



ECAD NEWSLETTER



EUROPEAN CITIES AGAINST DRUGS
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Volume 9 No 114
November 2008

EMCDDA Annual report 2008:

Holistic response needed

Some 12 million Europeans (15–64 years) have tried **cocaine** in their lifetime, compared with around 11 million for amphetamines and 9.5 million for ecstasy. While the latest European data confirm reports of a stabilising or even declining trend in the use of amphetamines and ecstasy, they point to a continued rise in cocaine use, albeit in a limited number of countries.

Amphetamines and ecstasy: situation stable

Around 2 million young Europeans (15–34 years) have tried **amphetamines** in the last year and around 2.5 million have tried **ecstasy**. Today's report shows stable to falling trends in last-year amphetamine use in this group since 2003 with on average 1.3 % of young adults reporting annual use. Last-year ecstasy use among young adults has also remained largely steady over the last five years, although with some small increases and decreases reported. On average 1.8 % of young adults reported using ecstasy in the last year, although this figure masks considerable inter-country variation. School survey data from the Czech Republic, Spain, Sweden and the UK also show a stable situation or decline, both in the use of amphetamines and ecstasy among 15–16-year-olds.

Cocaine use continues to rise

Around 3.5 million young Europeans (15–34 years) have used **cocaine** in the last year,

and 1.5 million in the last month. Seven countries report a rising trend in last year-use in recent surveys (2005–07). In high-prevalence countries Denmark, Spain, Ireland, Italy and the UK, last-year prevalence figures among young adults ranged from around 3 % to 5.5 %. The upward trend in treatment demand for cocaine problems also continues. Between 2002 and 2006, the number of cases in Europe of new clients demanding such treatment rose from around 13 000 to almost 30 000. Some 500 deaths associated with cocaine use were registered by the EMCDDA in 2006.

Europe's divided stimulant market: holistic response needed

Cocaine now dominates the illicit stimulant market in the west and south of Europe, while elsewhere use and availability remain generally low. In most northern, central and eastern Member States, particularly countries joining the EU since 2004, amphetamines retain a strong foothold as the prevailing stimulant. Use of methamphetamine – a drug causing considerable problems outside Europe – remains limited within the EU to the Czech Republic and Slovakia.

'The interplay between different drugs with the same user appeal remains an important area for investigation', says EMCDDA Chairman Marcel Reimen.

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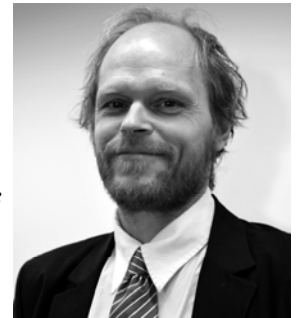
Four news from the Netherlands

- Growing internal criticism of the Dutch drug policy;
- Amsterdam closes 43 'coffee shops';
- Rotterdam students tested for drug use;
- Mayor of Eindhoven wants to control cannabis plantation

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★ ECAD NEWS

“ ECAD today, 16 years since its start, is a well established organisation in the anti-drug field. We have some 270 member cities and we are well-known around Europe. For our future development it is important to analyse how we can further support our members in their everyday anti-drug work.



ECAD stands at a crossroad. Can we continue working the same way as we have done it during the past 16 years? “

Read "Chronicle" by ECAD Director Jörgen Svidén on www.ecad.net

Welcome to the 16th ECAD Mayors' Conference and the Second World Mayors' Conference!
Göteborg 5-6 February 2009 (Booking deadline January 22nd)
Information and registration on www.ecad.net, www.goteborg.se/worldmayorsconference



There are things we can learn from each other

ECAD Sweden participates in Russian conference on drugs

Two representatives of the network ECAD Gävleborg (which includes 10 Swedish cities), Sven Persson and Marcus Häggström, participated in a conference "Drug-safe Cities vs Cities surrendered to drugs - experience exchange between Russian cities" which took place on October 30-31 in Stavropol, in the Caucasus area in the Southern Russia. The conference attracted 350 delegates from many regions of Russia and received a broad coverage.

Sven and Marcus presented an overview of the successful Swedish drug policy at the plenary session. During the seminar on the next day they could give a detailed description of how prevention works on a local level in their respective cities of Gävle and Söderhamn.

