



ECAD Advisory Board met in Istanbul



Left to right: Margareta Olofsson, Stockholm Deputy Mayor, Dr. Muammer Erol, Vice-Secretary General of Istanbul Metropolitan Municipality, Paula Kokkonen, Vice Mayor of Helsinki, Tomas Hallberg, ECAD director, Dagur B. Eggertsson, leading figure of Youth in Europe project.

ECAD Advisory Board held its spring meeting in Istanbul this year. During the meeting the Board discussed the proposal of establishing ECAD representation in Istanbul, at the crossroads of eastern and western cultures, which is politically and strategically significant for ECAD's overall restrictive drug policy.

The cities of Istanbul, Helsinki and Stockholm joined the pan-European project *Youth in Europe - a drug prevention programme*. Deputy Mayors of Stockholm and Helsinki, Margareta Olofsson and Paula Kokkonen, and Vice-Secretary General of Istanbul Metropolitan Municipality, Dr. Muammer Erol signed the Letter of Intent in Istanbul.

The City of Örebro in Sweden has joined the project in the beginning of March, at the ECAD Sweden's Board meeting in Stockholm. All in all, 10 cities have already signed and more are expected to join in the coming weeks and months.

The Steering Group of *Youth in Europe* decided to launch the first questionnaire of the project in autumn 2006. The researchers should meet for the final discussion of the questionnaire particulars on the 28 of April in Stockholm this year.

Dagur B. Eggertsson shared with the Ad-

visory Board the idea of a Local Coordination team organized in Reykjavik, that that could probably work as model for other local communities. The idea implies mobilising local society, working with 9-grade pupils, youth clubs and parents to inform them what is necessary to do to keep the problem of drugs away.

During the Istanbul visit, ECAD Board members had the possibility to visit AMATEM Centre (Alcohol and Drug Addiction Research Treatment) in Istanbul, where Ass. Prof. Duran Cakmak and his assistant Dr. Birim Danismant made a short presentation of alcohol, drugs and nicotine dependency treatment methods applied at the Centre.

ECAD would like to thank Istanbul Metropolitan Municipality and the Health Department for their hospitality. Members of the Board were very much under the spell of this vivid city when given the chance to have a look at the most famous monuments of Anatolia and Turkey at the *Miniaturk* Park. Istanbul Municipality has kindly offered to host the ECAD conference next year and now the Board looks forward to visiting Istanbul once again, at the Annual Mayors' Conference in 2007.

Penal policy seminar in Russia

ECAD organised a penal policy seminar in Veliky Novgorod, Russia on February 15, 2006. The seminar had a remarkable success, was very much appreciated by nearly 50 participants from V. Novgorod region and was led by the City deputy Mayor Boris Spitsyn.

Christer Karlsson, Swedish public organisation KRIS director, was one of the speakers at the seminar. He described the whole KRIS establishing process up to the time KRIS was launched in Russia. KRIS is a so-called client-based organisation where only former criminal drug abusers can become members. Today all KRIS members are decent and completely drug-free (including alcohol) people.

Christer shared some of his future plans with ECAD Newsletter:

"I think KRIS Russia can be really big. KRIS was first acknowledged as a public organisation in V. Novgorod, where it has 15 active members. In a year it can get hun-

★ ECAD SEMINARS

dred and more members. KRIS is about to launch its activity in many Russian cities and St. Petersburg is one of them".

Olga Vasiljeva, Senior Administrative officer at V. Novgorod City Administration, said to ECAD Newsletter:

"This seminar means a great deal for the cooperation between correctional treatment, social services, V. Novgorod City and KRIS. We have now paved the way for intensive, close and long-term cooperation. I am very thankful to ECAD for providing the opportunity to organise this seminar."

There is joint action of this kind in several prisons today. Different kinds of rehabilitation activities have been launched already. Plans for several local and regional conferences are in the full swing.

Drug dealers from Riga travel to England

It may seem ironic, but it's not when a big part of Riga's drug addicts keep lamenting that their "home breeders", meaning local drug dealers, now prefer English drug market instead of Latvian one. The reason for this "migration" is very trivial, just like many construction workers or some low qualified workers, drug dealers have opted in favour of selling drugs in the "old" EU - member states.

Thanks to the "transparent" borders of European Union, a part of drug abusers started travelling to Britain, Ireland, Sweden, Finland and other countries. It is said that there are possibilities for them to earn four times as much money at one and only occasion, as they could have done in their home countries.

