR but actually resulted in some excellent and innovative country and comparative studies. These studies are not only original because they

have collected and analysed data on DDR in Central European countries, which were previously not available. They also include types of approaches and analysis, which have not yet been carried out even in Western European countries. For example, the analysis of the relationship between the attitude of organizations with respect to illicit drugs and the type of activities they develop is unprecedented.

12 Second, in contrast to most studies in the field of drugs, the starting-point of this study is not the epidemiological situation. The starting point here, is to study the organizational and institutional responses to drug demand. Most often it is believed that if we would only know what the problem is (i.e. have accurate epidemiological figures) we would know what to do. Apart from the fact that having accurate epidemiological figures on a phenomenon such as drug demand is not only extremely difficult, these figures often do not automatically and unambiguously tell us how to respond. Even if we would know how to respond, the question still remains whether we can respond to these challenges, given the often-existing considerable barriers in implementing policies and practices. Taking the organizational and institutional responses as a starting point has a number of advantages. Rather than concentrating on what *should* be done the attention is on what *is* done. An interesting question then becomes whether activities are developed because of the problem load (i.e. the epidemiological situation) or whether other factors or rationalities explain the patterns of response. Moreover, such an approach takes also the knowledge of the organizations that are actually active in the field of drug demand reduction much more into account. Instead of having epidemiologists developing figures which then tell organizations what they have to do, it seems more effective and sensible to study together with DDR organizations why they are doing what (for a similar approach, see Kenis and Marin, 1997 and Nöstlinger and Heller, 1998).

Third, although it was clear from the outset of this study that the object of the study would be in the first place the institutional and organizational responses to DDR, the research design as such was not predefined. Rather than taking a research design or research instruments, which have been developed in other projects or other regions, one of the innovative approaches of this study was that the researchers from the Central European countries themselves developed a research design, adapted to their own needs and context. For example, compared to earlier studies mapping organizational and institutional responses, the group of researchers thought

it imperative to include information of the organizations' perception on the drug problem, the national drug policy and their attitudes towards drugs.

## 2 Defining the organizational and institutional response

Generally speaking, the degree of institutional and organizational response is defined as the degree to which an organization or a group of organizations responds to drug demand, i.e. where they develop specific activities, which are focussed to deal directly or indirectly with reducing the number of drug users and/or reducing the negative personal and social consequences of the use of drugs. Any type of organization which offers any type of activity, which contributes to dealing with the above-mentioned problems is defined here as having an organizational response to drug demand as long as the activities are provided in a specific and specialized way.<sup>1</sup> Organizations can be statutory organizations, non-profit organizations, private organizations, exclusive organizations, inclusive organizations, professional organizations, local or national organizations, small or large ones, membership organizations, old or new ones, etc. Organizations are considered in the present study as having an organizational response as long as they provide at least one activity in the area of drug demand reduction. Activities in the area of drug demand reduction where grouped in nine activity clusters (see Table 1).

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**Table 1: Clusters of Activities Analysed**

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•	Prevention / information
•	Treatment and care
•	Rehabilitation (after care)
•	Research / documentation
•	Funding / fund-raising
•	Co-ordination
•	Interest representation
•	Policy development / legislation
•	Training of professionals

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Consequently, any organization providing activities in any of these clusters is part of the organizational fields studied.

Finally, it should be mentioned that – as will be seen in the following chapters – the degree of organizational response can be analysed on differ-

ent levels. It can be analysed on the level of the single organization, i.e. it can be assessed to which extent a single organization develops specific responses as a reaction to drug demand (the organizational level). Moreover, a specific group of organizations, such as public organizations or non-profit organizations can be assessed on their organizational response (the sectoral level). Finally, also organizations in a specific territorial setting, e.g. a province or country, can be assessed on their organizational response.

### 3 Countries Covered and Research Methods Applied

The data presented in this volume are the results of a cross-national comparative study in four Central European countries, which first developed, and then applied a common research design.

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The selection of countries was based on practical considerations. The reason why central European countries were selected is related to the general objective of the project, i.e. to develop research capacities in drug demand reduction in Eastern and Central European countries. That we started the research specifically with the Czech Republic, Hungary, Poland and Slovenia was related to the fact that we could successfully identify interested researchers in these countries and that these countries can be considered to be rather similar in their institutional developments in the after 1989 period. Since all researchers involved were expected to work for a small part of their time on the project, we also had to limit the coverage of organizations included in the research. We decided to include all national organizations in the study as well as a sample of organizations from one or two local levels. We considered that comparing different countries could best be done through a comparison of their national levels. But we also considered that countries might vary much in the way the local level is involved in drug demand reduction activities. For this reason we also included for each country one or two local level studies. Table 2 gives a summary of the different organizational fields included in this study.

