



Oslo opens drug injection rooms

After a long process, the City of Oslo has opened the first municipal drug injection room in Scandinavia. January 31st is a watershed in Norwegian drug policy, marking an obvious breach against UN Conventions on drugs. United Nations' drug control organ INCB has time after time called attention to the fact that introduction of injection rooms for drug addicts plays in the hands of the international drug traffickers. The international drug conventions came about many decades ago specifically in order to eliminate places like opium dens, where drugs could be abused without penalty.

Debates about drug injection rooms have been going on for more than five years in Norway. Every possible argument for and against has been aired, and those advocating for injection rooms won the last round.

All countries which have signed the UN Drug Convention of 1988 thereby agreed to introduce prohibition against possession of drugs in their penal codes. By opening drug injection rooms, a government can be held responsible for breaking an international agreement by facilitating the crimes of possession and consumption of drugs as well as of drug trafficking.

Oslo has been a very active member of ECAD since the very beginning. ECAD was founded as a reaction against, above all,



Dutch and German cities' policies for legalising drugs and introducing injection rooms. It is therefore surprising, to say the least, that Oslo now chooses the opposite standpoint.

In historical perspective we have seen governmental and municipal programs which contain similar modes of reasoning to those of Oslo's. USA's first maintenance program, opium to opium addicts, started in the Philippines in 1903. The first drug clinics in USA were opened in 1912, and operated for 13 years before the last of them was closed. These completely failed experiments returned first 25 years later, and then the substance was called methadone.

History has shown us that administration of drug abuse instead of combating it does not work in the long run.

A Norwegian evaluation (NAD publication 41) shows that Norway has 3-4 times more heroin addicts per inhabitant than Sweden. This might call for establishing a Norwegian expert commission to compare the effects of drug policies between these two neighbouring countries.

The Norwegian experiment is conducted by support of a new law which remains in force for 3 years.

Norwegian Cities Against Drugs –

Norwegian network of ECAD member cities

In December 2004 Norwegian members of ECAD met for a day seminar, where questions of municipality based prevention programs have been discussed.

The Norwegian network consists of the seven largest Norwegian municipalities with the city of Bergen leading the network for 2005.

The participants agreed that, in the light of the recent studies in the drug field, an increased focus on early drug prevention



and better living standards for active drug users should make the basis for comprehensive approach to the drug problem on a local level. For a municipality this means prioritising measures to counteract recruitment of young people to the use of illicit drugs, on the one hand. On the other hand, in co-operation with voluntary organisations, to increase the number and quality of drug users-oriented services in such areas as health care, living, employment, daily activities.

Larger municipalities are posed with a special challenge. Competence development and co-operation between all parties is of dire importance. The larger the municipality is, the more efficient co-operation between different departments within the municipality is essential. Specialised services such as psychiatry need to be efficiently co-operating.

All of this constitutes the main directions of activities for the members of the ECAD...

See page 4

Good news from our partners overseas

Substantial Declines in Teen Drug Use: The National Institute on Drug Abuse, NIDA, released the 2004 Monitoring the Future (MTF) survey. The MTF survey showed a 6 percent decrease in illegal drug use by teenagers between 2003 and 2004.

See page 2

Good news from our partners overseas

Monitoring the Future Survey

The Monitoring the Future Survey, conducted by the University of Michigan's Institute for Social Research and funded by the National Institute on Drug Abuse (NIDA), at the National Institutes of Health, has tracked 12th graders' illicit drug use and attitudes towards drugs since 1975. In 1991, 8th and 10th graders were added to the study.

Teen Drug Use Declines 2003-2004 - But Concerns Remain About Inhalants and Painkillers

According to the Department of Health and Human Services, results from the annual Monitoring the Future (MTF) survey indicate an almost 7% decline of any illicit drug use in the past month by 8th, 10th, and 12th graders combined from 2003 to 2004. Trend analysis from 2001 to 2004 revealed a 17% cumulative decline in drug use, and an 18% cumulative drop in marijuana past month use.