Since the migrating drug dealers remain anonymous there is no any obvious control exercised over them on the part of European policemen. Not only that, it seems lucrative for them to sell drugs to thousands of countrymen abroad or to some acquaintances coming from the Baltic countries for updated, "western prices".

It is interesting however, that drug prices in London are expected to be higher than they actually are. So, how different are the prices in Riga and London?

	<i>Riga</i>	<i>London</i>
<i>Marijuana</i>	15 - 20 Euro	8 - 10 Euro
<i>Hash</i>	20 - 25 Euro	10 - 15 Euro
<i>Amphetamine</i>	6 - 10 Euro	6 - 10 Euro
<i>Cocaine</i>	70 - 85 Euro	95 - 115 Euro

Compared to Latvia the volume of drugs sold in Britain as well as in other European countries differs a great deal. Drug policy in general is more liberal (Sweden, however, is the exception in this regard) than in Latvia, where being under the influence of drugs (registered several



times during a period of one year) is considered a crime. Cocktail bars and clubs in Riga have become remarkably deserted, at least during winter-time. "Golden youth" has left the city to travel to other countries of the EU. Nowadays for the price of one "dose" many people can purchase a low-rate airline ticket of some Irish company, fly to "a drug-addict's Promised Land" - Amsterdam, and fool around smoking some "grass", which they

bought for a trifling sum of money and there is no reason to worry about police controls.

It is mostly foreigners, attracted by low alcohol prices and an ample choice of sex favours today, who visit nightclubs and cocktail bars in Riga.

Foreigners buy drugs at specifically reputed clubs. In addition to that there are notorious drug tours conducted by certain people to purchase narcotic substances like Subutex, after showing a prescription. There are strict measures taken at present to limit this sort of drug tourism to a minimum. These obstacles make Latvia a less attractive destination for drug travel. (Foreigners still have the possibility to buy certain medicines at Latvian drug stores, but state control over the latter and any other medical institutions becomes more and more stringent).

At the same time drug dealers try to keep their "old clients" satisfied. Approximately 200gr hash from England was prevented entering Latvia in December 2005. The confiscated drug amount was worth around 3500 Euro, and 500 drug abusers did not receive their "doses".

Drug situation in Latvia and in the whole Baltic region has been altering drastically during the last few years. The state of drug crimes in the country can be viewed as ambivalent. That is why it is so important to grasp the details of these crimes, analyse them and use them for prevention.

Andrejs Vilks, ECAD Office director in Riga

SAMHSA: More in Drug Abuse Treatment began abusing before age of 13

More people in treatment for drug abuse, other than alcohol abuse, began using at least one of their problem drugs prior to the age of 13. The data over the past decade show that in 1993, 12 percent of admissions to treatment for drugs (114,462 people) began using their substances before age 13. By 2003, 14 percent of admissions (162,708 people) began using drugs prior to age 13. These findings were released in a report by the Substance Abuse and Mental Health Services Administration (SAMHSA) from continued analysis of the Treatment Episode Data Set (TEDS).

The report, "Age of First Use Among Admissions for Drugs: 1993 and 2003", notes that the percentage of treatment admissions that initiated drug use before age 13 increased between 1993 and 2003 for mari-

juana and opiates. Opiates include prescription pain medications and heroin. Initiation of marijuana use prior to age 13 increased from 20 percent to 23 percent of marijuana admissions from 1993 to 2003. For opiate admissions, the percent initiating drug use before age 13 increased from 4 to 5 percent. There was a decline for cocaine admissions (from 5 percent to 4 percent) and for stimulant admissions (from 10 percent to 9 percent). Stimulant admissions include methamphetamine.

"Age at first use is an important predictor of the potential for serious substance abuse problems later in life," said SAMHSA Administrator Charles Curie. "The increase in the proportion of admissions for drug use before age 13 should be a wake-up call to parents to speak with their children early

and often about the dangers of drug use."

The percentage of admissions starting drug use before age 13 increased for both females (11 percent in 1993 rising to 12 percent in 2003) and males (13 percent in 1993 compared to 15 percent in 2003). The percentage using drugs before age 13 increased among Black admissions from 8 percent in 1993 to 11 percent in 2003.