The research carried out consisted of two larger components, each with identifiable steps. The first step of the first component of the research project was to agree on a common and comparable research design for mapping the institutional and organizational response. As indicated before, the research design resulted from a process in which the researchers from the Central European Countries played a crucial role. The choices, which we

made here, and the rationality on which these choices were based are presented in part 4 of this chapter.

**Table 2: Organizational fields included in the study and some of their basic characteristics**

<i>Organization fields</i>	<b>Number of organizations</b>	<b>Legal status (public/non-profit/private)</b>	<b>Orientation (exclusive/inclusive)</b>
<i>Czech Republic (CZ)</i>	49	24 / 23 / 2	20 / 29
National level	15	10 / 5 / 0	4 / 11
Prague	25	9 / 14 / 2	13 / 12
Ústí nad Labem	9	5 / 4 / 0	3 / 6
<i>Hungary (H)</i>	46	26 / 16 / 3	14 / 32
National level	24	14 / 9 / 1	6 / 18
Budapest	17	8 / 6 / 2 <sup>1</sup>	7 / 10
Szeged	5	4 / 1 / 0	1 / 4
<i>Poland (PL)</i>	49	16 / 31 / 2	17 / 32
National level	37 <sup>2</sup>	11 / 25 / 1	10 / 27
Lodz	12	5 / 6 / 1	7 / 5
<i>Slovenia (SLO)</i>	37	20 / 16 / 1	9 / 28
National level	23	12 / 10 / 1	3 / 20
Ljubljana	6	4 / 2 / 0	6 / 8
Piran, Izola, Koper	8	4 / 4 / 0	

Notes: 1 One organization indicated to have no legal status.

2 Originally 38 national organizations had been identified. One organization at the national level refused to participate in the study.

In a second step, the organizations, which develop drug demand reduction activities in the different organizational fields (national and local levels) were identified. The procedure for identifying the organizations was done somewhat differently by the country teams (this is explained in the respective country chapters). Generally speaking, all teams used a combination of the following methods: inclusion of the general known organizations, requests for information from experts in the field, and applying the so-called “reputational method” (i.e. asking previously identified organizations whether they know of any other organizations within their organizational field that also provide DDR activities).

In a third research step, all identified organizations received a standardized inventory sheet from which the organizational characteristics, the

DDR activities they develop, perceptions of the drug problem and of policy and information about co-ordination with other DDR organizations was gathered. In a fourth research step the data were entered in SPSS. In addition, the research design foresaw the collection of a set of contextual data on the institutional, social and epidemiological context. During the final step of the first component, country reports were produced presenting the institutional and organizational responses to drug demand reduction at the national level and at the selected local levels. These country reports (Czech Republic, Hungary, Poland and Slovenia) are included in the present Volume (Chapters 2 to 5).

The second component consisted of the production of a series of comparative studies based on selected data. It was decided that two researchers from different countries co-operated with each other in developing such a comparative study. This resulted in four comparative chapters, which are also included in this publication (Chapters 6 to 9). In addition, a chapter has been added analysing the networks of the organizations in the national DDR fields in the different countries (Chapter 10).

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#### **4 Some Dimensions in the organizational response to drug demand**

As described above, the study presented here is based on two principal research components. For the first component original data have been collected on the bases of a comparative research design and presented in four country studies. For the second component, the collected data have been used to develop five cross-national analyses. We will now give a short introduction to the rationality of the choices we made with regard to the data collected and the type of analysis carried out.

One of the principal starting points of the research was to describe the organizational fields (i.e. the DDR fields on the national and local level) in a comprehensive and effective way. It was the objective to arrive at an understanding of which institutions are involved in drug demand reduction, the way they are involved and their motives for it. Asking these questions has the advantage that they transcend the more commonly used drug policy research categories (e.g. the degree of prohibition versus legislation, harm reduction versus repression, policy statements, etc.). The approach in the

present study describes organizational fields in terms of the institutional context, differentiation and integration.

The *institutional context* refers to the fact that strategies develop within a specific context. The importance of describing the institutional context is based on the assumption that the logic and consequences of institutional devices can only be understood when the context in which such strategies have developed is taken into account. The scope of a strategy (e.g. to develop DDR activities) is determined by the type and degree of options and restrictions organizations are institutionally constrained by. In the case of strategies on the local level, for example, options for actions are very much determined by the formal competencies municipalities have in the area of drug demand reduction. In the present study the institutional context was taken into account along the following dimensions: history of the DDR policy, legislation, government concepts and strategies, financing of DDR, co-ordination practices in the field of DDR and the epidemiological development.

