



## The Canadian Minister of Health Visits ECAD



*The Canadian Delegation at the ECAD Office*

During his two-day stay in Scandinavia, Tony Clement, the Minister of Health in Canada, took time to visit the ECAD Head office in Stockholm to discuss drug policy. Mr. Clement arrived straight from the recently closed XVI International AIDS conference in Toronto. The focus of the 24,000-delegate conference was partly stolen by activists for the injection site in Vancouver. The global HIV/AIDS problem is a larger issue than a local project in Canada, and worth a different kind of attention. The background to the lobbyists' action is the Canadian government's hesitation to renew the exemption which makes it possible for Vancouver to run the injection site.

HIV among drug addicts in Sweden is, and has historically been, a Stockholm problem, Tomas Hallberg told the Canadian delegation. It was in Stockholm the HIV epidemic among injecting drug addicts was discovered back in 1985, when, in only a few years, 250 persons were registered HIV-positive. During the last couple of years, only some 10 persons become HIV-infected in Sweden per year among the intravenous drug abusers, almost all of them in Stockholm. The **methods** chosen to curb the

spread of HIV within this group have primarily been **easy access to testing together with information**. The Swedish drug addicts have also had **good access to various forms of treatment**.

Mr. Clement was told about the work done in Sweden to combat both HIV and drug abuse at the same time. Sweden could be an example for Canada in this regard, Tomas Hallberg said. The percentage of young people who have experimented with drugs in Sweden, 7-8 per cent of 15-16 year olds, is a very low figure, he continued. Mr. Clement regretted the lack of national surveys of this kind in Canada, so local initiatives have to be relied upon. These show, however, 3-4 times higher figures compared to Sweden.

ECAD Director Tomas Hallberg took this opportunity to express the organization's firm standpoint regarding the so called "safe injection sites". They all should of course be closed. Facilities of this kind are a breach against the UN Conventions on Drugs, and are one of the reasons why the international agreements on drug combat came about in the first place.

*See postscript*

## UNGASS 2008

*Preparations before the UN General Assembly might include five regional NGO Conferences*

The expression "UNGASS 2008" is used more and more often. It is time for all who are interested in drug issues to figure out for themselves what it implies.

UNGASS is an abbreviation for the United Nations General Assembly. A Special Session of the Assembly meets once in ten years to discuss drug-related issues. Last meeting took place in New York in 1998. During those meetings the world community goes through what has been done during the past 10 years in the area of drug combat and makes a plan for the next 10 years.

*See page 3*

## P.S. Canadian Decision

According to the Health Canada, Minister Clement has deferred the decision on the Vancouver application to December 31st, 2007, during which time additional studies will be conducted into how supervised injection sites affect crime, prevention and treatment. "Insite" operations will continue during this review.

The Minister noted he will be working with his federal counterparts at Justice and Public Safety, along with the Canadian Centre for Substance Abuse, to accelerate the launch and implementation of a new National Drug Strategy (NDS), which will put greater emphasis on programs that reduce drug and alcohol abuse.

## ★ ECAD NEWS

"We believe the best form of harm reduction is to help addicts to break the cycle of dependency," Minister Clement said, "We also need better education and prevention to ensure Canadians don't get addicted to drugs in the first place."

# Sweden's Successful Drug Policy: A Review of the Evidence

The Executive Director of the United Nations Office on Drugs and Crime, Antonio Maria Costa said in connection to the release of a new UN report that Sweden's successful drug control policies were a model which other countries could learn much from.

Launching a UNODC report entitled *Sweden's Successful Drug Policy: A Review of the Evidence*, he said that drug use in Sweden was just a third of the European average while spending on drug control was three times the EU average.

"Societies have the drug problem that they deserve," Mr. Costa said. "In Sweden's case, the commitment to prevention, law enforcement, demand reduction and treatment over the past thirty years has made a significant difference."

Mr. Costa said those who doubted the effectiveness of drug control should look at Sweden's experience, which was useful not only for showing that drug control is possible, but how and why.

