



INCB visiting ECAD



INCB visiting ECAD on September 7th, 2004. From right: INCB President Philip O. Emafo, Drug control officer Beate Hammond, ECAD Director Tomas Hallberg, INCB member Madan Mohan Bhatnagar

"There is no risk that INCB becomes drug liberal", declared its President, Philip O. Emafo while visiting ECAD. "Even if one comes to us with a tolerant attitude, one changes it in the process. Our mission is strictly judicial. There is a legislation that must be protected and its wording should be followed. Since we make all decisions in consensus, our decision making process implies long and deep discussions before any decision is being made. Therefore it would be difficult to push through an interpretation that would conflict with the spirit and wording of the UN Conventions on drugs".

Every year INCB sends a mission to different countries in order to form, "on location", an opinion of how the UN Conventions are being followed. It was 12 years ago Sweden received the INCB mission for the last time and much has changed since then. The National Board of Health and Welfare acted as the host for the visit, which included a meeting with the governmental committee "Mobilisation Against Drugs", visits to the Stockholm's treatment centre for young addicts "Maria Ungdom" and to the Police. Visit to ECAD was a request from the INCB.

"We are glad to meet you and to get to

know more about your work", explained Philip O. Emafo. "Non-governmental organisations' input in the fight against drugs is of big importance. We appreciate very much that support to the UN Conventions on drugs that your organisation, among the others, showed by collecting 1.3 million signatures before the 46th Session of the UN Commission on Narcotic Drugs in Vienna in 2003. The UN conventions on drugs need all the support they can get and we are grateful for the work that ECAD puts into it.

"Our mission is strictly judicial. There is a legislation that must be protected and its wording should be followed." Philip O. Emafo

Concerning the issue of injecting rooms, the President of the INCB said that "we are firm in our conviction that injection rooms are in violation of the UN Conventions on Drugs. Despite the fact that we have repeatedly declared our position, rumours emerge that tell the contrary. The fact that there is an intention to introduce such facilities in Oslo is alarming. It is probable time to visit Norway again, the President concludes.

ECAD grants for network co-operation

Study visit travel subsidies for ECAD member cities

§1 A person representing a member city is entitled to apply for a travel subsidy from ECAD to carry out a study visit to another ECAD member city. The application shall be approved by the ECAD contact person in the applicant's city

§2 The application should be written in English, Swedish or Russian, comprise a maximum of one A4-page and state

- the purpose of the visit
- the applicant's contact data
- destination of the study visit
- host
- time of stay
- estimated costs
- approval of the ECAD contact person in applicant's city

§3 ECAD grants a study visit travel subsidy of maximum 500 euro per person

§4 The applications are handled in order of priority from beginning of the period of application and shall be granted provided the application criteria is met. Number of granted applications is limited by the amount allocated in the annual budget. Those member cities which have received study visits have a priority before those which have not. The decision of grant or rejection of application is made by the ECAD Head office.

§5 Granted travel subsidies are paid out when the visitor has sent in a travel report within two weeks of coming home. The report should be written in a way suitable for publishing in our newsletter or on the website.

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Adverse Health Consequences of Cannabis Use

A survey of scientific studies into the range of health damage caused by cannabis

In 1996, the Swedish Board of Health and Welfare asked Jan Ramström, a member of the Board's Scientific Council, to read through, evaluate and produce a review survey of the findings achieved by research into the damage to health caused by cannabis. In connection to the Twentieth Special Session of the UN General Assembly on countering world drug problem in 1998 the survey has been published also in English. This autumn, the Board presented an updated edition of the survey, tackling studies made up to 2003.

Here are some of the author's conclusions.

Jan Ramström distinguishes the following **tendencies** within the scientific field during the last 7-year period:

- An increased interest in studying the adverse health consequences of cannabis use;
- A bigger worry over the increased misuse of cannabis;
- An increasing demand for treatment for cannabis abuse.

