



JIM CORR: Are we making progress?

ECAD NEWSLETTER continues with the publications of its Annual conference most interesting speeches.

ECAD is now 15 years in existence and we must ask ourselves continually are we making progress? Are we focusing our efforts and our limited resources in the right direction so that the commitment of many people across Europe who believe in the ECAD crusade is bearing fruit?

I can assure this Conference that the Advisory Board is not a cosy complacent club but a group of well informed people who constantly engage in self-evaluation as to how we are steering this international organisation.

As recently as the 1st February we spent an entire day in Stockholm teasing out relevant issues such as:

- how do we continue our campaign against the legalisation of drugs?

- how do we demonstrate our respect for and acceptance of different approaches to the drug problem in other cities / countries?

how do we convince all member cities to pay their membership fee so that ECAD will have funds to expand its role and engage in research?

- how do we convince more European capitals that they have a role to play in ECAD?

- how do we acknowledge our deep appreciation of the generosity of the city of Stockholm and strengthen our role as an international organisation?

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Warning in World Drug Report 2008

The UNODC drug report shows that less than one in every twenty people (age 15-64) have tried drugs at least once in the past 12 months. Problem drug users (people with severe drug dependence) are less than one tenth of this already low percentage: 26 million people, about 0.6 per cent of the planet's adult population.

World Drug Report 2008 sounds an alarm about the very recent surge in drug supply. Afghanistan had a record opium harvest in



"In recent years drug control has made impressive achievements, especially in comparison to other psychoactive substances Tobacco kills 5 million people a year, alcohol about 2.5 million; and illicit drugs around 200,000 persons a year worldwide," - the head of UNODC Antonio Maria Costa

2007: as a consequence, the world's illegal opium production almost doubled since 2005. Most cultivation (80 per cent) took place in five southern provinces, where Taliban insurgents profit from drugs.

The same pattern is evident in Colombia, where coca cultivation increased by a quarter (27 per cent) in 2007, though remaining some 40 per cent below the peak reached in 2000.

Despite this significant increase in coca cultivation, cocaine production in Colombia (the world's biggest producer) remained unchanged because of lower yields, due to the exploitation of peripheral coca plots - smaller, more dispersed, in remote locations.

"In the past few years, the Colombian government destroyed the large-scale coca plots by means of massive aerial eradication. It was an unquestionably successful campaign against armed groups and drug traffickers alike. In the future, with the FARC in disarray, it may become easier to control coca cultivation", said Mr. Costa.

The world cannabis market is stable or even slightly down. Cannabis herb production is estimated to be some 8 per cent lower than in 2004 and cannabis resin production declined by some 20 per cent between 2004 and 2006.

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Is French anti-drug policy good enough?

ECAD NEWSLETTER chooses to highlight an alarming letter from France, written by Serge Lebigot, Président Association "Parents Contre la Drogue"

"France takes the presidency of EU on the 1st July. Some of our leaders and the head of the MILDT (Mission to fight against drugs and addiction) think that European countries envy our model of fight against drugs applying so-called three pillars, that are: the prevention, repression and care, and will try to impose the French model in Europe. Here is my point of view regarding the three pillars:

Prevention:

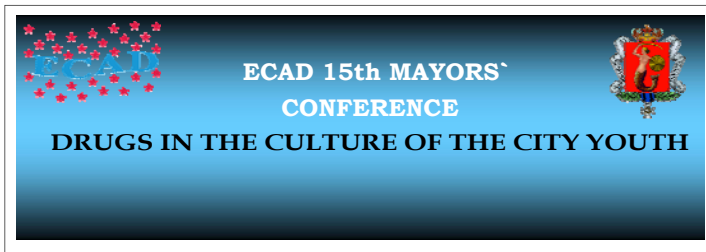
There is virtually no prevention in schools, and when there is one, it comes too late. Associations like ours that practice prevention measures, are not allowed to go into schools (because of what is called "the freedom of expression" in France). Our many brochures on prevention cannot be distributed in schools, only brochures broadcasting an ambiguous message are allowed.