"These positive findings demonstrate the commitment by many, including researchers, federal agencies, states, parents, teachers, local communities, and teens themselves, to work together to reduce drug use among our youth," HHS (the United States Department of Health and Human Services) Secretary Tommy G. Thompson said. "We need to continue our efforts to educate parents and teens about the consequences of drug abuse."

The Monitoring the Future survey is designed to measure drug, alcohol, and cigarette use and related attitudes among 8th, 10th, and 12th grade students nationwide. This year, 49,474 students from 406 public and private schools participated in the survey, which is overseen by the National Institute on Drug Abuse, National Institutes of Health, and conducted by the University of Michigan. Survey participants report their drug use behaviors across three time periods: lifetime, past year, and past month.

"There are now 600,000 fewer teens using drugs than there were in 2001," said John Walters, Director of National Drug Control Policy. "This is real progress. We know that if we can prevent kids from trying drugs in their teenage years, we dramatically reduce the likelihood that they will go on to have problems later in life. These results are good news for American parents and teens, and great news for our country."



The survey noted some areas that raise concern. For example, while the rates of Vicodin abuse did not change significantly from 2003 to 2004, Vicodin was used by 9.3% of 12th graders, 6.2% of 10th graders and 2.5% of 8th graders in the past year. OxyContin was used in the past year by 5% of 12th graders, 3.5% of 10th graders and 1.7% of 8th graders in 2004. These rates were not significantly different from the rates in 2003; however, when all three grades were combined, there was a significant increase in past year OxyContin use between 2002 and 2004.

The 2004 data also show that lifetime inhalant use for 8th-graders increased significantly. Inhalants are easily accessible in the form of household and office products. Commonly abused inhalants include glue, shoe polish, and gasoline.

"We are concerned about the increasing number of 8th graders using inhalants. Research has found that even a single session of repeated inhalant abuse can disrupt heart rhythms and cause death

from cardiac arrest or lower oxygen levels enough to cause suffocation. Regular abuse of these substances can result in serious harm to vital organs including the brain, heart, kidneys, and liver," said NIDA Director Dr. Nora D. Volkow.

The MTF survey is funded by NIDA, and has been conducted since its inception in 1975 by the University of Michigan. The information helps identify potential drug problem areas and ensure that resources are targeted to areas of greatest need.

For further information see <http://www.drugabuse.gov>,
<http://monitoringthefuture.org>

Drugs in focus: drug overdose among young people

Drug overdose is one of the major causes of death among young people in Europe, yet many of these deaths can be avoided. This is the conclusion of the EU drugs agency (EMCDDA) in a new edition in its *Drugs in focus* series entitled 'Overdose - a major cause of avoidable death among young people'.

According to the report, there were almost 100,000 reported overdose deaths between 1990 and 2002 in Western Europe (EU 15), with 8000 to 9000 deaths per year since 1996. But this figure probably underestimates the full extent of the tragedy, as under-reporting is likely to occur in many countries. Most cases involve consumption of heroin and other opiates, often in combination with other substances.

Most overdose fatalities occur among men aged between 20 and 40, and victims are typically experienced rather than new drug injectors. Mortality is generally higher among male opiate users than females due to their higher levels of risk-taking. In some countries, the number of years of life lost due to overdose among males of specific age ranges is now approaching that attributable to road traffic accidents.

Injecting drug users may be at particular risk of overdose when they mix heroin with other drugs, especially alcohol and benzodiazepines. They may also be at greater risk when they resume injecting after a period of abstinence when their tolerance is low, for example after time in prison or in detoxification treatment.

Across the EU, overdose deaths have decreased moderately or levelled off in recent years with clear decreases in some of the former EU Member States, following sharp rises through the 1980s and 1990s.

The EMCDDA 2004 Annual report, for example, revealed that drug-related deaths fell from 8,838 in 2000 to 8,306 in 2001 representing a small but significant 6% decrease. But, stresses the EMCDDA, the number of overdose deaths remains 'historically high'.

'Without timely investment in proven and effective responses, the new EU Member States may now be about to face increases in overdose deaths similar to those observed in the 1980s and 1990s in west European countries, as heroin injecting could well rise in several of them'.