Based on SAMHSA's National Survey on Drug Use & Health, youths aged 12 to 17 who used an illicit drug in the past year were almost twice as likely to have engaged in a violent behavior as those who did not use an illicit drug (49.8% vs. 26.6%). Rates of past year violent behavior were higher among youths aged 13, 14, and 15 than those either younger or older.

The report is available on the web at www.oas.samhsa.gov

ECAD visited Karjamaa School in Tallinn

Special guest speaker at the Karjamaa school kopli, Tomas Hallberg, director of European Cities Against Drugs, caused much debate between the delegates with a formula used in a town in Sweden that has no cost only commitment from the parents with children who have/might an alcohol abuse problem. Simplicity in its entirety but the commitment by parents is the key factor.

Toomas Palu, UNICEF national committee chairman in Estonia, gave a wonderful and humorous presentation that went down well in particular with the youngsters who participated, before he dashed off to another forum in Parnu.

Vahur Keldrima, head of the Social and health department, had the sad task of presenting the gruesome statistics of AIDS/HIV in Estonia but hopes things will get better after seeing the work being done by Karjamaa and other schools at the conference.

The European Union was represented by

Tallinn's Tonu Karu who has promised to pass on the Action Plan from the outcome of the work-shop to the people who matter in Brussels. The Earl of (!) Carlisle gave an impassioned speech on the roll of the church in the schools and the community.

Other delegates spoke about sexual behaviour and the spread of AIDS/HIV and that condoms should be made available in schools for free. All those attending thanked Anna Krilova for her hard work in putting the workshop together and her pupils who worked tirelessly throughout.

The Karjamaa Rugby school kopli Tallinn has been awarded another honour by the European Cities Against Drugs, the leading organisation in Europe fighting legalisation and abuse of drugs. It was given for *the impeccable example of interest and commitment to solving drug abuse problems, as well as for the*



creative and stimulating workshop on the 28th of January 2006. Tomas Hallberg, ECAD Director.

This will be added to the UNICEF award 2005. School director Anna Krilova and Estonia Rugby President John Slade agree that rugby can change a child's perception of a healthier life style and if gold medals were handed out then this is it.

*John Slade,
Rugby Federation director in Tallinn*

Dubious help to self-harming patients in Britain

British Newspaper The Sunday Times published an article on safe self-harm strategies debated at the Royal College of Nursing. More and more nurses at the Royal College in question approve the idea of providing their patients, who have certain self-harm inclination, with clean blades to cut themselves safely. One cannot escape drawing some parallels here to the idea of distributing clean needles to intravenous injecting drug addicts. To ensure that their patients are on the safe side even more, the nurse team gives some serious thoughts to distributing sterile blades, clean packets of bandages and to giving the patients piece of advice on which parts of the body to cut.

The ambiguous problem of tackling self-harming patients along with these lines is going to be debated at the Royal College of Nursing Congress in April. Today the nurses are still obliged to stop anyone attempting to harm himself or herself and confiscate all dangerous objects from them.

Ian Hulatt, mental health adviser for the RCN, says: "There is a clear comparison with giving clean needles to reduce HIV. We will be debating introducing a similar harm-reduction approach. This may well include the provision of clean dressing packs and it may mean providing clean 'sharps'.

"Nurses who encounter individuals who self-harm on a regular basis face a dilemma. Do they go for prohibition? Or do we allow this to occur in a way that minimises harm?"

Hulatt admitted there would be significant opposition: "Some nurses will not support this because our code of practice says we should not do patients any harm. But this may be less harmful than patients using dirty implements. There are mental health units that already allow the use of sterile implements."

He was supported by Jeremy Bore, vice-chairman of the RCN's prison forum, who said: "We should give patients clean blades and a

clean environment to self-harm and then access to good-quality dressings.

"My instinct is that it is better to sit with the patient and talk to them while they are self-harming. We should definitely give advice on safer parts of the body to cut. It could get to the stage where we could have a discussion with the patient about how deep the cuts were going to be and how many."

The motion to be debated at the Royal College delivers information that there are nurses who already sit by the side of their patients when they cut themselves to prevent grave injuries. One of the proponents of the motion idea who wished to stay anonymous, says

that this practice of ensuring safe self-harm is already being exercised in some parts of the country. No matter how defiant or ambiguous this motion may seem, he continues, self-harmers will cut themselves and the nurses will have to face the consequences of this.

