



UN restrictive drug policy is steady: countries have a shared responsibility for solving the world drugs problem



Picture: UNODC

"The approach adopted at the time of the UN-GASS 1998 relied on a series of global drug control plans that laid down broad principles and goals. In 2009, statistics say that the world drug situation has been

stabilized over the past 10 years. We call this containment, which is, of course, unsatisfactory given UNGASS objective of reducing the problem."

A.M. Costa, UNODC

Over 1400 participants from 130 countries of the world, government representatives, NGOs, and international organisations have come together to evaluate drug control strategy, exchange views and experiences and to look forward.

Austrian capital have become a centre for discussions concerning tackling drug abuse, overproduction of drugs, overflow of illicit substances and drug related crime endangers global security, particularly in West Africa, Afghanistan and Mexico.

Restrictive attitude to global drug policy is steady, notwithstanding some voices declaring this attitude out of date; that is the overall conclusion of High Level Segment meeting and 52-d CND session in Vienna. The 52nd session of the United Nations Commission on Narcotic Drugs (CND) adopted a Draft Political Declaration and Plan of Action on the future of drug control at the conclusion of its High-Level Segment Meeting. There have been complex debates, in particular concerning policy choices tilting from "safer drug use" to "drug supply reduction and drug abuse".

/CONTINUED ON PAGE 2

ESPAD latest study: LONG TERM IMPROVEMENT in 35 countries

ESPAD or the European School Survey project on alcohol and other drugs effort of independent research teams in about 40 European countries and the largest cross-national research project on adolescent substance use in the world.



collection was restricted to the Dutch speaking part (Flanders).

Smoking

On average, in the 2007 survey, 58% of the students in participating countries reported having tried smoking cigarettes at least once and 29% had used cigarettes during the past 30 days. 2 percent of all students had smoked at least a packet of cigarettes per day during the past 30 days.

The ranking orders of countries for lifetime and relatively recent use (past 30 days) are more or less the same.

/READ MORE ON PAGE 2

Joint UNODC and WHO Programme on Dependence Treatment and Care

UNODC and the World Health Organization (WHO) are launching a Joint Programme on Drug Dependence Treatment and Care March 2009, at a side event to the High-Level Segment of the ongoing UN Commission on Narcotic Drugs.

The programme will lead a global collaborative effort for improving coverage and quality of treatment and care services for drug use disorders in low- and middle-income countries. Drug use and dependence is a public health issue with a serious impact on development and security.

/READ MORE ON PAGE 3

Data were mainly collected during spring 2007 and the target population was students born in 1991, with a mean age of 15.8 years at the time of data collection.

With two exceptions the class-samples are nationally representative: in Germany the study was performed in 7 out of 16 federal states (Bundesländer) while the Belgian data

UN restrictive drug policy is steady

Photo: by UNODC



FROM PAGE 1

The two-day segment saw Heads of State and Ministers review progress in drug control since the Special Session of the United Na-

tions General Assembly on drugs in 1998 (UNGASS), and agree on further steps to reduce the threat posed by drugs to health and security. *The CND is the policy-setting body of the United Nations Office On Drugs and Crime (UNODC) in drug-control matters.*

The **Political Declaration** recognizes that countries have a shared responsibility for solving the world drugs problem, that a "balanced and comprehensive approach" is called for and that human rights need to be recognized. Notably, it stresses health as the basis for international drugs policy. "The Declaration will be a valuable tool to spur

national efforts and strengthen international cooperation," said the Chairperson of the session, Deputy Prime Minister of Namibia, Libertina Amathila.

Governments also approved an **Action Plan** proposing 30 remedies to problems in six areas of concern, namely,

- Reducing drug abuse and dependence
- Reducing the illicit supply of drugs
- Control of precursors and of amphetamine-type stimulants
- International cooperation to eradicate the illicit cultivation of crops and to provide alternative development
- Countering money-laundering
- Judicial cooperation.

The Action Plan places emphasis, among other things, on scientific evidence to support interventions; mainstreaming drug treatment and rehabilitation into national healthcare systems; and ensuring accessibility to drug demand reduction services.

The Action Plan addresses, for example, new trafficking trends and calls for greater exchange of intelligence, better monitoring of the impact of cyber-technology and effective regulation of online pharmacies. It also supports drug control and alternative development approaches as part of measures to alleviate poverty and promote sustainable development. */Source: Drugnews, UNODC*

ESPAD latest study: LONG TERM IMPROVEMENT in 35 countries

CONTINUED FROM PAGE 1

Alcohol

In all ESPAD countries at least two thirds of the students have drunk alcohol at least once during their lifetime, with an ESPAD average close to 90% in the 2007 survey.