Rainbow Sweden deprived of membership in Rainbow International

An emotionally charged debate took place in the popular Swedish newspaper *Aftonbladet* in December 2004 when its columnist Gunnar Ohrlander shed light on a conflict around Rainbow Association. This internal conflict within the association attracted public attention since it has close ties to the philosophies of the Swedish drug policy. The *Aftonbladet's* columnist claimed that the Swedish government has found "a wrong ally in the Swedish branch of the Rainbow International" and which has turned towards a liberal approach in drug policies. The turning point, for the government, is marked by a proposal to expand distribution of free needles throughout the country and increase prescription of substitution drugs as Methadone/Subutex to drug addicts. By now, there are two needle exchange programs in process, in the cities of Malmö and Lund. These programs have a status of "pilot projects" irregardless of the fact that they have been conducted for 20 years.

All the concerned parties took part in the debate, minister for Public Health Morgan Johansson, chairman of the Rainbow Sweden Alec Carlberg, chairman of RFHL (member of Rainbow Sweden) Magnus Hörnqvist along with the president of the Rainbow International and San Patrignano Community Andrea Muccioli.

In his article Ohrlander points out that behind this drug liberal approach is the Swedish Board of Health, Police, National Council for Crime Prevention and the National drug co-ordinator "Mobilisation Against Drugs". From the "people's side" is Rainbow Sweden. Rainbow Sweden is a network of ten member organisations.

The Rainbow Association is well known world-wide. Rainbow originates from San Patrignano, Italy, Europe's largest community for rehabilitation of drug addicts, administered by former drug addicts themselves.

One of the main principles brought forth by the Rainbow, as Andrea Muccioli expresses it in his response, is "a dedication to truly defend life, dignity and freedom from drug addiction working in opposition to initiatives, already common in many European countries, which offer meager assistance to society's outcasts (rooms where one may consume drugs under supervision,

distribution of syringes etc) and distribution of substitution drugs by the state."

Andrea Muccioli says that "Alec Carlberg's public declarations promoting needle exchange programs, as well as his softening position on harm-reduction, all while acting in name of the Rainbow Sweden, has entered into conflict with the very nature of our work.

"Our request, continues Muccioli, to discontinue the use of the Rainbow Association name and logo, dated March 2004, was completely ignored. Rainbows board members, on behalf of the association that counts more than 200 organisations and communities world-wide, decided to exclude Rainbow Sweden from the International network and Carlberg from the board of directors."

"Alec Carlberg's organisation corrupts the Rainbow Association's good reputation", claims the president of the Rainbow International.

Alec Carlberg along with Magnus Hörnqvist motivate their views through expressing their worry over "extremely high mortality among the drug addicts in Sweden" and argue that free needles save lives and prevent spread of HIV/Hepatitis. The same motivation saying that needle exchange is in the first place an infectious disease control measure comes from the Swedish minister for Public Health.

In his last word Ohrlander referred to the database of another Swedish institution, the National Institute of Public Health. The institute has not found in its surveys "any scientific evidence for differences in the spread of drug-related infectious disease between Malmö and other regions." The columnist recommends that Morgan Johansson should take the critic from Rainbow International seriously. This "if not for anything else but for the success that San Patrignano had in becoming a prominent example in how to give the drug addicts their lives back."

By Aftonbladet, Drugnews

★ ARRIVEDERCI

"Arrivederci"

He said – We'll stay until we go!

She said – Right, people usually do so: Just before they go, they stay!

Afghanistan: Warnings issued in vain

Kazakhstan provided other countries with information on the location of narcotics plantations and drug labs in Afghanistan, but they never acted on it.

"We have our own sources that provide us with concrete information on the whereabouts of narcotics plantations and drug labs in Afghanistan," announced Chairman of the Kazakh Committee on National Security (CNS) Nartay Dutbayev at the meeting of the "round table" Cooperation in the fight against international terrorism and illicit trade in narcotics as a factor of national stability of Russia and Kazakhstan.

