



St. Petersburg – first to sign Letter of Intent



Standing from left to right: Kristin Arnadottir, Dagur B. Eggertsson, Robert Messman, His Excellency Olafur Ragnar Grimsson, Tikhonov Valery V., Prokhorenko Alexander V., Sherstniov Sergej Y., Kramarev Arkady G. Sitting: Tomas Hallberg and Valentina I. Matvienko.

After continuous preparatory work the agreement to take part in *Youth in Europe, Drug Prevention Programme* was signed on the 14th of December, 2005 by the first city outside Iceland. The president of Iceland Olafur Ragnar Grimsson was present at the signing ceremony in *St. Petersburg, Russia*.

A lot of profound work has been done on the part of St. Petersburg's state lawyers and one of the project's key figures – Kristin Ar-

nadottir. Thanks to their efforts, the governor of St. Petersburg city, Valentina Matvienko and ECAD director Tomas Hallberg could put their signatures on the document that became the starting shot for the launch of many practical tasks to be performed by the participating cities.

The president of Iceland, who is also the patron of the project, stressed the importance of St. Petersburg becoming the first city to sign the Letter of Intent. There is a great symbolic meaning in St. Petersburg being the first to enter this international cooperation, since this city was one of ECAD's prime members and among most active ones.

During the visit to St. Petersburg His Excellency Mr. Grimsson found time for a lecture about Icelandic drug preventive experience at St. Petersburg State University, which was very much appreciated by the students.

The Icelandic president visited also ECAD Regional Office and ECAD Centre premises, which are situated in the building of the State University in St. Petersburg. His Excellency had a small discussion there with a group of Drug Coordination Master programme students. ECAD regional office director George Zazulin could inform his honourable guests about ECAD activities just in time before the delegation left the University on its way to the airport.

St. Petersburg is one of the five cities that the project sponsor, Actavis Group, supports financially to make their participation in the Drug Prevention programme easier.

Gothenburg in Sweden and Russian Perm exchange experiences

Swedish sociologist from Gothenburg Ove Lundgren, who has a long experience in drug prevention questions and has been a proficient ECAD Sweden Advisory Board member for many years, had a hearty welcome on his recent visit to Perm, Russia in the beginning of December 2005. Ove has kindly shared his professional and personal impressions with ECAD director Tomas Hallberg who also visited this city near the Ural Mountains to take part in the local drug coordination conference.

Russian Perm, a city with app. one million inhabitants is one of very few Russian cities that has a particular drug coordination department within the city administration office. That is why it was easy for Ove to observe many similarities between the Swedish authorities and their way to organise drug coordination work on the local level, and the way his colleagues in Perm structure their work. "There are so many similarities that I find it surprising", - said Ove Lundgren. "Even the weather, its just like in Sweden. I expected a much severe climate, since I have "almost" reached Siberia".

"Drug problems are new in Perm in comparison with Sweden. Naturally, drug problems existed during the Soviet times, but never to such an extent as they have reached today. Perm is relatively safe in this respect if you compare it with the most acute drug-problematic regions in Russia. Questionnaires at schools have shown the drug prevalence almost on the same level in Perm as it is in Sweden. I am very impressed by the commitment to the problem that I see here, both on the part of the authorities and of about 100 conference participants. At 6 p.m. almost all the people present were still sitting in working groups and discussing.

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WHO report on needle exchange likely to be revised



Expert Panel in Genève

During an expert meeting organised by Institute of Medicine in Geneva on December 19-20, 2005, Alex Wodak, author of the WHO report on the effect of needle exchange on HIV among intravenous drug addicts, admitted that mistakes may have been made, and that he would go over the report again.

There were many reports to read, over 200 of them, there may be errors, and if that is the case, I will come back with corrections, said Wodak.

This took place after the Swedish scientist Kerstin Käll, herself co-author of a study on the same subject, passed devastating criticism on Wodak's report.