CANNABIS CONSUMPTION IN FRANCE:

IN 2004 - 850.000 regular users
- 450.000 daily users
IN 2007 - 1,2 MLN regular users
- 550 000 daily users

Two of the MILDT brochures are the perfect example (on ecstasy: "under the influence of ecstasy, some people consume a large quantity of tobacco. Use of tobacco is very harmful to the cardiovascular system, respiratory"; on cannabis: "cannabis is in general blended in tobacco, an usage of tobacco is very damaging for the cardiovascular and respiratory system", etc..).

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JIM CORR: Are we making progress?

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The Mayors' conference is the opportunity for you, the representatives of cities and towns from across Europe to let the Advisory Board know how you evaluate our performance.

As a public representative we share a duty to be continually exploring possible ways by which we can improve the quality of life of people on our streets and in our housing estates. In many cities in Europe life for families and elderly is very unhappy because of the influences of drug pushers.

I would respectfully ask mayors and deputy mayors to consider now preparing a five year strategic plan that will seek to respond to the drug issues in your cities and towns.

Perhaps if we all in our respective cities were to ask ourselves three questions:

Where are we now in our fight against illicit drugs?

Where do we want to be?

How are we going to get there?

As we tease out such questions we quickly realise that tackling illicit drug consumption is ultimately about users, their families and their communities and not primarily about service providers.

The most recent research in my country indicates that a multi-agency approach to, at least alleviating to drug problem, is essential.

Service providers must work very closely together if we are to make progress

- in reducing the flow of illicit drugs
- in reducing the demand for such drugs
- in responding to the needs of people who experiment and in too many cases become addicts.

I would respectfully recommend that cities and towns would establish Local Drug Task

Forces which would bring together regularly the main providers of services e.g.:

- *the police and custom officials*
- *the education and training providers*
- *the health authorities and above all*
- *representatives of local communities.*

Such a Task Force would work under the aegis of the City or Town Council and it should build its strategy around five pillars namely:

- supply reduction
- prevention (including education and awareness)
- treatment
- rehabilitation – continuum of care
- research.

Read this speech and other conference papers in full at www.ecad.net

Tilburg continues puffing happily

Thirteen coffee shops in Tilburg (Prov. Brabant, The Netherlands) have decided unanimously to ignore the ban on smoking, which came to force the first of July in cafes and restaurants.

Each coffee shop in the country has received an explanatory letter on behalf of those appointed to check the application of the ban on smoking (Food and Foodstuff authorities).

“Smoking is an essential element of our organization and a source of our revenue”, - according to *Freek Hoeksma*, manager of the *Grass-company*,

“By obeying the ban on smoking we can't face the competition. Most coffee shops allege that they do not have enough room to provide visitors a separate smokers' room”.

“Also, we are concerned about the fact that a coffee shop, in which you may not blow cannabis, would not be considered a coffee shop at all”, means *Hoeksma*.

Jan Berlijn and Carla Maissan
Correspondents for ECAD, Rotterdam

What is in drugs' future for Scotland?

Scottish Parliament has published a sensational report encouraging application of radical new ways to tackle the damage caused by alcohol and drugs, information agency BBC reported early in June. The report was prepared by Scotland's Futures Forum.

Radically new ways of coping with the problem embrace arrangement of “consumption rooms” for addicts – that is to use the drugs safely, and prescription of heroin to drug users. The authors of the report also suggest introducing cannabis taxation in order to regulate the dissemination of the drug closer, thus harm- and supply reduction measure. Introducing drug consumption rooms, according to the report proposal, would lead to curbing the amount of drug-related deaths and hepatitis C infections.

The damage inflicted by alcohol and drugs was targeted for halving by 2025. The issue had been historically treated as a justice system problem, the report said. It was then proposed to become an issue of health, lifestyle and social challenge. Scotland's Futures Forum has also scrutinized drug enforcement system and found the incarceration unproductive and unsustainable when it came to minor rated alcohol and drug offences.

A spokesman for Scottish Government was careful about the forthcoming launch of “consumption rooms”, since England was still conducting pilot studies on heroin prescription: *There are complex legal and ethical issues around consumption rooms that cannot be easily resolved*, he said.

Tory leader Annabel Goldie called the consumptions rooms “shooting galleries”, which together with the intention of legalizing cannabis were the two leitmotifs of the past two decades, BBC reports.

Source: BBC, http://news.bbc.co.uk/2/hi/uk_news/scotland/7442773.stm

Is French anti-drug policy model good enough?