Sven Persson told the seminar participants that the municipality of Gävle annually evaluates the effects of the drug preventive work. The activities are carried out in accordance with the city's action plan "Step by step to a drug-free society". Söderhamn invested lately great resources in the youth preventive programme. It includes regular surveys, development of youth creative centres and a youth help service for young people in need.

The network ECAD Gävleborg takes an active part in the ECAD research and prevention programme "Youth in Europe" which Sven and Marcus have also shed light on.

Russia is still suffering from the devastating consequences of the swinging drug policy of the last 15 years, when, against a background



of a drug epidemic that spread throughout the country, the drug legislation swung from a restrictive one to a liberal (even possession of up to 1 g of heroin for own use was made legal in 2004!) and then back to a restrictive again. The country needs to build up its system of drug prevention on local level with coordination of efforts as a primary goal, was the conclusion of the conference. In this regard the Swedish experience is of great interest.

George Zazulin, Director of the ECAD Regional office in Russia, presented a new book where the Swedish drug policy model is explained with regard to the interests of Russian readers.

The two intensive days of the conference gave the Russian and Swedish colleagues the opportunity not only to meet and exchange experiences but also to enjoy the genuine Russian hospitality which Stavropol demonstrated so heartily.

Successful cooperation between the Russian and Swedish ECAD networks continues. George Zazulin replied by participating in the regional conference organised by ECAD Gävleborg in Bollnäs, Sweden in November.

EMCDDA Annual report 2008:

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'Today's picture of a divided market suggests that, rather than focus on individual substances, we must adopt a holistic approach to stimulants. There is a potential risk that gains made in reducing the availability of one drug, could simply result in consumers switching to another', says EMCDDA Chairman Marcel Reimen.

Cannabis: 'Stronger signals' that popularity may be declining

Nearly a quarter of all Europeans, or around 71 million (15-64 years), have tried **cannabis in their lifetime** and around 7 % (23 million) have used it **in the last year** – making it still Europe's most commonly consumed illicit drug. But, in some important markets, says the EMCDDA, there are now 'stronger signals' of the drug's waning popularity, reinforcing the analysis presented in last year's Annual report.

Around 17.5 million young Europeans (15-34 years) are estimated to have used cannabis **in the last year**. Latest national survey data on last-year cannabis use in this age group reveal a stabilisation or decline in the majority of reporting countries, with on average 13 % of young European adults using the drug in the last year. Lifetime and heavy cannabis use among 15-year-old school students in most EU countries also appears to be stable or declining.

'Trends in the numbers of regular and intensive cannabis users, however, may move independently of cannabis prevalence among the general population', says EMCDDA Director Wolfgang Götz.

Some 4 million European adults (15-64 years) are estimated to be using cannabis on a **daily** or almost daily basis. Among the estimated 160 000 new demands for treatment for drug problems reported in

2006, cannabis clients represented the second largest group (28 % after heroin (35 %).

Mapping domestic cannabis production

Also highlighted today is Europe's domestic herbal cannabis production, with reports from Member States suggesting that this 'may no longer be considered as marginal'.

Opioids

The EMCDDA estimates that there are between 1.3 and 1.7 million problem opioid users in the EU and Norway, with heroin responsible for Europe's largest drug-related health and social costs. Data published in 2008 report call into question previous EMCDDA assessments of a slowly improving heroin situation and point to a 'stable but no longer diminishing problem'. Record opium production in Afghanistan in 2007 has also heightened the agency's worries over a potential knock-on effect on Europe's heroin problem.

'Current evidence does not point to an epidemic growth in heroin problems as experienced by most of Europe in the 1990s', says EMCDDA Director Wolfgang Götz. 'Nonetheless, we cannot ignore the threat posed by the glut of heroin now available on the world market, the concerns raised by indicators of heroin use, or signs that synthetic opioids may be a growing problem. Vigilance is clearly required'.

Four news from the Netherlands: Time to re-think?

Growing internal criticism of the Dutch drug policy

The Dutch government announced a ban from 1 December on the cultivation and sale of hallucinogenic mushrooms, one of the favourites among foreign visitors to Amsterdam.



The Dutch media has reported that some political parties, including the PvdA labour party, a member of the governing coalition, were becoming more and more critical of the country's tolerant approach to so-called "soft drugs" such as cannabis.