"We passed the information to our partners from various special services around the world who have capabilities to use military measures to destroy narcotics plantations and labs in Afghanistan," head of CNS emphasized. "Unfortunately, this information has never been used," he said.

According to Mr. Dutbayev, "every field commander controls several plantations receiving part of the profits on a regular basis." "Every year the number of narcotics plantations in Afghanistan increases," he stressed.

/RIA Novosti

★ ECAD NEWS

Huge cannabis haul in Rotterdam

A shipment of 3,650 kg of hash was intercepted in Rotterdam port in December, it was revealed on Thursday. Five people appeared before a local court after a sniffer dog detected the drugs in a container. A follow-up operation identified five other containers where hash was hidden among marble tiles from Morocco. The total haul had a street value of EUR 10 million.

/Expatica News

★ TEST

"Test"

He said – Look, there is drug sale going on!

She said – Let's call the police and see what happens!

Drugs in focus: most drug users suffer from mental health problems

Between 50% and 90% of drug users are reported to suffer from personality disorders and around one-fifth from more serious psychotic complaints. Yet mental disorders related to addiction are far less recognised than other factors associated with drug use, such as infectious diseases and social problems. These issues are highlighted by the EU drugs agency (EMCDDA) in the latest edition in its Drugs in focus series entitled 'Co-morbidity - drug use and mental disorders'. Co-morbidity is defined by the WHO as the 'co-occurrence in the same individual of a psychoactive use disorder and another psychiatric disorder'.

Recent studies have revealed suicide attempts in around 50% of co-morbid patients. But both drug treatment services and psychiatric teams regularly fail to spot patients with co-morbidity. One explanation is that

the condition is notoriously difficult to diagnose. Drug addiction and disruptive behaviour often mask genuine personality disorders and psychiatric syndromes are often mistaken for substance-induced states.

A further obstacle is lack of training, says the EMCDDA. Psychiatric and drug treatment professionals, while highly specialised in their own field (medicine, psychology, social work, etc.), are generally ill-equipped to cope with co-morbidity and the totality of clients' problems. As a result, patients are often shuttled between psychiatric and drug services ('revolving door' patients), which disrupts their treatment and increases drop-out rates.

Troublesome and aggressive patients are difficult to manage and can provoke frustration and high turnover rates among treatment staff. An integration of services and

professions, case supervision and practical training, says the report, might be 'the most powerful antidote' to staff burnout.

Psychiatric disorders are generally chronic conditions that require long-term treatment, concludes the EMCDDA.

'Aftercare and social reintegration efforts are important in order to avoid relapse and renewed need for cost-intensive care'.

'Co-operation and co-ordination between services at all points in the treatment chain is essential for the successful treatment of co-morbidity and for ensuring a continuum of care and aftercare. Treatment is effective if highly structured, integrating multi-professional teams, and customised via individual case-management. This is both time-consuming and demanding on human and organisational resources but in the end is cost-effective'. Marcel Reimen



ECAD 12th Mayors' Conference

Hosted by the city of Oslo, 26 - 27 May, 2005

"THE NARCOTICS INDUSTRY AND ITS VICTIMS - A RESTRICTIVE POLICY COMBINED WITH HUMANE CARE PROVISION"

The conference will focus on

- various aspects of narcotics industry - corruption, money laundering, international crime - and measures to counteract it designed by the international community;
- victims of the narcotics industry - different approaches to drug abuse phenomenon by public services and voluntary organisations.

NB! The organisers pay special attention to facilitating discussions among the conference participants.

*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 **countries'** 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?

Norwegian Cities Against...

From page 1

... of the ECAD network in Norway.

Besides that, the network's task is to develop a common approach to central authorities. The state, say the participants in a declaration adopted at the seminar, has a lesser focus on long-term measures. Municipalities would like to draw attention of the central authorities to long term prevention. This can lead to a more offensive approach on local level. Latest data shows that the drug problem costs the Norwegian society about 2 billion Euros per year. Effective municipal measures leading to rehabilitation and improved standards of living for drug users will make for a better society for every one.

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