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"Many young people we have met concluded that the "ecstasy wasn't dangerous if you did not smoke". As for cannabis, they genuinely believed that "cannabis without tobacco was not dangerous".

Repression:

For those who have been to France, know that you only need to walk in into certain areas of major cities and see addicts with a syringe in the arm, or addicts taking crack or other drugs to understand the hypocrisy of the French system. Drug consumption is prohibited, but it allows these acts to happen. Worse, the state finances organization of rave parties like the one in June, where thousands of young people consumed plenty of drugs.

Care:

In fact, what our leaders call *care* is harm reduction measures in fact, i.e., distribution of millions of syringes, millions of boxes of subutex, and, since June, — boxes of methadone capsules.

Illegal trade of subutex amounts to 40%, of which the misuse of the drug (injection of subutex, mixing it and consuming with other drugs) - comes up to 30%. Many young people who consume subutex have no previous history of taking heroin to account for their intake. The French state has become, in 10 years, a *European dealer of subutex*. I am frightened to see a disaster with methadone capsules in a year or so, old mistakes will produce the same effects, with the risk for overdoses on the top of that .

What we ask:

1. Introduction of actual prevention for youth and that from a very early age (*primary prevention*);
2. Curbing distribution of brochures without a clear message against drugs;
3. Application of laws on the consumption and trafficking of narcotics;
4. To cease issuing grants to organisations with a positive message on drugs. This applies particularly to associations of harm reduction, which stand for legalisation of cannabis and decriminalization of all drugs;
5. Creation of real therapeutic communities, like those in Italy or other European countries (communities without substitution treatment that exists in France);
6. Control over methadone and subutex prescription, that being supervised and, especially, limited in time. Addicts are not diabetics, substitute products are not insulin.
7. Application of a real policy against drugs, like the Swedish model, a model that I have claimed to introduce for the past 20 years in France.
8. Tougher sanctions against dealers and an obligation to care for consumers.
9. Drug testing in schools (*it is not normal that many young people come to school under the influence of drugs*).
10. French state should declare 2009 - the year against drugs.

This is the sad record of drug policy in France, warn your leaders that this policy is certainly not the model to be applied in Europe".
Serge Lebigot, Président Association "Parents Contre la Drogue "

Discussion on ecstasy

The ACMD (Advisory Council on the Misuse of Drugs) is currently looking at ecstasy again. It directly causes around 30 deaths a year in the UK and the number of deaths has risen as Ecstasy use has risen since the mid 90s.



Photo: newsimg.bbc.co.uk/

David Raynes

The ACMD had a hearing recently, they seemed to be focussing on the deaths and not the long term potential for brain damage and depression from ecstasy use. Their discussion on ecstasy in public did not reach a high intellectual standard and they lapsed into anecdote with only few of their number participating. One wonders why many of the other ACMD members are there. If discussion on this subject is not important, nothing is.

The UK Home Office has been resolute in saying it would not downgrade Ecstasy so we can expect more sparks when Professor David Nutt* and his fellow travellers report.

It seems to me that those who set these hares running fail to appreciate that even discussing the subject and it being picked up by the media, mixes the message to young people about the harms of ecstasy.

For well educated people, some of the proselytisers about downgrading have a lack of basic common sense. Or is it perhaps that they are closet legalisers with a long term agenda?

I will frankly be astonished if Ecstasy is downgraded by the current government, or the next. It is extremely doubtful if it could be got through parliament without the whip being applied by any party. On a free vote it would fail. Foreign observers should not therefore, get too worried.

**Professor Nutt takes over as the ACMD (Advisory Council on the Misuse of Drugs) Chairman towards the end of the year. He is previously associated with suggesting that Ecstasy should be downgraded and is a party to suggestions (with Colin Blakemore) that the whole system of classification needs to be revisited. That of course is a deliberate tactic of the legalisation lobby, as is changing the UN Conventions. (Though these two do not say they are pro legalisation & Blakemore has got upset when it is suggested).*

By David Raynes,

National Drug Prevention Alliance

PADDOSummer, still a legal growth

This summer tourists in the Netherlands can still consume *paddos* (magic mushrooms) to their hearts' content.

The Minister of Health does not consider it feasible to implement a law concerning the ban on paddos before the Parliaments summer recess.

When a 17 year old girl — a French tourist — found her death after consuming paddos last summer, the Dutch parliament was furious and demanded a ban on paddos immediately.