The ruling Christian democratic CDA has always criticised this approach, which allows coffee shops to sell five grams of cannabis to an individual per day.

APF / Expatica

Amsterdam closes 43 'coffee shops'

Amsterdam is closing down 43 out of 228 'coffee shops' operating in the city. Amsterdam mayor Job Cohen strongly favours the current tolerance policy, but he faces growing opposition from right-wing and moderate parties including the powerful Christian Democrats. The reason for Amsterdam's sudden about-face is a new national government policy, which dictates that coffee shops will not be allowed to operate within 250 meters of a school.

The announcement coincided with a meeting of city mayors from throughout the Netherlands which gathered to discuss pressing problems with the current Dutch drug policy. At the top of the agenda was drugs tourism. Many border towns are unhappy at the nuisance caused by tourists visiting the Netherlands to buy cannabis, and the travelling drug dealers who chase after the tourists trying to sell them both 'soft' and 'hard' drugs. The mayors' meeting was called after two southern Dutch towns – Roosendaal och Bergen-op-Doom – announced the forced closing of all coffee shops within their municipal limits, from 1 February 2009.

The mayors of the two towns, who claim to have seen a rise in the influx of Belgian and French drug tourists, contend that the 25,000-odd foreigners visiting their coffee shops every week had "a notably negative impact on the public order".

/Radio Netherlands

Rotterdam students tested for drug use

Three schools in the Dutch city of Rotterdam have started a pilot programme to test students for drug use. The city authorities say that they are first in the country with drug testing in schools. Participation in the programme is entirely voluntarily as students cannot be compelled to take part. If school personnel suspects that a pupil uses drugs (including cannabis!) he or she would be asked to voluntarily take a test. The pilot programme will be evaluated and presented to the authorities within a couple of months, according to Telegraaf.

The pilot project can be seen as a reaction on the research conducted in 12 schools in Rotterdam in the beginning of the year which showed traces of cocaine in every second school, cannabis in 10 schools and heroin in one school.

Mayor of Eindhoven wants to control cannabis plantation

The Dutch city of Eindhoven has caused a stir with a plan to set up a cannabis plantation to supply marijuana to its coffee shops. The move was announced at a mayor's meeting which took place in November and gathered about 30 municipalities. Dozens of Dutch mayors urged the government to back the pilot project in an effort to clamp down on the criminals who supply the drug.

The Netherlands, famed for having one of Europe's most tolerant policies on 'soft' drugs, allows for the possession of less than 5g of marijuana and its sale in coffee shops, but bans the cultivation and supply of the drug to these shops. The majority of Dutch mayors say this legal "back door" has spawned an illicit industry worth €2bn a year.

"It's time that we experimented with a system of regulated plantations so we can have strict guidelines and controls on the quality and price," Rob de Gijzel, the Mayor of Eindhoven, told the Dutch newspaper Volkskrant. "Authorities must get a grip on the supply of drugs to coffee shops."

The plan for a cannabis plantation will now go before the Dutch cabinet.

By www.independent.co.uk

Swiss do not want changes in the drug policy

The Swiss decided on the referendum on November 30th to reject a proposition to decriminalize cannabis for personal consumption, but with a large majority voted to extend a government programme which gives heroin to hard-core addicts.

The nationwide referendum saw voters back the government's so-called four pillar drug policy, which promotes prevention, harm reduction, therapy and repression. Under the heroin scheme, started last decade, addicts can receive the drug in a clean clinic, under medical supervision and accompanied by therapy. Public health officials said only addicts who had been using the drug for more than a decade and failed at rehabilitation are given the doses. Some 1,300 addicts are said to be part of the programme.

Opponents of the programme said it failed to actually get the vast majority of addicts off heroin, but supporters countered that it lowered the rate of drug-related crimes and deaths, which had been a major problem in the early 1990s. The proposal to decriminalize cannabis, the most widely used illegal drug in Switzerland (a good quarter of the population have tried it at least once), failed. The initiative sought to allow the Swiss to use marijuana and even grow it for their personal consumption.

/www.dw-world.de

According to NZZ, voted 68% Swiss voters 'for' heroin programme while 32% voted 'against'. Legalisation of cannabis received 37% of votes and 63% said 'no'.

Is it "bad" kids who do drugs?

