





ECAD NEWSLETTER

EUROPEAN CITIES AGAINST DRUGS

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Malta welcomes ECAD Mayors Conference in 2010



The autumn meeting of ECAD Advisory Board took place in Malta, September 25. Due to economic difficulties in many municipalities the Board members met only twice this year. AB received additional support from the executive branch of city administration in St. Petersburg, Russia, and welcomed its new member, Leonid P. Bogdanov, Chairman of St. Petersburg Committee for public safety and law enforcement, to the Board. The Board reflected on the ways of making ECAD work more effective and comprehensively offensive in the long run. ECAD's newly launched website will be a handy tool making contacts and cooperation between practitioners and key persons in ECAD cities smoother and faster.

Maltese government has demonstrated willingness to assist in organising ECAD 17th Mayors Conference on the Island of Gozo in April, 2010. Local mass media enlightened the plans at the Press Conference, where Dr. Chris Said, Junior Minister for Public Dialogue and Information welcomed ECAD guests to Malta next spring.

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Calls for Britain to license, regulate and tax the illegal drug trade

Simon Jenkins, journalist who writes for The Guardian inter alia, calls for Britain to license, regulate and tax the illegal drug trade, and claims this would end a "prohibition now outstripping in absurdity and damage America's alcohol prohibition between the wars" (*The war on drugs is immoral idiocy. We need the courage of Argentina*, 4 September).

There are, it seems, no downsides to the government taking over the drugs market – just a road to unbroken harmony and state-sponsored highs. Jenkins celebrates the "courage" of Latin American politicians and their newly adopted policies of drug decriminalisation.

Cocaine vaccine shows promise for treating addiction

Immunization with an experimental anti-cocaine vaccine resulted in a substantial reduction in cocaine use in 38 percent of vaccinated patients in a clinical trial supported by the National Institute on Drug Abuse (NIDA), a component of the National Institutes of Health.

The study, published in the October issue of Archives of General Psychiatry, is the first successful, placebocontrolled demonstration of a vaccine against an illicit drug of abuse.

"The results of this study represent a promising step toward an effective medical treatment for cocaine addiction," said NIDA Director Dr. Nora Volkow. "Provided that larger follow-up studies confirm its safety and efficacy, this vaccine would offer a valuable new approach to treating cocaine addiction, for which no FDA-approved medication is currently available."

Like vaccines against infectious diseases such as measles and influenza, the anti-cocaine vaccine stimulates the immune system to produce antibodies. Unlike antibodies against infectious diseases, which destroy or deactivate the disease-causing agents, anti-cocaine antibodies attach themselves to cocaine molecules in the blood, preventing them from passing through the blood-brain barrier. By preventing the drug's entry into the brain, the vaccine inhibits or blocks the cocaine-induced euphoria.

This study included 115 patients from a methadone maintenance program who were randomly assigned to receive the anti-cocaine vaccine or a placebo (inactive) vaccine. Participants were recruited from a methadone maintenance program because their retention rates are substantially better than programs focused primarily on treatment for cocaine abuse. Participants in both groups received five vaccinations over a 12-week period and were followed for an additional 12 weeks. All participants also took part in weekly relapse-prevention therapy sessions with a trained substance abuse counsellor, had their blood tested for antibodies to cocaine, and had their urine tested three times a week for the presence of opioids and cocaine.

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Calls for Britain to license, regulate and tax the illegal drug trade

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As he rightly observes, the political change of heart in Latin America is a result of the devastating impact of the drugs trade in those countries – where multiple murder is a daily occurrence and where drug gangs have more weapons than the national army.

Bad as our drug problem is, it is nowhere near as bad as Latin America's and we have no equivalent need to seek the domestic decriminalisation of illegal drugs.

How would Britain look were we to follow the Latin American road to drug legalisation? The effectiveness of a government-regulated drug trade is already evident in the alcohol-fuelled violence that plagues so many of our cities, and in the increasing numbers of teenagers who define a good night out as one that ends in blind drunkenness.

