



ECAD NEWSLETTER



EUROPEAN CITIES AGAINST DRUGS

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While looking at Oslo fjord...



Bjørg Månnum Andersson, municipality of Oslo; City Hall faces the fresh winds from Oslo fjord

ECAD Advisory Board held its regular meeting on June 18 in Oslo. The Board discussed routine issues on the agenda with focus on the budget.

Once again, the Board would like to bring attention to the fact that the ECAD economy fully depends on the membership fees paid by the member cities. Membership fees are charged in accordance with the city's population. This model was introduced in ECAD in 1998 and is still considered as the most appropriate and fair. All contributions, larger as well as smaller, paid by the member cities of different size are essential for run-

ning of an international organization of ECAD's scale. Besides the membership fees, ECAD's economy is formed by the generous support received from the City of Stockholm in terms of providing the organization with premises and other office needs.

The volcanic ashes that clouded the European air space prevented ECAD from holding its 17th Mayors' Conference as planned in April in Malta. That is why the Board went through the preparations remaining ahead of this postponed conference which will take place on 23-25 September instead.

Side 2

Some reflection on the drug situation in Norway

By Anniken Hauglie (Commissioner)

I see three main challenges ahead:

Number one is an organizational paradox:

Unlike many European countries, the Norwegian Police force is governed by the state authorities. This means that the municipal authorities have less direct influence on the police than if they were governed by the city itself.

Although the city authorities have a permanent and excellent cooperation with the police, we must at all times negotiate strategic actions against the drug distribution, the open abuse and other criminal actions.

We know from other European cities that the most successful way of combating the open drug scenes seems to be based on coordinated actions between the police and the social welfare system, in other words repressive actions combined with humanitarian approaches and methods.

★ ECAD MEETINGS

Consequently, to a certain extent, the organizational division I have described interferes with our common goal because we all have to establish a somehow hesitant cooperation based on a precarious balance of common, but sometimes also conflicting interests.

However, we are working on it, in 2007 the Government constituted Police councils in all municipalities, which is a cooperative and co-working body consisting of representatives from the highest levels in the Police and the municipalities. In Oslo we have managed to design a joint plan, which focuses on cooperative methods for securing public security in the city centre.

Side 2

EMPOWERING OUR CITIZENS to LIVE HEALTHIER LIFESTYLES



MALTA, SEPTEMBER 23-24, 2010 GOVERNMENT OF MALTA & PEMBROKE LOCAL COUNCIL

While looking at Oslo fjord...

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The Board is satisfied with the fact that the conference programme holds in general and only minor adjustments are needed. All necessary information for booking is available at www.ecad.net.

The Advisory Board was presented an update on Youth in Europe (YIE) programme by its co-ordinator Jon Sigfusson, Reykjavik. The programme is prolonged until 2012 with a possibility of further extension. In short, the YIE includes two parts: a survey aimed at defining risk and protective factors in regard to drug prevention in each participating city; and a mobilization of society in order to use the knowledge in designing of municipal drug preventive action plan. To remind you, the YIE is an ECAD initiative based upon a successful programme *Drug*

Free Iceland which resulted in a great improvement of the drug situation among the Icelandic youths. Now, the idea of the YIE is not to compare cities with each other – there are many sources enabling such comparison – but to give each interested municipality a tool and a methodology which is proven efficient in reaching targets in drug prevention among the young people.

When ECAD Advisory Board holds its meetings in different member cities, an important part of the agenda includes presentation of the anti-drug work conducted by the hosts. It gives the Board members a better understanding of the needs of the members which are spread though out Europe.

In Oslo, the Board enjoyed a meeting with Anniken Hauglie, the municipal commis-

sioner, who gave a much appreciated reflection on the drug situation in Norway in general. In addition, Assistant Director General of the Department of Seniors and Social Services Nina Backer-Roed told about a collaborative model of crime prevention among youths which is successfully being implemented in Oslo since 2006: the SaLTTo-model. (More information in English can be found here: www.salto.oslo.kommune.no/statistikk_og_analyse/.)