Researchers say: universal interventions are required

Early Exposure To Drugs, Alcohol Creates Lifetime Of Health Risk – research from Duke university

People who began drinking and using marijuana regularly prior to their 15th birthday face a higher risk of early pregnancy, as well as a pattern of school failure, substance dependence, sexually-transmitted disease and criminal convictions that lasts into their 30s. A study published online by the journal Psychological Science has been able to sort out for the first time the difficult question of whether it's bad kids who do drugs, or doing drugs that makes kids bad. The answer is both, said Duke University psychologist Avshalom Caspi, who co-authored the report with his wife and colleague Terrie Moffitt. They are part of a team of researchers from the U.S., Britain and New Zealand that analyzed data tracking the health of nearly 1,000 New Zealand residents from birth through age 32.

Half of the study subjects who were using alcohol and marijuana regularly before age 15 were indeed the so-called "bad kids" who came from an abusive, criminal or substance-abusing household and had behavior problems as children.

But the other half were the "good kids" from more stable backgrounds, and they also ended up in poorer health in their 30s.

The "good kids," who were without behaviour problems as children and didn't have any of the family risk factors, but who began using drugs and alcohol before 15, ended up being 3.6 times more likely to be dependent on substances at age 32. They were also more likely than the other good kids to wind

up with a criminal conviction and a herpes infection.

Good and bad, the adolescents who regularly used drugs and alcohol "all had poorer health as adults," Caspi said. "This is consistent with a growing body of evidence that early adolescence may be a sensitive time for exposure to alcohol and other drugs."

A third of the girls from the "good kids" group were pregnant before age 21 if they had been using drugs and alcohol regularly. That's the same number of pregnancies as the "bad kids" who didn't use drugs. Two-thirds of the "bad kids" who used before 15 were pregnant before age 21. By comparison, only 12 percent of "good" girls who were non-users had early pregnancies.

"Universal interventions are required to ensure that all children – not just those entering early adolescence on an at-risk trajectory – receive an adequate dose of prevention.", say the researchers.

Because the study has tracked these people from birth, "we know pretty much everything about them and we can sort out these things," Caspi said. "We have rich data on these kids' lives and their family situation before they started to do drugs."

The study was funded by the National Institute of Mental Health, the U.K. Medical Research Council, the William T. Grant Foundation, the Health Research Council of New Zealand, and a National Institute on Drug Abuse grant to the Duke University Transdisciplinary Prevention Research Center.

http://news.duke.edu/2008/10/earlyexpose._print.ht

Drugs and vulnerable groups of young people

EMCDDA Thematic report: EU Member States are increasingly prioritising 'vulnerable groups' in their drug and social policies in a move to reduce the risks of potential drug use problems where they are most likely to occur. But more services are needed to match these good intentions. An EMCDDA review of the issue out today states that some groups of vulnerable young people (such as children in care institutions, homeless young people, early school leavers or truants) are more susceptible to early drug use than their mainstream peers and may experience faster progression to problem drug use. Knowing the profiles of these vulnerable groups and where they are found can serve as an important entry-point for drug prevention strategies and interventions. Drug use may be just one of a number of behaviours arising among vulnerable groups, prompting drug policies to address a range of social factors that may aggravate, predict or accelerate health problems in these groups. Today's review highlights examples of best practice.

ECAD flag



All ECAD members can now obtain the ECAD Flag for use at conferences, seminars and other events. Size 200x120 cm, price 300 sek (28 Euro). Please send your enquiry to the Stockholm office at ecad@ecad.net

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 the next generations' well-being.



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?

ECAD Head Office
European Cities Against Drugs
ECAD, Stadshuset
105 35 Stockholm, Sweden
Tel. +46 850829363 Fax +46 850829466
E-mail: ecad@ecad.net www.ecad.net

ECAD Regional Office in Russia
www.ecad.ru
zazulin@ecad.ru
+7 812 328 96 65

ECAD Regional Office in Latvia
Tel. +371 6510591
www.ecad.riga.lv andrejs.vilks@rcc.lv

ECAD Regional Office in Bulgaria
www.ecad.hit.bg/home.html
doctor_ivo@abv.bg
+359 5 684 1391

ECAD Regional Office in Turkey
www.ibb.gov.tr/ecad ecad@ibb.gov.tr