The report shows that amphetamine use in Sweden was high in the 1950s when such stimulants were readily available. Overall drug use rose in the second half of the 1960s during a period of rather liberal drug policies but declined strongly in the 1970s and the 1980s due to progressively tightening drug control. Drug use rose again in the 1990s due to budget cuts, unemployment and growing drug supplies but has followed a clear downward trend since 2001 as a result of a National Action Plan, the establishment of a National Drug Coordinator and improved funding. Mr. Costa praised the culture of drug abuse prevention and treatment in Sweden. "Long-term and cohesive policies, backed up by sufficient funding and the support of civil society, have proven vital for success," he said.

He stressed the strong correlation between the Swedish Government's special efforts to target cannabis and amphetamine-type stimulants and an overall reduction in drug use.

"The lessons of Sweden's drug control history should be learned by others," said Mr. Costa.

Sweden's Minister for Public Health and Social Services, Morgan Johansson, said: "I am very proud that the report commends Sweden as a successful example. But this doesn't mean that we have won the fight against drugs. The work must continue, every day. Preventive measures are necessary. We also have to improve rehabilitation for people with drug abuse problems."



The UNODC Executive Director praised Sweden's efforts to promote international drug control and thanked the country for its support for UNODC. "When it comes to drug control, Sweden practices what it preaches. It is a driving force in ensuring implementation of international drug control targets."

*Read the report policy on [www.unodc.org](http://www.unodc.org)*

## Did you know that ...

### New NGO database available on UNODC website

The United Nations Office on Drugs and Crime has launched a new database of non-governmental organizations which are engaged in activities relevant to UNODC's mandate.

The database contains basic information on some 1,500 NGOs working worldwide in areas such as prevention of crime - including human trafficking and corruption - drug abuse, treatment and rehabilitation, sustainable livelihoods, criminal justice reform and victim protection.

*[www.unodc.org/unodc/ngos\\_database.html](http://www.unodc.org/unodc/ngos_database.html)*

### Improved on-line legal library

UNODC has launched an improved on-line library containing drug-related legislation in relation to the UN Conventions on Drugs adopted by different states worldwide.

The legal library is designed to provide examples of how some States have addressed specific difficulties posed by the drug problem. The laws are published and added to the legal library in one or two of the working languages of the Commission on Narcotic Drugs (English, French and Spanish).

*[www.unodc.org/enl/index.html](http://www.unodc.org/enl/index.html)*

## So little the outside world is interested in narcotic issues

*Notes from the XVI Conference on Medical Law, Toulouse, France, August 7-11, 2006*

When the World Association for Medical Law arranged its 16<sup>th</sup> conference in Toulouse, the undersigned was invited to talk about narcotic drugs and the drug policy. About 700 delegates from the whole world were gathered. Physicians and lawyers meet every other year at the world conference to discuss legal aspects of health and medical services.

An interesting audience, the undersigned thought because drug question includes so many legal and medical components. Together with four local drug experts I have

got time for my performance late in the afternoon. Maybe not the best possible time but still during the first day out of five. No chairperson was appointed for our workshop but adults could fix this little detail on their own, couldn't they? We speakers found each other easily when we came into the large meeting room for 200 people. After all, it was not that difficult since besides us, speakers there were no others. We agreed on the procedure and opened the meeting. There were 7-8 listeners in the room. The majority of them belonged to the category "acquaintances" of some of the speakers.

It was very interesting to listen to the

French experts. In particular the one who went through the history of substitute treatment in France. His speech was definitely worth a bigger audience.

This story is quite representative for how the drug question is treated generally. Drug issues "should not be discussed in a broad context". If it happens, it meets lack of interest and unwillingness. Drug issues are "too difficult and too embarrassing" and should preferably be treated by those who have enough energy for it.

*Tomas Hallberg*

## UNGASS 2008

From page 1



It is not yet decided when exactly and where the next meeting will take place. China has left a proposal that the meeting should be postponed one year and be organized in Shanghai in remembrance of the first international conference on drugs that took place just in that city in 1909. The Shanghai Conference laid a background to all international, interstate anti-drug cooperation.