According to the author, a combination of a younger age of drug addicts, an increased number of in-depth studies (specially those which clarify risks for psychological and psychosocial injuries for cannabis smoking youths) along with the increased potency of cannabis preparations forms a background to a tendency within the researchers' world which can be described as "On this we must look more seriously than we have done before". Certainly, he continues, there have always been researchers who every now and then pointed out an importance of not to underestimate the damages. Today it appears that there are more researches with this opinion of not to underestimate cannabis's damage to health. Ramström states that "we find ourselves in a unique situation that researchers and clinical experienced become more and more worried while the public, not least in Europe, appears less and less worried."

The main aim in putting together this report has been to provide in one and the same booklet both the conclusions about damage to health (proved, suspected and excluded) and an account for what scientific ground there is to support these conclusions. Apart from this, a reader is referred to where he can find the original presentations (vs an older generally recognised summary) of the research results which are quoted. Part One gives a description of different forms of cannabis preparation, and an account of discoveries made with regard to cannabis receptors and the metabolism of cannabis in the body. Part Two looks at the psychiatric injuries caused by cannabis. Part Three considers certain psychological and psychosocial risks (long-term effects on intellectual faculties, effects on the development of teenagers, traffic risk) and the final part provides a description of the main kinds of physical damage caused by the drug.

Example 1

(Ashton, 2001) "before" 1960s - 70s

Marijuana cigarette before 1-3% THC (about 10mg/cigarette - reefer)

Marijuana cigarette today 6-20% THC (about 60-200/mg cigarette - joint)

Hashish bars today 10-20% THC

The new studies have not only found statistical correlation but also causal relation between cannabis smoking and psychotic/near psychotic conditions. The interaction of cannabis with psychotic condi-

tions is without a doubt one of the most alarming aspects of the adverse effects caused by cannabis abuse.

Example 2

There is considered to be a relatively strong link between the following mental disorders and cannabis abuse, in as much the abuse may cause the disorder, precipitate a latent mental illness, or cause serious deterioration of an illness/disorder:

- Development of dependence
- Delirium
- Cannabis psychosis
- Schizophrenia
- Other psychoses
- Anxiety disorders
- Depersonalisation syndrome
- Depressions and suicide
- Amotivational syndrome
- Impulsively violent behaviour

Cannabis is one of the most psychopathogenic preparations. In the light of the widespread occurrence of the use of this drug, this fact has serious consequences for both individuals and society. It is worth mentioning that the opiates (heroin etc), apart from the development of dependence itself, produce far fewer toxically precipitated psychiatric complications than do cannabis preparations.

Long-term consequences manifest themselves in: decreased ability to carry out complex thought operations, reduced ability to concentrate, decreased ability to process information, impairment of short-term memory, reduced intellectual flexibility and ability to learn from experience, lowered ability to carry out long-term strategic planning, and difficulties in expressing oneself in words in new, unfamiliar situations in which old knowledge and modes of thought are inadequate.

Regarding cannabis as a gateway to the abuse of hard drugs Ramström writes only late methodologically well prepared studies (above all, long-term studies with a large number of participators) have been able to show that even when other known and suspected factors have been taken into account, there remains a strong link between cannabis smoking and progressing to hard drugs.

"It seems that we are standing right at the threshold of proving the much discussed "gateway hypotheses" that cannabis in many cases represent a gateway to harder drugs."

The booklet may be obtained from the Swedish National Institute of Public Health, e-mail: fhi@strd.se



SOMETHING ABOUT YOU

He said - Ah, they are just complainers.

She said - And you?

Oslo's open drug market closed

'Plata', the notorious open drug market in Oslo, has been closed since June this year. 'Plata' has long been known, even outside Norway, as a place where one could buy every possible illicit drug. The place looks rather different today. Before one could easily count over a hundred drug addicts who used to hang around a small kiosk just outside the central station. Drug sales went on openly, drug addicts sat on the park benches and injected. The kiosk is now gone as are the drug addicts. The park outside the central station looks as any city park whatsoever. The peace is restored.

"This was a well planned action," Björg Manum Andersson, Director for Health and Social Welfare department of Oslo municipality, told ECAD's Tomas Hallberg during his visit to Oslo. "Before we started, we had formed a task force that included five under-secretaries, Mayor of Oslo, chief of Police and chiefs for social care departments in Oslo. We understood that in order to be successful we needed to get going with co-operation between the concerned departments and to share responsibility. One of the biggest questions was how to take care of those drug addicts who would be displaced by the police. That is why before the action

began we already arranged extra housing for the needs that would arise, ordered food servings and opened a day centre for drug addicts."