Follow Jenkins's advice and we could see heroin available alongside cheap alcohol in the local store. Proponents of legalisation and a government-sponsored heroin market regard such a scenario as blatantly absurd, and insist that it would be doctors, not supermarkets, who would provide the heroin and cocaine in a regulated market. But it was liberal prescribing on the part of doctors that drove our evolving heroin problem in the 1950s and 1960s. In Scotland, we already have a state-sponsored drug market – the national methadone programme. We have some 22,000 addicts on the drug and next to no idea how to get them off it. It is a programme that may now be costing us in the region of £60m a year. The cost of methadone is a fraction of the cost of heroin, so don't be surprised at the soaring NHS budget that would need to follow legalisation and regulation.

But let us suppose that the UK government did go down the road of legal drug supply and gave doctors the onerous task of passing on the goodies to their addicted patients. That may be fine as long as the addict was looking for a cheap supply of heroin and cocaine. But who does the addict turn to when they want to come off the drug? Not the doctor to whom they are now linked, like the addict to the street dealer. It is easy to think of how we might better get the drugs to the addict, but much harder to think how we might help users off them when they have had enough.

Heroin, cocaine, ecstasy and lord knows what else on the NHS? Sounds less like a solution and more like a social policy in search of a disaster.

By Neil McKeganey, professor of drug misuse research at the University of Glasgow

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Cocaine vaccine shows promise for treating addiction

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Participants differed in the levels of antibodies generated in response to vaccination. Thirty-eight percent attained blood levels of anti-cocaine antibodies thought to be sufficient to block cocaine's euphoric effects. During weeks 9 to 16 (when antibody levels peaked), these participants had significantly more cocaine-free urines than those who received the placebo or those with active vaccine but low levels of anti-cocaine antibodies. Participants with the highest antibody levels had the greatest reductions in cocaine use. No serious adverse effects were associated with vaccine treatment.

"Fifty-three percent of participants in the high-antibody group were abstinent from cocaine more than half the time during weeks 8 to 20, compared with only 23 percent of participants with lower levels of antibodies," said Thomas Kosten, M.D., of Baylor College of Medicine in Houston, the study's principal investigator.

"In this study immunization did not achieve complete abstinence from cocaine use," added Dr. Kosten. "Previous research has shown, however, that a reduction in use is associated with a significant improvement in cocaine abusers' social functioning and thus is therapeutically meaningful."

Dr. Kosten led the study in collaboration with colleagues from Yale University School of Medicine, the Connecticut Veterans Administration (VA) Healthcare System, Baylor College of Medicine, and the Michael E. DeBakey VA Medical Center

Effectiveness of community treatments for heroin and crack cocaine addiction in England

Addiction to heroin and crack cocaine is debilitating and persistent, but such disorders are treatable. Lancet has recently presented the first effectiveness study of the

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main community interventions for addiction to heroin and crack cocaine in England, using data from the National Drug Treatment Monitoring System (NDTMS).

The study cohort consisted of all adults with a heroin or crack cocaine addiction, or both, who started pharmacological treatment (18 428 patients) or psychosocial treatment (2647) between Jan 1 and Nov 30, 2008, received at least 6 months' treatment or were discharged by the study endpoint (May 31, 2009), and had

outcome data submitted to the NDTMS. Effectiveness was assessed from change in days of heroin or crack cocaine use, or both in the 28 days before the start of treatment and in the 28 days before review.

The first 6 months of pharmacological or psychosocial treatment is associated with reduced heroin and crack cocaine use, but the effectiveness of pharmacological treatment is less pronounced for users of both drugs. New strategies are needed to treat individuals with combined heroin and crack cocaine addiction. **Findings**

14 656 clients – 74% of the cohort eligible for analysis at review with available data – were analysed at the study endpoint. During the 28 days before review, 37% of heroin users abstained from heroin and 52% of crack cocaine users abstained from crack cocaine. A higher proportion of users of heroin only abstained than did users of both heroin and crack cocaine (42% *vs* 33%; OR 1 46, 95% CI 1 36 – 1 56), and more users of crack cocaine only abstained than did users of both drugs (57% *vs* 51%; 1 24, 1 03 – 1 48). Overall heroin use reduced by 14 5 days (95%) and crack cocaine use by 7 7 days.