The significance of what non-governmental organizations (NGO) do and have already done in the fight against drugs is recognized more and more all over the world. For instance, EU Commission plans for a structural co-operation with the civil society and looks for advice on how this cooperation should look like. Another example, the recent report from UNODC called "*Sweden's Successful Drug Policy: A Review of the Evidence*" emphasized the role of the Swedish NGOs for creating and developing of the Swedish restrictive drug policy.

Before the UNGASS 2008 (let's continue using this expression until the exact date is defined) a large NGO Forum is being planned. No less than five regional conferences respectively in Latin America, Africa, South Asia, Middle East and Eastern Europe are planned to be carried out as part of the preparation activities.

**Since September 2006 ECAD works in the program committee for this NGO Forum on the threshold of the UNGASS 2008.**

## Afghanistan Opium Survey 2006

"This year's harvest will be around 6,100 tons of opium - a staggering 92 percent of total world supply. It exceeds global consumption by 30 percent."

The methodology of the Opium Survey in 2006 covered various aspects such as estimations of the extent of opium poppy cultivation, opium yield and production, opium prices and the opium poppy growth calendar. It also included socio-economic aspects such as the number of families involved in opium poppy cultivation, the number of opium addicts in Afghanistan and the income from opium to farmers and traffickers.

In 2006, the survey estimated that 448,000 families were involved in opium poppy cultivation, compared with 309,000 families in 2005. This is an increase of 45%. Given an average of 6-7 members per family, 448,000 families represent an estimated total of about 2.9 million persons or 12.6% of Afghanistan's 23 million total population.

As part of the survey, 3,107 farmers in 1,554 villages across Afghanistan were asked why they were growing or not growing opium poppy. Farmers who **never cultivated opium poppy** reported 'religion' as the main reason (34.4%), followed by 'illegal crop' (25.7%) and respect for a shura/elders decision (24.6%). Only 0.1% of the farmers did not cultivate opium poppy due to fear of eradication.

Within the group of farmers who **stopped opium poppy cultivation** in 2006, 24.9% reported that 'religion' was the main ground for their decision. This was followed by elders/shura decision (21.3%) and fear of eradication (15.9%). Thus, based on the survey findings, the eradication campaign in 2005 may have contributed to the decision to stop opium growing in 2006.

In 2006, the **main reasons for opium poppy cultivation** were 'high opium price' and 'high demand for opium' (41.2% and 16.3 % respectively). In the northern, north-eastern and central region farmers also reported that 'personal consumption' was a reason for opium poppy cultivation. The 'high wedding costs' were mentioned by 11.9%

You can find the report on [www.unodc.org](http://www.unodc.org)

## Court-Mandated Treatment Works as Well as Voluntary

*Regardless of their impetus for participating in drug treatment – internal drive or external pressure – men had similar outcomes in the long term.*

A group of men who completed court-ordered treatment for alcohol and drug problems reported lower intrinsic motivation at the beginning of treatment, but, five years later, reported the same rates of abstinence, employment, and rearrest as peers who sought help on their own. The findings from a NIDA- and Department of Veterans Affairs (VA) Health Services Research and Development Service-supported analysis of data on treatment outcomes affirm the re-

sults of shorter term studies that have shown similar therapeutic outcomes for voluntary and legally mandated patients. The new study also included an important, but largely unstudied, comparison group: people who had been in court, but were not mandated to enter treatment.

"Once in a therapeutic environment, mandated patients seem to reflect on their situation and accept the need for treatment," says Dr. John Kelly, lead investigator of the study, conducted at the VA Palo Alto Healthcare System and Stanford University School of Medicine. "Our findings suggest that people can learn from the 'teachable moment' offered

by a judicial mandate, even though the initial motivation for treatment is external. Judicial mandates may provide an opportunity for offenders to gain access to and benefit from needed treatment."