Police played an important role. In a very short time they managed to split those groups that used to gather around 'Plata' by taking legal measures against crimes, in the first place the drug related ones but also other type of offences. Through co-operation with social care centres they succeeded to turn some of the drug addicts to treatment along with sending the youngsters and homeless addicts back to their regions of origin.

ECAD CITIES

"Before the action we were 30 policemen, now a half is enough to maintain the order," a young uniformed policeman on a bike says. "'Plata' project has been very stimulating, especially when we could see how quickly good results were achieved. For example, cases of death caused by overdose have been reduced by half here in the centre," he continued.

One can still see drug addicts in the centre of Oslo, though not as many as before. "We have noticed a clear decrease in number of

visitors to our needle exchange program," tells one nurse working at an around-the-clock facility that admits drug addicts and gives them an easier medical treatment. "Personally, I think that some more compulsion is needed to help the most degraded abusers," she continued.

Critics against the closure came in the first place from the Oslo's city mission. It became more complicated for mission's personnel to get in contact with the drug addicts. The opinion of this organisation is that the authorities have just moved the problem to another place.

Professor at the Police Academy of Norway Johannes Knutsson is of another opinion. "International experience shows that the scope of the drug problem does not remain the same when an open drug market gets closed as it has been done in Oslo," he says. "The problem changes its character and its consequences become less damaging." Johannes Knutsson names two similar actions conducted in Stockholm as examples, one during the 70-ies and another in the 80-ies. "My experience tells me that the authorities always have to resort to extra ordinary measures when a problem reaches such a big scale", the professor concludes.

Self-isolation of Turkmenistan complicates fight against drug trafficking in Central Asia

Position of the Turkmen authorities, which are reluctant to acknowledge the growing problem of illicit drugs trafficking in their country, cause concerns of the international community, reports IRIN. (Integrated Regional Information Network, part of the UN Office for the co-ordination of Humanitarian Affairs)

Information or statistics on the number of drug addicts, seizures and other issues related to drugs are not available in secretive Turkmenistan. Since 2000, Ashgabat has failed to report any drug seizures to international organisations. Even specialised agencies of the United Nations, like the United Nations Office for Drugs and Crime (UNODC) cannot access this 'sensitive' data. Turkmen authorities "believe there are no seizures because there is no trafficking," Antonio Maria Costa, head of the UNODC, said during a recent tour of Central Asia. "I would like to be reassured that's the case," he

added.

Any estimates of drug trafficking or addiction is simply a guess as long as the government does not publish statistics. This is partly because of officials' fear of releasing any news that might displease President Saparmurat Niyazov. Ruling the former Soviet republic since 1985 with an iron fist, Niyazov regularly fires ministers and bureaucrats in what analysts say encourages a climate of fear and reduces opposition to his autocratic rule.

According to the UN Children's Fund (UNICEF), the number of registered drug users monitored by the Turkmen health ministry grew from 5,953 (or 125 per 100,000 of population) in 1997, to 13,000 (or 242 per 100,000) in 2000, the latest data available. About 20 percent of drug users injected drugs intravenously and there was evidence that unsafe injecting practices were widespread.

"In general, within the Central Asian region the rate of [drug] addiction is about one percent of the population and I wouldn't have any reason to think that it's much different for Turkmenistan," James Callahan, the head of UNODC's Central Asia regional office, told IRIN from the Uzbek capital, Tashkent.

ECAD NEIGHBORS

If that were the case, the estimated number of drug addicts would be some 64,000 - or one percent of the official figure for the population of Turkmenistan - 6.4 million. Whatever the real number, heroin is easily available in Ashgabat. One just needs to drive to Hitrovka, an unremarkable residential district of the city, where one injecting dose costs around US \$1.25....

HIV/TB in Ukraine

With HIV infection rates in Ukraine doubling every year for the past 3 years and prevalence already tipping 1% among the adult population, the monthly incidence is now one of the highest in the European region.