In her address, Käll dealt with some of the conclusions Wodak made of the materials he and his co-author gathered, and pointed out the incongruities of the same¹. «The errors are easy to find for anybody who reads the report», said Käll. For example, Wodak has included in his report a study as evidence of needle exchange programs' effectiveness on HIV prevention, which did not measure this factor but only the number of returned syringes².

Wodak had also included the needle exchange program in the Swedish city of Lund as an example of successful HIV prevention. Lund never experienced an HIV epidemic in the first place, and the Swedish experts agree on that there is no scientific evidence of the program's HIV-preventive effect.

Käll criticized Wodak further for the incorrect methods he used

when comparing HIV prevalence in various cities around the world. For example, cities were compared at different time periods. There are great risks involved if results of needle exchange programs are compared without controlling whether the interventions were effectuated during different stages of the epidemic.

Alex Wodak was during many years leader of the international harm reduction

movement. He launched both needle exchange programs and injecting rooms in Australia on his own initiative, before these became legal in the country. Wodak has also taken active part for legalising cannabis.

¹From Kerstin Källs speech:

"I see the following problems with the Australian studies:

Since the stage of the epidemic is not stated for the different cities you will not know if you are measuring during the rapid phase of increase or on the downward slope or if there was an epidemic in the city at all. It is not unreasonable to suspect that most countries react slowly and introduce NEP (Needle Exchange Programmes) after the rapid phase, which would tend to bias data in favour of NEP. Cities not hit at all by the epidemic may not be included in the study unless they have a NEP, which would bias in the same direction.

In cities hard hit by the epidemic it is likely that frequent measurements will be done during the initial rapid phase because of the alarm raised by the outbreak, which would bias against cities without NEP. It is also noteworthy that as many as 48% of the cities with NEP studied by Hurley and co-workers had an increase of HIV seroprevalence in spite of NEP. With these serious limitations it seems to me that it is not possible to draw any conclusion about the effectiveness of NEP from these two studies".

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Gothenburg in Sweden and Russian Perm exchange experience

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It does not happen often at the seminars."

To answer the question about striking differences in Russian environment from Swedish national particulars, Ove remembered his visit to a Youth Centre in Perm.

"Some of the personnel there described how they worked with children to strengthen them in their gender roles and to support the idea of existing differences between men and women. That gender awareness did not imply, however, that they had to stick to stereotype household chores when at home".

"We also visited a group of children whose parents had alcohol problems, they used to gather together as a group once a



Ove Lundgren i n Perm

week. The kids who had concentration problems were trained there to be considerate to each other's feelings and to learn to cooper-

ate. There were 8 children in a group, 8-10 years old and 3 teachers taught them for several hours on that day. These children were expressing their feelings to one another through games, in this way they tried to discuss how they saw each other and to explain their interrelations.

Concerning the response from the audience that he received after his presentation at the conference Ove mentions the interest from the Russian public about the way Swedes accounted for the costs on drug fighting measures.

"It was a new and interesting topic for them", says Ove and he sees there an occasion to meet his colleagues again, some time in the future.

WHO report on needle exchange likely to be revised

From page 2

2 From Kerstin Källs speech:

"In review by Dr. Wodak and his co-workers looking at NEP:s effect on HIV prevalence and incidence they end up with a case of 6 to 5 in favour of NEP (6 positive, 5 inconclusive or negative).

First: The study by Monterosso and co-workers is misclassified as positive for NEP, whereas in fact the result is non-significant, which is correctly stated in the table. Number two: the study by Heimer and co-workers also listed as positive does not measure HIV prevalence among IDUs (Injecting Drug Users), but HIV prevalence only in returned needles, which cannot be directly translated into population. This study should not have been included at all.

And finally, the study by Ljungberg and co-workers is used to compare the HIV prevalence in the south of Sweden, which

was not hard hit by the epidemic and had NEP introduced 1987/1988, with Stockholm that had a rapid phase 1983 to 1985 with a prevalence of about 50% of heroin injectors. Wodak and his co-workers ignore that the authors point out that in Stockholm by the time of the study the incidence was already down to about 1%. If this study should be included it should be moved to the inconclusive.