For clients given pharmacological treatment, reduction in days of heroin use was smaller for users of both heroin and crack cocaine than for users of heroin alone, but this differential effectiveness was not recorded for psychosocial treatment in heroin or crack cocaine users compared with users of both drugs.

/By Lancet

ECAD Autumn Seminars: From Baltic Sea to Adriatic Sea

This autumn, ECAD has successfully tested a new strategy for becoming a more efficient platform for learning and experience exchange for its member cities. In cooperation with a host city or a partner organisation, we organise relatively smaller regional conferences dedicated to specific issues such as conference on primary drug prevention among young people in Tallinn and a seminar on evaluation of drug-free rehabilitation, Rimini/San Patrignano.



The seminar in Rimini took place on October 9 and gathered 43 participants from 8 countries. The programme consisted of two in-depth lectures: one by the Swedish researcher Mats Fridell on the results of a five year follow-up of women in compulsory treatment in Sweden; and another by the Italian researcher Marco Castrignano on multidisciplinary study of retention in treatment and follow-up on former residents of San Patrignano.

On October 10, ECAD took part in the We-Free Day organised by the San Patrignano Community. The We-Free Day is a comprehensive educational project which originates from "Drugs off" experiences. The main target group is school youth who come to San Patrignano to meet their peers who have gone through drug addiction and describe their experience and learned lessons through theatre and other forms of self expression. The We-Free Day aims also at specialists working in the social area, decision makers and civil society and creates a forum for discussion on current topics in the anti-drug field.

The ECAD delegation was granted a tour of San Patrignano and could enjoy an open question-and-answer talk with our guides.

San Patrignano experience conveys a story comprised of many individual stories all telling about a thorny road from addiction to drugs to addiction to life.

ECAD for active member cities in the Baltic Sea region:

Conference in Tallinn

Tallinn City Government and ECAD held a two-day conference on most effective prevention practices in the Baltic region in the middle of September. Tallinn hosted almost 80 participants from 8 countries.

The conference held at Estonian National Library was dedicated to discuss the best methods and results of prevention practices in the region.

Both NGO- and state project coordinators from Estonia, Iceland, Russia, Sweden, Latvia, Finland and Poland had a lot to tell about research, methods of work, experience exchange and even application of neighbour's prevention models.

For instance, the contract method of Swedish NGO SMART has been successfully transposed to lots of schools all over the Baltic region, and Polish Marathon prevention Foundation thanks to volunteer work and support from Warsaw municipality has a unique platform for involving the young in music, graphic design, sports and other activities as an alternative way to spend their leisure time after school. Read more about it at www.ecad.net, all presentations made at the conference are available on ECAD homepage.

ECAD highly appreciates the engagement of Tallinn government, investing a lot of thought and resources in planning the event.

This kind of conferences are not only feasible for practitioners to find out about the actual in-the-pipeline working methods of

their neighbour colleagues, but also for networking and contactmaking planning new international projects together.



ECAD will

continue with this kind of practical networking with a focus on various regions and actual interests there. Your topic suggestions are most welcome, please mail to ecad@ecad.net. New professional resource for international drug policy makers:

Narcocontrolmanagers

At the conference "Conflictology for the 21st Century: Science - training - practice" in St. Petersburg, 30 September - 1 October 2009, where ECAD was a co-organizer, a new project for Master Degree in Drug Control management was presented. This Master course has scientific base in Drug Conflictology and has been successfully applied in St.Petersburg State University, Russia for the last 5 years. This education targets drug policy coordinators at local municipalities.

One of the drug policy experts engaged in constituting the course is *Jonas Hartelius* of the *Swedish Carnegie Institute*. Abridged here he presents his ideas on professional training for narcocontrolmanagers.

The development of drug crime and drug abuse in many countries points to a need to create a new level of professional competence in order to administer international and national drug control more efficiently.