In case of the full support of all the nurses at the Congress the motion is going to be propelled further to be officially introduced by the local health trusts. Despite these distinct plans, Communications director at the Patients Association expressed criticism towards the motion:

"Supplying individuals who self-harm with blades cannot be good for them. Nurses should not be supporting patients to self-harm.

"By giving self-harmers the tools they need, the nurses could be seen as encouraging individuals to harm themselves. We should be doing something to discourage this behaviour."

British annual statistics show that 170 000 people get to the accident and emergency departments after cutting themselves deliberately. As common reasons for the self-harm are often named stress, depression or psychological trauma.

Source: <http://www.timesonline.co.uk/article/0,,2087-2025748,00.html>



Cocaine users at risk of life threatening complications

Doctors, writing in the February issue of the Journal of the Royal Society of Medicine, have warned of life threatening abdominal complications following the rise of cocaine abuse in the UK.

"Abdominal complications from cocaine abuse are life-threatening and require emergency surgery," said Luke Meleagros, Consultant Surgeon at North Middlesex University Hospital. "In extreme cases a patient may end up with a colostomy."

Cocaine use has increased considerably over the last 10 years. It is estimated that 344,000 people abuse cocaine and 17,000 abuse crack every month in the UK.

"Cocaine abuse is a serious problem in the UK and in particular, London, where its use is more prevalent," said Mr Meleagros. "However, as the number of cocaine abusers rises we expect the accompanying health complications to spread across the country."

The authors of this latest report cite two recent cases of gastrointestinal perforation secondary to cocaine abuse within a few weeks of each other.

"Abdominal complications are more common with users of crack cocaine and in poor, inner city areas. However, we suspect that there is an under reporting or misrecognition of the problem in other areas, particularly affluent areas, as these complications occur in cocaine users as well," said Mr Meleagros. This study draws attention to an emerging serious health complication but there is more work to be done. We'd certainly be interested to see the experience of other hospitals

to gain a better understanding of the extent of the problem," he said.

While gastrointestinal complications following cocaine abuse are uncommon compared with other complications such as chest pain and respiratory problems, they are relatively well documented in the USA due to the higher incidence of drug abuse there. The symptoms include abdominal pain and tenderness, nausea, vomiting and bloody diarrhoea. The onset may be within an hour following drug abuse but could take up to 48 hours.

"The diagnosis of an acute abdomen may be difficult and requires a high index of clinical suspicion," write the researchers. "In view of the increasing abuse of cocaine and crack in this country, it is important that doctors should be aware of their abdominal complications especially mesenteric ischaemia and gastroduodenal perforation, which primarily affects younger age groups."

"These findings underline that cocaine is a harmful drug" commented Martin Barnes, Chief Executive of DrugScope. "The cardiovascular and respiratory dangers associated with heavy or prolonged cocaine use are well-documented, but this report suggests there may also be abdominal complications which are less detectable. There needs to be better awareness and much more training for hospital doctors and GPs on illegal drugs and their harms, particularly those in contact with younger adults and young people."

By Drugscope.org.uk

'No cannabis' signs

Amsterdam. The 'no cannabis' signs produced for a new crackdown on people smoking drugs in public in the Baarsjes district of Amsterdam are selling like hot



cakes.

A spokesperson for the local authority said 333 requests to buy one of the signs had been received since the council announced the sale last week. About half of the requests come from the US. There have also been offers from Germany, Australia, Singapore and Scandinavia.

The Baarsjes is the first district in Amsterdam to introduce a new by-law to prevent groups of young people hanging around in public areas to smoke cannabis. The sign alerting the public to the cannabis-free zone features a hand holding a joint which is emitting puffs of smoke shaped like cannabis leaves.

The signs started to go missing as soon as the campaign was launched last week. Three have so far been taken by souvenir hunters. All attempts to thwart the thefts have failed.

So officials decided to start selling signs for EUR 90 each. The money raised will go to charity. The average waiting time for delivery of a sign is three weeks. Meanwhile the local authority is trying to find a way to ensure the sign also remains a feature in the Baarsjes 'no cannabis' zone.

By Expatica.com

★ EDITOR NOTE

In the last issue of ECAD newsletter there was a mistake made in the article about WHO report on needle exchange. The Swedish scientist Kerstin Käll who dealt with some of the conclusions Alex Wodak made



Kerstin Käll

in this report criticised him for measuring HIV prevalence only in returned needles, and not HIV prevalence among injecting drug users in the revision of the study by

Heimer and co-workers.



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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