ECAD Advisory Board expresses its sincere gratitude to the host, Director General Bjørg Månnum Andersson and the City of Oslo for the great organization of the meeting and for their warm hospitality.

Some reflection on the drug situation...

From page 1

Challenge number two – the nature of the time we live in

During the last decade people seem to have got used to an increase of social and individual problems caused by drugs. From my point of view it is important to hold on to some basic values. We have to find ways of activating ordinary people – to mobilize our neighbourhoods – to wake up public opinion. We need to find back to a kind of social control – not in the old fashion meaning but in a modern interpretation of the word.

Challenge number three – social and individual exclusion/inclusion

I am firmly convinced that it is not right to presuppose that those who abuse drugs have lost all control and consequently also should be declared unconscious of their duty to make choices.

From that follows that they neither should be declared innocent of their actions nor irresponsible for their own welfare and future. By doing so, we exclude them rather than include. Such attitudes erase and abolish the existence of individual responsibility.

Compassion for them as human beings must not lead to inhuman do of the individuals.

Conclusion

So; it is my firm conviction that all measures directed to drug abusers should constitute and facilitate the individual's ability of reconstructing their emotional and social lives, of course with help from the society.

My concern is that pure humanitarian approaches and assistance without obligations for the individual, contributes to maintain status quo for those who need motivation to treatment and rehabilitation.

Our former mayor used to put it like this: Freedom is both freedom from something – and freedom to something. The combat against drugs takes place at both public and the individual level. The two levels involve different means and methods, but both imply a fight for freedom from drugs and freedom to alternative to them.

Irish police will be allowed to ban head-shop products

Legislation allowing the Irish police – gardai – to prohibit the sale of head-shop products without having immediate recourse to the criminal courts is expected to be passed before the summer Dáil (lower house of the Par-

liament) recess. The new law will allow gardai to serve a prohibition notice on the sale of the substances. The issue will only come to court if the order is not complied with. The Bill is intended to deal with the situation where the chemical composition of products sold in head shops is altered slightly to bring them outside the scope of the existing prohibitions under the Misuse of Drugs Act, while retaining their psychoactive properties.

The Bill makes it an offence to sell, import or export psychoactive substances for human consumption. The offence includes knowing, or being reckless as to whether the drug was for human consumption, even if the packaging says otherwise. It includes sale over the internet or home delivery within the jurisdiction, and also includes the advertising of a psychoactive substance.

The European Commission is notified of the Bill on June 4th. While normally the commission took about six months to express its view, in this case it had accepted the urgency of the draft Bill, while reserving its position on its contents. The commission pointed out that new legislation on psychoactive substances was being prepared at EU level.

/www.irishtimes.com



Photo: Flickr: infomatique

He Said She Said

He said: *I think it's a good idea.*

She said: *You do.*



World Drug report 2010: Drug use is shifting towards new drugs and new markets

In 1998, a special session of the UN General Assembly decided to work towards the "elimination or significant reduction" of illicit drug production and abuse by 2008, and adopted a series of sectoral plans to reach that objective. Gathered at the end of the 10-year period, Member States were not satisfied with the results and declared that they were still "gravely concerned about the growing threat posed by the world drug problem." The decision was taken to continue the effort over the following decade. To achieve the 2019 objectives, the international community needs to interweave drug supply and demand reduction interventions and integrate national efforts in the framework of renewed international strategies on the scale of the drug markets. To do so, it is urgent to improve our understanding of how illicit transnational drug economies operate. This *World Drug Report* is a contribution toward this objective.

The Report's main findings are that:

The world's supply of the two main problem drugs – opiates and cocaine – keeps declining. Global potential **heroin production** fell by 13 per cent to 657 tons in 2009, reflecting lower opium production in both Afghanistan and Myanmar. The global heroin market, estimated at US\$55 billion, is concentrated in Afghanistan (which accounts for 90 per cent of supply), Russia, Iran and Western Europe which together consume half the heroin produced in the world.