This requires training of a new group of professional narcocontrolmanagers according to the following definition or programme statement::

"Narcocontrolmanagement develops and disseminates professional knowledge and practical skills in the area of governmental drug control. Narcocontrolmanagement strives to enforce the United Nations International Drugs Conventions at all levels in order to create drug-free societies.

Narcocontrolmanagement serves the higher purpose of limiting the use of narcotic and similar drugs to medical or scientific purposes.

Narcocontrolmanagement uses a conflictological perspective and focuses on prevention and intervention. Narcocontrolmanagement carries out criticism, evaluation and research with the purpose of broadening and deepening knowledge about the foundations, methods and results of drug control.

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Narcocontrolmanagers...

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Narcocontrolmanagement implements its activities in ways consistent with human rights."

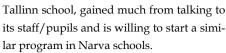
In order to enable the process of establishing a professional level of competence, narcocontrolmanagement engages in specialized training, sets standards for authorization, offers a common forum for research and exchange of experience etc. and maintains an ethical codex.

It will be decisive for the establishment of the new profession that the new generation of narcocontrolmanagers are able to show that their competence adds something essential to the efforts by society to limit the use of drugs to medical and scientific purposes. / Jonas Hartelius

Spreading good example: Rugby Against Drugs

Estonian Rugby Federation newest members - Narva Patriots rfc - wish to follow the example of Karjamaa school in Tallinn with its Rugby Against Drugs program, which has been working very well for the last 8-9 years.

Andrei (left on picture), from The Patriots school is glad that their development director visited The



It has been agreed that John Slade and his team of supporters will take part and help implement many of the workable solutions to prevent substance abuse in the schools.

/John Slade

Banning foreign drug tourists from the coffee-shops

Coffee-shop Alliance: "Introducing admission passports for coffee shops promotes illegal trade in soft drugs. Besides, the system to ban foreign drug tourists is sheer discrimination." Coffee Shops Alliance criticizes the Dutch government decision to refuse admittance of drug tourists to the coffee shops.

"The nuisance caused now is far too big", states Lea Bouwmeester, member of the second Chamber of Parliament. According to Bouwmeester, the system will not be compulsory. Burgomasters will have the final decision in this matter.

Michael Veling of the Alliance of Coffee Shops thinks foreign drug tourists will turn to the streets. Veling wants to sell larger quantities of cannabis to tourists so that they don't have to come back weekly. Burgomaster Leers of Maastricht is very enthusiastic about the plans. He would like the trouble-mongers, i.e. drug tourists, to stop frequenting his town.

Drug tourism has increased tremendously. Although its extinction seems to be out of the question, it should be possible to diminish the attraction of Maastricht as an oasis for drug tourists considerably. Introducing "Wiet passport" will make many visitors think twice before they risk becoming known to the authorities.

However, denying admission to coffeeshops for foreign customers is still the decision to be legislatively supported. This case has been presented to the European Court. Burgomaster Leers reckons that the Court will exclude foreigner customers. In most cases this would be considered discrimination, but as the Netherlands still adheres to a policy of tolerance the burgomaster hopes for an exception.

/By Jan Berlijn

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Pembroke City Council and its Mayor, Joe Zammit has shown genuine engagement in ECAD work, and Maltese local councils in general have been very active members of ECAD. ECAD highly appreciates this support and expresses gratitude about the proposal to host the next annual conference on this beautiful island.

Later the Board visited Oasi Foundationon the Island of Gozo. Fr. Emmanuel Cordina, Director general of Oasi told the guests that Oasi provides primary, secondary and tertiary prevention, intervention and treatment. It works in the voluntary social sector and the treatment is free of charge.

Support and care for those in need of treatment from all over Malta, Gozo Citadel, unique natural resources and climate - all welcome you to Gozo next spring.





** ECAD is Europe's leading organization promoting a drug free Europe and representing millions of European citizens. ECAD member cities work to

develop initiatives against drug abuse supporting the United Nations Conventions.

Has your city joined ECAD?

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