Again it will be a long hot drug related summer in the Netherlands.

Jan Berlijn and Carla Maissan
Correspondents for ECAD, Rotterdam

Warning in World Drug Report 2008

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Nevertheless, there are **worrying trends**: Afghanistan has become a major producer of cannabis resin, perhaps exceeding Morocco. In developed countries, **indoor cultivation is producing more potent strains of cannabis herb**. The average level of the drug's psychoactive substance (THC) almost doubled on the US market between 1999 and 2006, from 4.6 per cent to 8.8 per cent.

Use of **amphetamine-type stimulants**, like methamphetamine and ecstasy, has levelled off at the global level since the year 2000. Nonetheless, production and consumption remain a major problem in East and South-East Asia and markets are starting to develop in the Near and Middle East.

The Report confirms that there has been a systemic shift in major drug routes, particularly for cocaine. Because of steady demand for

cocaine in Europe and improved interdiction along traditional routes, drug traffickers have targeted West Africa. The region's health and security is at risk.

The *World Drug Report 2008* discloses the fear -- though not yet the evidence -- of emerging markets for drugs in developing countries. "The threat to poor nations is certainly there... The attack must be pre-empted by technical assistance, better drug prevention and treatment, and more cooperative law enforcement", said the head of UNODC.

Pointing out that resources for public security far outweigh those devoted to public health, he called for a stronger focus on health - the first principle of drug control. "Drug dependence is an illness that should be prevented and treated like any other", said Mr. Costa.

Read more at: <http://www.unodc.org/unodc/en/press/releases/2008-06-26.html>

METHADONE MYTHS



NEIL McKEGANAY
Professor of drug misuse research
University of Glasgow

When it comes to treating drug addiction, there are some doctors who find it impossible to see beyond their prescription pad. It is often said methadone enables addicts to stabilise their lives. Unfortunately, as things stand, even when an addict has attained the status of "stability", there is little offered other than the continuation of their methadone prescription.

For Dr Robert Newman and Dr Alex Wodak (*The Scotsman*, 27 May), the idea of limiting an addict's time on methadone to two years is seen as the end of treatment. In fact, my recommendation was that this was simply the beginning of a new phase of treatment, with the addicts being engaged in a drug-free rehabilitation programme. But why did I suggest a two-year cap in the first place? On the basis of the largest evaluation of drug treatment services conducted in Scotland, it is clear addicts in treatment make the greatest progress in their recovery within the first year of engaging with services; thereafter, their progress tends to plateau.

The suggestion I made would be one way of building on the initial progress an addict makes.(...) For doctors Drs Wodak and Newman, drug addiction is, like diabetes, epilepsy or heart disease, a lifelong condition from which there is no recovery... But drug addiction is not like these other illnesses and methadone is not the same as insulin or epileptic medication. Millions of individuals around the globe do recover from their drug addiction and go on to lead healthy, productive, drug-free lives.



Dr. ALEX WODAK
Director, Alcohol and Drug Service St Vincent's
Hospital, Darlinghurst, Australia

Professor Neil McKeganey recently recommended the introduction of an arbitrary limit on the duration of methadone treatment. In 2004, the World Health Organisation, UNAIDS and the United Nations Office on Drugs and Crime released a joint statement endorsing methadone and buprenorphine treatment. In the same year, the WHO added methadone and buprenorphine treatment to its essential drugs list.

Methadone treatment is one of the most frequently evaluated treatments in medicine. It has been found to reduce substantially drug overdose deaths, HIV infection, crime and heroin use while also improving social functioning.

If Prof McKeganey's advice is accepted, Scotland can look forward to soaring drug overdose deaths, HIV infection, crime and heroin use while the social functioning of injecting drug users will deteriorate. The UK already has one of the highest rates of drug overdose deaths in Europe, with higher rates in Scotland than England.

Methadone and buprenorphine treatment should be treated like any other medical treatment. That is, policy and practice should be based on evidence, not on whim. There is no evidence to support Prof McKeganey's advice. (...)

Source: *The Scotsman newspaper*

★ DEBATE



ECAD is Europe's leading organization promoting a drug free Europe and representing millions of European citizens.

ECAD member cities work to develop initiatives against drug abuse supporting the United Nations Conventions.

Has your city joined ECAD?

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