Cocaine consumption has fallen significantly in the United States in the past few years. However, the problem has moved across the Atlantic: in the last decade the number of cocaine users in Europe doubled, from 2 million in 1998 to 4.1 million in 2008.

The global number of people using amphetamine-type stimulants (ATS) – estimated at around 30-40 million – is soon likely to exceed the number of opiate and cocaine users combined. There is also evidence of increasing abuse of prescription drugs.

Cannabis remains the world's most widely produced and used illicit substance: it is grown in almost all countries of the world, and is smoked by 130-190 million people at least once a year.

The Report shows that drug use is shifting towards new drugs and new markets. Drug cultivation is declining in Afghanistan (for opium) and the Andean countries (coca), and drug use has stabilized in the developed world. However, there are signs of an increase in drug use in developing countries, and growing abuse of amphetamine-type stimulants (ATS) and prescription drugs around the world.

The *World Drug Report 2010* exposes a serious lack of drug treatment facilities around the world. The Report estimates that, in 2008, only around a fifth of problem drug users world-wide had received treatment in the past year, which means around 20 million drug dependent people did not receive treatment.

The *World Drug Report 2010* further contains a chapter on the destabilizing influence of drug trafficking on transit countries, focusing in particular on the case of cocaine.

The longtime head of the UNODC, Antonio Maria Costa, is stepping down in July, and the leading candidate to replace him reportedly is Yuri Fedotov, currently Russia's ambassador to the U.K, reports www.jointogether.org

Warning signs in the developing world

Mr. Costa highlighted the dangers of drug use in the developing world. "Market forces have already shaped the asymmetric dimensions of the drug economy; the world's biggest consumers of the poison (the rich countries) have imposed upon the poor (the main locations of supply and trafficking) the greatest damage," said Mr. Costa. "Poor countries are not in a position to absorb the consequences of increased drug use. The developing world faces a looming crisis that would enslave millions to the misery of drug dependence."

He cited the boom in heroin consumption in Eastern Africa, the rise of cocaine use in West Africa and South America, and the surge in the production and abuse of synthetic drugs in the Middle East and South East Asia. "We will not solve the world drugs problem by shifting consumption from the developed to the developing world," said Mr. Costa.

” As we prepare for this September's United Nations Summit on the Millennium Development Goals, we must recognize the major impediment to development posed by drug abuse and illicit trafficking. As this year's theme stresses, it is time to 'Think Health, Not Drugs'.”

UN Secretary-General Ban Ki-moon

Drug trafficking and instability

The *World Drug Report 2010* contains a chapter on the destabilizing influence of drug trafficking on transit countries, focusing in particular on the case of cocaine. It shows how under-development and weak governance attract crime, while crime deepens instability. It shows how the wealth, violence and power of drug trafficking can undermine the security, even the sovereignty, of states. The threat to security posed by drug trafficking has been on the agenda of the United Nations Security Council several times during the past year.

While drug-related violence in Mexico receives considerable attention, the Northern Triangle of Central America, consisting of Guatemala, Honduras and El Salvador is even more badly affected, with murder rates much higher than in Mexico. The Report says that Venezuela has emerged as a major departure point for cocaine trafficked to Europe: between 2006 and 2008, over half of all detected maritime shipments of cocaine to Europe came from Venezuela.

The Report highlights the unstable situation in West Africa which has become a hub for cocaine trafficking. It notes that "traffickers have been able to co-opt top figures in some authoritarian societies", citing the recent case of Guinea-Bissau.

Mr. Costa called for more development to reduce vulnerability to crime, and increased law enforcement cooperation to deal with drug trafficking. "Unless we deal effectively with the threat posed by organized crime, our societies will be held hostage - and drug control will be jeopardized, by renewed calls to dump the UN drug conventions that critics say are the cause of crime and instability. This would undo the progress that has been made in drug control over the past decade, and unleash a public health disaster," he warned. "Yet, unless drug prevention and treatment are taken more seriously, public opinion's support to the UN drug conventions will wane."