With these corrections the case of NEP is reversed to 3-7, thus no longer in favour of NEP.

The scientific data do not support the idea that NEPs in and by themselves are effective in preventive the spread of HIV among IDUs. By putting so much faith and emphasis on this isolated measure, other important and well established tools, like HIV testing and counselling, contact tracing etc. may have been neglected in the strategy to combat the spread of HIV among IDUs in ma-

ny places.

I think this is particularly unfortunate for the countries that have the biggest problems today, where limited re-

sources must be used where they are most effective. If you have to choose between NEP and HIV testing and counselling, it is crucial that you choose the most effective strategy."

The complete version of Kerstin Källs speech in Geneva is available at ECAD Office:

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Kerstin Käll

European Monitoring Centre for Drugs and Drug Addiction officials visited Latvia

EMCDDA delegation visited Riga in the middle of December to get acquainted with drug situation in the country and to meet representatives from Drug Control and Coordination of Addiction Restriction Council. Subsequently, EMCDDA representatives evaluated positively the results Latvia presented regarding the spread of drugs and drug addiction elimination in general.

The head of the EMCDDA *Marcel Reimen* pointed out that "Latvia lies at the bottom of the European list of nations that abuse narcotic substances most..." He recognised Latvia as a very good and helpful cooperation partner in the common European fight against drugs.

The head of Latvian Council for Drug Control and Coordination of Addiction Restriction, *Mr. Aigars Kalvitis* said that Latvia had a troublesome tendency of synthetic drug abuse among young people. That is why the Council was planning to propose substantial amendments to the Parliament next year to cut the availability of drugs in entertainment clubs for the youth. Those new amendments would increase the responsibility of entertainment club owners concerning the spread of drugs in their premises as well as outside them, and also to introduce harder penalties for those who use drugs.

Dzintars Jaundzheikars informed the EMCDDA officials that representatives from law and order institutions and concerned regional authorities would participate in the conference in Latvian city of Jelgava in the beginning of 2006. There they would analyse previous drug fighting strategies and discuss improvement possibilities. One of the topics of the conference would be necessary measures to improve the existing legislation.

EMCDDA representatives stress the holistic approach to the drug problems in Europe, where Latvia is naturally seen as an integral part. EMCDDA data indicate that synthetic drugs like ATS and heroin, though to a lesser extent, got spread in Latvia, the information that is

actual in the Scandinavian countries as well.

All in all, there are 1,2 to 2,1 million drug users, according to EMCDDA Annual report on drug situation of 2005, of those 0,8 to 1,3 million are probably injecting their drugs.

The latest tendency in Europe is the use of combination of drugs as well as the practice of mixing drugs with alcohol and medicine. A vast majority of Europeans being treated for drug abuse today have used several narcotic substances simultaneously.

Another worrying trend is that younger people tend to experiment with drugs. Europe also remains the biggest stimulant market, according to EMCDDA report.

Latvian state police informs that there have not been any substantially new tendencies in 2005 when it comes to illegal drug turnout. Amphetamine-type stimulants still dominate on Latvian market since 2002. The main criterion for ATS spread in Latvia is low prices and the salient profit for whole sale drug traders. Heroin is less vastly spread. The whole sale price for ecstasy tablets has decreased at the same time as the heroin price has risen compared to the last year's data. In addition, drugs are spreading in much more devious and cunning manner.

During the first nine months of 2005 there were 877 drug-connected criminal acts committed in Latvia, which is 7,7% more than under the same period last year. The amount of illegal amphetamine-type stimulants, LSD, hash (cannabis) seized in Latvia grew. Two illegal drug producing places were disclosed in Latvia this year.

EMCDDA officials arrived in Latvia as a part of their visit to the Baltic states. The delegation had already got acquainted with the situation in Lithuania; drug situation analysis in Estonia will be next.