On average, **half of the ESPAD students have been intoxicated at least once during their lifetime**, to the point of staggering when walking, having slurred speech or throwing up. **For 39%** of the students this had happened **during the past 12 months** and **for 18%** during the **past 30 days**. There were gender differences in the frequencies of drunkenness within countries, with higher figures for boys in some countries and for girls in others, while on the average ESPAD level there were no gender differences.

Countries with many students that have been drunk during the past 12 months usually have high figures for drunkenness during the past 30 days. Countries in which **many students report drunkenness** this often include **Denmark** (limited comparability), the **Isle of Man**, the **United Kingdom** and **Austria**, with figures from **49 to 31%** for past 30 days drunkenness. Countries on the other end of the scale include Armenia (2%) and Cyprus (9%).

Another way of measuring drunkenness has been to ask how often the students had been **consuming five drinks or more per occasion**. This measure of "heavy episodic drinking" shows to some extent a different pattern than the question about intoxication.

Some countries score high on both measures, for example **Denmark** (limited comparability), the **Isle of Man** and the **United Kingdom**. However, there are countries in which many students report **heavy episodic drinking during the past 30 days**, while they were rather low on the ranking list for drunkenness for the same period. Examples of such countries include **Malta, Portugal, Estonia and Latvia**.

Illicit Drugs

One-third of the students in the ESPAD countries find cannabis readily available. Boys consider cannabis slightly more easily obtainable than girls do, though the gender difference is fairly small. Amphetamines and ecstasy are not considered as readily available as cannabis.

On average, **23% of the boys and 17% of the girls have tried illicit drugs at least once** during their lifetime according to the 2007 survey. The term "any illicit drug" includes cannabis, amphetamines, cocaine, crack, ecstasy, LSD and heroin.

The vast majority of the students who have tried illicit drugs have used cannabis. Lifetime cannabis use was reported by 19% of the students while 7% had tried one or more of the other drugs included in the index. **Ecstasy, cocaine and amphetamines** follows in a split second place (3% each) and less commonly reported were **LSD, crack and heroin** (1-2%). **Bulgaria, Estonia, the Isle of Man, Latvia and the Slovak Republic** are among the top-five countries regarding lifetime ecstasy use in 2007 (prevalence rates around 6-7%).

Other drugs inquired about, but not included in the illicit drugs-index, are **magic mushrooms, GHB and anabolic steroids**. Lifetime use of magic mushrooms was reported by 3% while GHB and steroids were mentioned by 1%, which is of the same magnitude as reported experience of intravenous drug use.

In those ESPAD countries with comparable data for all four waves, 12% of the students reported lifetime prevalence of illicit drugs in 1995 and this figure rose to 21% in 2003.

However, the 2007 results indicate that the upward trend in illicit drug use has come to a halt since only 18% of the students reported such experiences this year. This development is practically the same for both genders, and the girls are constantly about five percentage points below the boys. */Source: ESPAD*

Joint UNODC and WHO Programme on Dependence Treatment and Care

FROM PAGE 1

An estimated 205 million people in the world use illicit drugs, including some 26 million people with severe drug problems. Drug use disorders are associated with an increased risk of other diseases and health conditions such as hepatitis, tuberculosis, suicide, overdose deaths and cardiovascular diseases.

Additionally, outside of sub-Saharan Africa, some 30 per cent of HIV infections are due to injecting drug use.

UNODC and WHO both have constitutional mandates to address issues presented by drug use and dependence. Moreover, taking into account the health, socio-economic and security implications of drug use and related disorders, the two agencies are uniquely positioned to lead this initiative.

In particular, it will open a dialogue

with Member States and involve a varied group of government ministries and agencies, such as those for health and welfare, as well as the criminal justice system.

The Joint Programme is a milestone in the development of a comprehensive, integrated health-based approach to drug policy that can reduce demand for illicit substances, relieve suffering and decrease drug-related harm to individuals, families, communities and societies.

It sends a strong message to policy-makers regarding the need to develop services that address drug use disorders in a pragmatic, science-based and humanitarian way, replacing stigma and discrimination with knowledge, care, recovery opportunities and reintegration.

/UNODC

BELGIAN STUDENTS - CHAMPION of HASH SMOKING?

Once again about Dutch coffee shops near the border between Belgium and the Netherlands.

Belgian youth are European champions of hash blowing, according to Raymond Yans of the International Narcotic Control Board, which regularly publishes reports on production, trade and use of (so called soft and hard) drugs worldwide.

Last year, 30 to 40 percent of Belgian teenagers admitted they have used cannabis previous month, which is, says Mr. Yans, an alarmingly high number. Close after Belgium follow similar high numbers of cannabis use from the Czech Republic, Ireland, Spain and France.

According to INCB, this is an outcome of the Belgian policy of drug tolerance, run by the first government of Prime Minister Verhofstad. Even though Belgian policy of drug tolerance is stricter than the Dutch equivalent.

Some weeks ago Mayors of 25 Belgian border towns demanded to limit the sale of hash in Dutch coffee shops to inhabitants of the Netherlands and to close down a large number of coffee-shops in border towns. In places where this had been done already, the number of crimes diminished several times.