Up to 80% of people living with HIV/AIDS in Ukraine are under the age of 30, compared to just 30% in the U.S. and Western Europe. Originally a drug-driven epidemic, the share of heterosexually transmitted infection has increased dramatically from 15% to almost 40% in the space of just five years. While the cumulative official total of HIV cases in Ukraine was 65,495 as of April 1 this year, with a further 6,813 registered with AIDS, the World Health Organization estimates that realistically, the total could already be nearing 600,000. Yet, there was little mention of Ukraine at the recent international conference on HIV/AIDS in Bangkok.

The TB epidemic in Ukraine and its convergence with HIV makes tackling the crisis even more urgent. As a recent WHO report highlights: "both diseases are devastating, but the devastation of the HIV/TB co-epidemic surpasses the devastation of either disease on its own." TB is the biggest killer of people with HIV worldwide, with HIV-positive individuals more than 100 times more likely to contract TB than those who are HIV negative. TB is also the only major opportunistic infection that can spread through the air from a HIV positive person to otherwise healthy individuals, making HIV an important factor in the spread of TB.

Affecting 1.5% of the population, TB is the most widespread infectious disease in Ukraine today. Unfortunately, chronic lack of resources and drugs, as well as absence of post-prison healthcare are aggravating the

spread of disease. HIV and TB continue to be treated separately and there is little collaboration between institutions. Integration of HIV and TB services is essential to curbing an imminent collision of epidemics.

There is widespread concern that present trends cannot be reversed even if all donor supported, Global Fund, EU and other international and domestic programs are implemented at currently budgeted levels. Massive scale-up of prevention, harm reduction and treatment programs is urgently needed in order to stem the burgeoning epidemics. The Ukrainian government, however, has no plan to extend and sustain current interventions following completion of the Global Fund and World Bank-supported projects in 5 years time.



Recent calls for increased political commitment by EU member states to bolster health systems of their neighbors like Ukraine and to establish effective surveillance for communicable disease are prudent and necessary. Increasing migration within the newly expanded European Union, across the border with Ukraine and Russia, as well as to other parts of the globe, heightens the risk of spread of HIV, TB and other infectious diseases. More than 1 million people reportedly leave Ukraine annually in search of work abroad, while the numbers of illegal migrants to Ukraine approaches 550,000, according to UNDP. Thus, the parallel rise in HIV and TB morbidity rates increases the risk not only of onward transmission within Ukraine itself, but also for cross-border spread.

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Self-isolation of...

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and smoking prices vary between some \$0.60 and one dollar, depending on the quality of the drug.

Drugs trafficked from neighbouring Afghanistan are the root cause of the problem, observers say. Others add that socio-economic problems, including unemployment and huge changes in values along with limited prospects for the future, are contributory factors. Official indifference also fuel the problem.

Turkmenistan shares some 700 km of poorly-policed border with Afghanistan. "We have no seizure information from Turkmenistan and seizures are relatively low in the other Central Asian states except for Tajikistan, which has far higher rate of seizures than any of the others. We have nothing upon which to base a judgement," Callahan explained.

However, there seems to be a glimmer of hope that things may change as Ashgabat begins to feel the consequences of the drugs trade more fully. "The Turkmen government has become much more co-operative in the last months with regard to our projects and programmes," Callahan said.

Meanwhile, the UNODC's national project on border control with the Turkmen government is in its early days. But some observers speculate that Tajikistan's success in counter-narcotics efforts and higher rates of seizures of drugs coming from Afghanistan, coupled with a short border with Uzbekistan, also pretty tightly controlled, could lead drug traffickers to turn to the Turkmen-Afghan border, the Afghan side of which is not controlled at all. Should that happen, the Turkmen border could be very vulnerable.

/IRIN

*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 our **grandchildren's** well being.*



ECAD is Europe's leading organisation promoting a drug free Europe and representing millions of European citizens. Drug dealing and drug abuse cause enormous problems in Europe. Nations and their citizens are affected by the consequences of drug abuse. ECAD member cities work to develop initiatives and efforts against drug abuse supporting the United Nations Conventions which oppose legalisation and promote policies to eradicate drug abuse worldwide. Has your city joined ECAD?

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