Describing organizational fields in terms of *differentiation* implies questions, such as: which are the relevant organizations in the DDR field and how do these organizations differ? The way and degree in which organizations differ in the different DDR fields has been described in this study along the following dimensions: legal status of the organization, inclusive or exclusive DDR organization, size of the organization (in terms of staff and budget), goals and objectives, the activities provided and the perception of the drug problem and the DDR policy, and the attitude towards drugs. The rationale for describing organizational fields in terms of differentiation is based on the idea that the degree and type of differentiation can be indicative for such questions as the effectiveness of the DDR field (e.g. in terms of the range of activities provided), the division of labour within the DDR field (e.g. between public and non-profit organizations) or the potential differences in opinions or conflicts within a DDR field (e.g. in terms of conflicts concerning drug policies and/or attitudes with regard to drugs).

In addition, the organizational DDR fields have been described in terms of *integration*. Integration or co-ordination refers to the way in which these differentiated DDR fields are integrated. Data on integration have in the present study been collected using formal network analysis (for more details see Chapter 10) and covered the following types of integration: exchange of clients, exchange of support, exchange of expertise, exchange of resources, common activities, strategic co-operation, informal communication and the prominence attributed. The rationale behind mapping types and degrees of



integration of an organizational field is related to the fact that effective DDR strategies and policies often can only be achieved by common efforts of different organizations. Consequently, it is important to understand how, why and under what circumstance organizations co-operate. Moreover, in a field like DDR, outcomes can often not readily be attributed to the activities of individual organizations, i.e. they are contingent on integrated and co-ordinated actions of many different agencies.

In particular, the combined analysis of differentiation and integration is promising. From organizational and policy studies we know that those systems or fields which are at the same time highly differentiated and highly integrated often produce the most promising outputs. This combination is however far from evident since it can be assumed that the more a field is differentiated the more difficult integration becomes. Consequently, any study exploring this problem and the solutions, which have been developed to deal with it can contribute to more effective policies and practices.

18 In the present volume four country studies are presented following the above logic of inquiry. For practical reasons only two of the four studies have included the integration dimension (Czech Republic and Slovenia). This dimension is, however, dealt with in a separate comparative chapter (Chapter 10), which includes data on all four countries. Every single country study presents a detailed view of the institutional context and forms and degrees of differentiation of their respective national and local DDR fields. In general, it can be said that all four countries (the Czech Republic, Hungary, Poland and Slovenia) have witnessed since 1989 a significant change in their organizational DDR fields, as the country chapters will demonstrate. It is interesting to see, however, that although epidemiological patterns since 1989 are not very different across these countries, the organizational response differs quite significantly.

On the basis of the same data presented in the country reports and on the basis of the same research philosophy presented above, five comparative studies have been included in this volume.

The first study (Chapter 6 by Csémy and Elekes) addresses the question whether there is a relationship between the problem load with regard to illicit drugs and the drug policy developed. This is indeed a question, which interests many, since it is generally assumed that the policy response should reflect the range and type of the problem load. Or seen from the reverse angle, the question might become even more interesting: does DDR policy have any effect on the prevalence and the consequences of the use of

drugs? Trying to answer these questions is, of course, extremely ambitious for theoretical, methodological as well as for data quality reasons. But since the project brought together more or less comparative epidemiological data and mapped institutional and organizational responses in a comparative way, we could not resist the temptation to at least look what would happen addressing this question. As we will see, the conclusion of this chapter is consistent with the policy literature in general: an absence of a direct correspondence between the type and degree of drug problems and the degree and type of drug policies. The institutional and organizational response in the area of DDR seems to be a compromise between needs and problems on the one hand and institutional capacities, social possibilities, and resources on the other. Needs are not only determined by the factual scope and the nature of the problem, but also by the way the problem is perceived by experts, civil service, the general public and the population at risk.

Chapter 7 (by Györy and Sobiech) is a comparative analysis of factors determining the perception of the drug problem and the opinions on national policies by the organizations involved in DDR. The following determinants are included in the analysis: the type of knowledge utilized by organizations in their activities, whether activities of organizations are directed towards individuals and clients or policies, the maturity of the organizations, and the type of professionals employed. Without going into detail, the conclusions of the study are that both factors, i.e. the perception of the drug problem in the country and the opinions on national policies, vary considerable across countries but also across types of organizations. This proves that the environment of organizations is not an objective fact and that, consequently, the strategies of organizations (e.g. with respect to the activities they provide) are a result of the way the environment is perceived by them (what Weick (1998) has called the "enacted environment").

The third comparative study (Chapter 8 by Krch and Cvelbar) is an analysis of the division of labour between non-governmental organizations (NGOs) and governmental organizations. An analysis of the role of NGOs compared with governmental organizations is particularly interesting in the case of Central European countries. DDR originally concentrated in these countries on the medical treatment of illicit drug users in public institutions. In all countries except Poland more than 80% of non-governmental organizations started drug demand reduction activities after 1992. On the basis of the comparative analysis a number of interesting conclusions are drawn. The importance of NGOs seems indeed to have increased over the years in all

countries studied. Although there are differences between NGOs and governmental organizations in terms of budget, staff, etc. the difference in the type of activities they provide seems, interestingly enough, less significant. The logic seems not to be that there is a fine-tuned division of labour between governmental organizations and NGOs. On the one side, NGOs often seem to become active in areas in which also governmental organizations are involved. On the other side, they seem to develop actions in areas, which are relatively underdeveloped on the basis of the feeling that "somebody has to do it".