*ECAD expert correspondents in the Netherlands,
Jan Berlijn and Carla Maissan*

ECAD study visit grant

ECAD grants a study visit subsidy of maximum 500 euro per person for each study visit. A person representing ECAD member city can apply for travel subsidy from ECAD to carry out a study visit to another ECAD member city.

For more information, please visit our homepage www.ecad.net

Less Drug free treatment in Swedish prisons?

Collaboration between the Prison and probation service, the Centre of Drug dependence in Stockholm County and the social services, will be perpetuated in Stockholm. The question is now whether the Swedish prison system now is entering an era with more medical maintenance and less drug-free care.

Since its inception in autumn 2007, 86 opiate dependent clients have been attached, after prison sentences, in a project, ITOK, "integrated team for opiate dependence correctional clients".

- We have managed to break patterns of constant recurrence, and that most of the clients continue in care is good, says a satisfied Birgitta Rydberg, county director for health and addiction issues.

Now she hopes that other county councils in Sweden to follow. Today two prisons have space for eight opiate dependent correctional clients.

- If we need more, we have prepared to open another 14, says the Prison and Probation Service medical expert Lars Håkan Nilsson, to Drugnews.

The Prison and Probation Service mission is to reduce recidivism, that's why we provide the treatment necessary for clients to be able to survive after they leave prison, Mr Nilsson adds.

It is not only the treatment with narcotic classified drugs increases in the Prison and Probation. Even the prescription of antidepressants has increased greatly.

But strong objection is heard from, Criminals Return into Society associations, (KRIS) President Christer Karlsson. - *I don't like medical maintenance, it's better to learn to live a life without drugs*, he said to news agency Drugnews.

/By Drugnews

INTERNATIONAL NARCOTICS CONTROL BOARD (INCB) at the high-level segment of the 52nd session of the Commission on Narcotic Drugs

The fact that the cultivation, trafficking and abuse of drugs have not ceased entirely is taken by some to be a manifestation of failure and is often followed by proposals that standards should be relaxed. The Board disagrees with such suggestions. The principles outlined in the international drug control treaties represent an internationally recognized standard that Governments aspire to achieve. Abandonment of these standards would signify denial of significant achievements of the past century.

Controlling drugs and protecting human rights are not opposites but go hand in hand. In its report for 2007, the Board emphasized that due respect for universal human rights, human duties and the rule of law is important for effective implementation of the interna-

tional drug control conventions.

However, the exercise of the individuals' rights and freedoms does not include the right to abuse drugs. Drug abuse is neither harmless nor victimless and causes serious damage to both individuals and society. In addition, drug abuse is often in conflict with the due recognition of the rights and freedoms of others and in meeting the requirements of health, public order and the general welfare in a democratic society.

Governments should continue to work against the world drug problem in a comprehensive, sustained and concerted manner. International drug control can be effective and must therefore continue to be vigorously implemented.

Hamid Ghodse, President, INCB

New Director of the Office of National Drug Control

USA president Obama have nominated Seattle Police Chief Gil Kerlikowske as the new Director of the Office of National Drug Control Policy.

As Director of ONDCP, Mr. Kerlikowske will evaluate, coordinate, and oversee both the international and domestic anti-drug efforts of executive branch agencies and ensures that such efforts sustain and complement State and local anti-drug activities.

Mr. Kerlikowske will advise the President regarding changes in the organization, management, budgeting, and personnel of Federal Agencies that could affect the Nation's anti-drug efforts; and regarding Federal agency compliance with their obligations under the Strategy.

Scotland's growing drug and alcohol problem

Scotland has a growing drug and alcohol problem that demands coordination to answer the local needs and correspond to the national standards. That is according to an *Audit Scotland report*, featuring drug and alcohol services in Scotland. Drug and alcohol-related death rates in Scotland are the highest in Europe and have doubled during the last 15 years. Alcohol misuse is an even bigger problem than drug misuse.

The report says the Scottish Government needs to work with the NHS, councils and other partners to ensure all public bodies are clear about their collective responsibilities.

Last year the public sector in Scotland spent £173 million directly on drug and alcohol services for prevention, treatment and enforcement activities. The wider costs to society are estimated at £5 billion a year, including costs associated with drug and alcohol-related crime, hospital admissions, and workplace absences.

Many different agencies are involved in providing drug and alcohol services and funding for services is often complex. This makes it difficult to plan and provide appropriate services. Spending decisions are not always based on evidence of what works or is needed in a particular area..

Auditor General for Scotland, Robert Black, said:

"Drug and alcohol misuse is a significant and worsening problem in Scotland. The range of services for people in need of help can depend on where they live, and there is not enough information about the effectiveness of these services" .

/Source: <http://www.audit-scotland.gov.uk/>



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