*Latvian Ministry of the Interior
Press Release*

Heroin is back in Finland, no decrease in Subutex abuse

Heroin has returned to the Finnish drug scene after a gap in the market caused by the war in Afghanistan, which led to a sharp decline in smuggling through Russia and Estonia, reduced potency of the drug as well as higher prices, reports the Finnish daily Helsingin Sanomat.

Whereas there were no heroin overdose deaths in 2004, there were several in 2005.

Nevertheless, professor Erkki Vuori of the Department of Forensic Medicine at the University of Helsinki says that the number of heroin deaths "can be counted on the fingers of one hand".

However, during the heroin shortage, many addicts took to intravenous use of buprenorphine (Subutex). Buprenorphine is not as easily available for use in the rehabilitation of addicts as in many other European countries, and many Finnish users travel to France, Latvia and Estonia to get prescriptions, and in many cases the imported prescription buprenorphine finds its way to the Finnish black market. (A practice, by the way, introduced by a doctor who almost single-handedly put Subutex on the streets by over-generous prescriptions, which later cost him his licence and got him convicted. The damage however was already done). "Subutex has held its own fairly well, although now it looks like there is some heroin moving on the Finnish market" says Petri Rainiala of the Helsinki police.

The return of heroin had been expected.

Vuori, who has performed post-mortem examinations on overdose victims, predicted last year that that heroin would make a comeback in ten years.

"It is quite clear that heroin will rise. Users like it because of its fast effect", Vuori says.

The price of heroin on the street has gone down, and its availability increased.

Nevertheless Subutex remains one of the most widely-used drugs right after amphetamine and cannabis.

"We see heroin, but nine out of ten people who apply for treatment use buprenorphine as their main drug, and one in ten use heroin.

That is the ratio", says Mika Paasola, head of Drug

Addiction Treatment Clinic of Helsinki's Deaconess Institute.

Addiction Treatment Clinic of Helsinki's Deaconess Institute.

The popularity of Subutex is based on its low price, even quality, and easy availability. "Subutex is currently clearly the best business article of the illegal drug trade. With other drugs the profit margin is smaller", Rainiala says.

Buprenorphine alone doesn't carry the risk of death by overdose, but in combination with alcohol and other drugs caused over 70 deaths of overdose during 2004, a steady increase from 7 cases in 2000 with buprenorphine findings in blood.



Picture comes from www.drugs.com

Heroin to drug addicts

The city of Liège in Belgium will start supplying heroin to hardcore addicts in a trial project starting on 1 January 2007, Mayor Willy Demeyer has announced. Demeyer also said he intends to set up a facility where addicts can use heroin under the city council's supervision rather than out on the street.

The measures have been a topic of heated discussion in the French-speaking city since 1998, newspaper 'Le Soir' reported on Friday. Since 2002, the issue of supplying heroin to addicts has also been subject to debate between the federal government and cities such as Brussels and Antwerp.

Prime Minister Guy Verhofstadt named Liège as the country's pilot city in 2004 and the city council is now ready to proceed further. "All parties have agreed. The parliamentary process has started, the municipal obstacles removed and the medical and academic protocols accepted," Mayor Demeyer said. "The relationships with magistrates are clarified. We must move over to concrete decisions in the following months." He added that if those decisions are not made, it would be akin to "the refusal of help to a city in danger".

The trial project was inspired by a scheme in Bienne in Switzerland. A Liège city delegation visited the Swiss city in October, newspaper 'De Standaard' reported. Staff members at the Federal Health Ministry are reportedly "open" to the plans. A study is being conducted, the results of which are expected at the start of 2006. The message coming from the Justice Ministry is that the proposal is being discussed by the Council of Attorneys-General, which oversees the Belgian public prosecution department.

Legislative change will be necessary for the project to go ahead.

By *Expatica.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 is in regard to salutary conditions for all of us.



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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