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The next comparative chapter (Chapter 9 by Dekleva and Zamecka) takes as starting point the attitudes that organizations have with regard to drugs. The question addressed here is whether these attitudes discriminate between the countries studied and the different types of DDR organizations. This is an important question since generally it is assumed that it are exactly these differences in attitudes between actors in the DDR field which often make practice and policy such a complicated issue. But, do attitudes actually differ significantly and if yes, in which way? The data collected on attitudes in the survey have been analysed in order to arrive at a permissive/restrictive scale. Then, this composed variable has been used to compare countries, types of organizations, perception of the drug policy and the organizations' activities. This analysis produces a number of highly interesting results, some of which one would have expected while others are rather surprising. For example, the fact that the more restrictive organizations tend to be founded earlier might not come as a surprise. On the other side, the fact that restrictive organizations also tend to have more voluntary workers is rather surprising. Surprising is also that the permissive/restrictive attitudes are not related to the type of activities organizations provide. This seems to confirm the phenomena often observed in organizational research that there is a difference between what organizations say and what they do (what Brunsson (1989) has called "The Organization of Hypocrisy", but which has, however, not necessarily to be seen as something negative).

In the last comparative chapter (Chapter 10 by Kenis and Loos) the so-called network data have been analysed. In order to analyse the integration of the different DDR fields at the national level, data were collected on different types of relationships that organizations in these fields have amongst each other. Data are available on the exchange of clients, the exchange of support, the exchange of expertise, the exchange of resources, common activities, strategic co-operation, informal communication and the prominence

attributed. On the basis of these data the chapter addresses two principal questions. First, what is the density of relationships within the networks or, in other words how close are the different organization co-operating with each other and in which respect. The second question is: how centralized are the networks and who are the most central actors, or in other words "who is in charge?". As will be demonstrated, the four national networks differ substantially with respect to the answers to these questions.

## **5 Afterword**

This Volume is the outcome of a project of which the principal objective was to create a sustainable network of researchers. We hope that this book proves that this goal has been more than reached. On top of this we have now, for the first time, a detailed institutional and organizational analysis of DDR fields in Central Europe available. The different organizational and local fields have been described in great detail on the basis of a common research design. Moreover, a number of comparative analyses have been carried out on the basis of the data. It is hoped that what is available now will at least in some way lay better groundwork for informed policy.

It is also hoped that on the basis of the data, further empirical analysis will be carried out. We hope that the presentation of the data, the questions formulated and the numerous hypothetical statements in the different chapters stimulate further research in the direction set out here. In order to stimulate this we have added the original questionnaire, which was used in the research (see Annex). It should also be noted that every table in this Volume which does not indicate a source has our primary dataset as its origin. At the end of every country chapter (Chapters 2 to 5) we have added the list of organizations, which are part of our dataset. Throughout the different chapters the general rule was, however, that the anonymity of the organizations should be respected. Apart from some cases, where with their consent the organizations are specifically mentioned, all data are presented in an anonymous and aggregated manner.

This Volume would never have come about without the help of many organizations and dedicated persons. First of all we would like to thank the 181 organizations active in the field of DDR who shared their time, insights and information with us – without whom this study simply could not have

been undertaken. We would also like to thank those who have been decisive in the initial phase of this project and who helped to get the study of the ground. From the UNDCP we particularly thank Sandeep Chawla, head of the Research Section and Thomas Pietschmann, who has all the time been involved in stimulating the research, taking part in discussions during project meetings and providing feed-back to its intermediate results. The project was funded with resources from the Federal Ministry of Foreign Affairs of Austria, and we particularly would like to thank Dr. Irene Freudenschuss-Reichl, Permanent Representative of Austria to the United Nations until recently for her support. From the European Centre for Social Welfare Policy and Research we thank Bernd Marin, Director and Vanessa Proudman, Andrea Hovenier and Nicola Oberzaucher, who were involved at several stages during the development of the project. We also thank Stefan Loos for his contribution in developing Chapter 10 of this publication. We particularly thank Willem Stamatiou from the European Centre for his dedicated help in getting this Volume to the printer.

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## Note

- 1 This means that organizations, which do not explicitly deal with drug demand in a different or differentiated way, have been excluded from this study. An example of such an organization would be one providing housing facilities for people in crisis situations: such an organization might also do this for persons using drugs, perhaps without having knowledge of their particular condition or disregarding it.

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