Read the full report at www.unodc.org

The Heroin Trial Failure

A report of a recent heroin prescription trial in Britain published in the Lancet (29th May 2010) was widely promoted as a success. The fact is that for a very costly intervention a surprisingly small minority got off street heroin.

Of the 43 clients that received a heroin dosage of 450mg twice a day plus a nightly oral methadone supplement over a 26 week period, just 5 of them managed to get off street heroin. Hardly a measure of success. That means that the remaining 38, although they decreased their consumption of street heroin (hardly surprising) are still involved in the illegal heroin market, and still involved in the crime, harm and misery related to it.

Regardless of the at best mixed results, the authors make the following recommendation based on their study: "UK Government proposals should be rolled out to support the positive response that can be achieved with heroin maintenance treatment for previously unresponsive chronic heroin addicts." This is not the way policy making should be informed. It would be a surprise if a free handout of 900 mg a day of heroin would not decrease street heroin consumption to some extent. What is a significant and surprise finding is that even when offering free heroin, the program has such a limited impact on the use of street heroin.

The cost of heroin prescription per client is estimated to be about €18.000 a year, far more than for other treatment options.

Misleading media reports

Reports in the press pretend that the project kept people "off street drugs". This is how Reuters quote the researchers: "Prescribing heroin to addicts who can't kick their habit helps them stay off street drugs, British researchers said Friday", under the headline "Prescription heroin helps addicts off street drugs". This is clearly misleading, and it reflects badly on the researchers that are clearly unable or unwilling to present a correct picture of their results. The clients were measured on their reduction of street heroin, not other drugs. They were in fact not even tested for other drugs.

Associated Press reports that "Some heroin addicts who got the drug under medical supervision had a better chance of kicking the habit than those who got methadone, a new study says", under the title "Study: heroin better than methadone to kick habit". First of all, to "kick the habit" means to get off the addiction. But the aim of the trial was not to get people off addiction. It did not even measure that. Sec-

ond, the study does not say that treatment with heroin is better than methadone, it suggests that for some hard to treat/reach clients (5-10% of the heroin addicts) heroine may give better results. For the vast majority of problem heroin users methadone would be more suitable.

To see such inaccurate and misleading reporting by the worlds two most serious news agencies should worry everyone who is interested in how science is translated. Much of the responsibility should however lie on the researchers since they presumably were given the text for verification before release. In any case one would expect the researchers to immediately ensure that the grossly misleading reports were corrected.

The study is called "Supervised injectable heroin or injectable methadone versus optimised oral methadone as treatment for chronic heroin addicts in England after persistent failure in orthodox treatment (RIOTT): a randomised trial", written by John Strang and colleagues.

*Comment by Anders Ulstein, International director at Actis:
Norwegian Policy Network on Alcohol and Drugs
Read the article in full at www.eurad.net*

Morocco vs EU in cannabis issue

Morocco, which the UN once classified as the world's biggest cannabis exporter, mounted a crackdown on the illegal trade because it strained ties with the European Union, which consumes most of the cannabis that leaves Morocco.

"Our efforts against hashish trafficking activity have led to a reduction in the revenue of that illegal business to 4 billion euros in 2009 from 13 billion euros in 2005," Khalid Zerouali, the Interior Ministry's official in charge of migration and border surveillance. Some EU countries have made moves to re-classify cannabis as a less harmful drug and reduce the penalties for possessing or selling it. Zerouali warned them against going down that path.

"Morocco is accomplishing its mission. It cut cannabis production and it will continue to do that. But everybody has to play their role. There are no soft drugs and hard drugs."

/af.reuters.com

Our European societies have experimented and evaluated both tolerance and intolerance to illicit drug use and drug abuse. It is our reflection upon this which guides us towards non-use. This in regard to well-being of our good old Europe.



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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