You can find the article on [www.drugabuse.gov/NIDA\\_notes/NNvol20N6/Court.html](http://www.drugabuse.gov/NIDA_notes/NNvol20N6/Court.html)



**"Sharp"**  
He said – You are on the edge!  
She said – You are sharp!

## Effects of smoking cannabis with higher THC contents

*A clinical study from Netherlands with the results worth attention: "A double-blind, randomized, placebocontrolled, cross-over study on the pharmacokinetics and effects of cannabis"*

By Tj.T. Mensinga, I. de Vries, M. Kruidenier, C.C. Hunault, I.S. van den Hengel-Koot, J.W. Fijen, M.E.C. Leenders, J. Meulenbelt

THC or Tetrahydrocannabinol is the most important psycho-active substance in cannabis. It effects various part of the brain through cannabis receptors. As THC is fat-soluble and taken up by the fatty tissues of the body, its metabolism is much slower than that of other drugs.

Systematic measurements of the concentration of THC in 'netherweed' cannabis (Dutch cannabis) obtained from coffee-shops in the Netherlands have revealed that the mean THC concentrations have steadily increased from circa 8.6% in December 1999-January 2000 to 17.7% in December 2004-January 2005 (data Trimbos Institute, the Netherlands).

According to Korf (Korf DJ, Wouters M, Benschop A, and Ginkel van P. Sterke wiet. Blow gedrag, schadelijkheid en afhanke-lijkheid van cannabis. 2004. Amsterdam, the Netherlands, Rozenberg Publishers), there exist different smoking practice user groups. The group that is probably most at risk are relatively young blowers, who strive for the 'strongest high' feeling. They do not limit their consumption, tend to inhale deeply,

and smoke the entire joint individually. In the Netherlands, among young subjects, 15-35 years of age, current use is specifically high, 11.8%, the report says.

The chosen study population consisted of 24 adults aged 18-45 years. They represent users striving to experience a 'stable high' feeling, with moderate psychedelic and relaxant effects. Usually they share joints and do not finish an entire joint individually.

The report concludes that smoking cannabis with higher THC contents was associated with a dose-related increase of physical effects (such as increase of heart rate, and decrease of blood pressure) and psychomotor effects (such as reacting more slowly, being less concentrated, making more mistakes during testing, having decreased functioning of motor control, and having more drowsiness).

Cannabis from outside the Netherlands, mainly grown outdoors, contains on average 5.5% THC, the report says. However, concerns regarding THC content in cannabis have been renewed in the Netherlands because of recent developments in indoor hydroponic cultivation techniques. These efforts have enhanced the THC content 'netherweed'. Over the years, the highest THC concentrations measured have doubled from circa 16% up to almost 30%.

*You can find the report on [www.rivm.nl/bibliotheek/rapporten/267002002.html](http://www.rivm.nl/bibliotheek/rapporten/267002002.html)*

## Editor's note



*Dear readers!*

I'm glad to inform you that my maternity leave is over and I'm back to the office. Together with Janina Romanova I will continue to inform you about important events in our organization and keep you updated on those news worldwide that can be useful in our work.

Please do not forget to visit our website to always get the latest information about upcoming conferences and seminars [www.ecad.net](http://www.ecad.net).

We are as always open to hear your remarks on how to make our newsletter and website even more useful for you. Please write to us [ecad@ecad.net](mailto:ecad@ecad.net) or fax +46 8 508 29 466.

*Sincerely yours,  
Lana Willebrand, editor*



### "Sharper"

*He said – You are on the edge!  
She said – You are on the ball!*

## Increased cooperation between Nordic countries and Russia on social issues

A common plan on gender equality, health and social issues (incl. work against drugs) in cooperation between the Nordic Council of Ministers and Saint Petersburg's government is under way. A seminar was carried

out in the beginning of September, 2006 in Smolny, St. Petersburg, aimed at developing a new comprehensive system that would further a better information flow within the social sectors between St. Petersburg and the

Nordic countries. Based on present information, a draft agreement is being prepared for signing between the city of St. Petersburg and the Nordic Council of Ministers.

*[www.norden.org/russland/sk/kunnskap.asp](http://www.norden.org/russland/sk/kunnskap.asp)*

*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 **kid's** well being.*



**ECAD** is Europe's leading organization 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 legalization and promote policies to eradicate drug abuse worldwide. Has your city joined ECAD?

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