



“Swedish culture against abuse is unique”



Photo Lasse Persson

“The world is following carefully what Sweden does in order to fight drugs. You are unique with your cooperation and culture against abuse”. With these words former US drug czar Robert DuPont addressed the delegates of the Swedish National Conference and Fair “Sweden Against Drugs” which took place in May in Örebro. This is, in the first place, a national event which targets specialists, officials and communities within the drug field (prevention, treatment/rehabilitation, law enforcement). “Sweden against drugs” takes place every other year since 1993. Robert DuPont invited the participants to look at the work they are doing from a broader, international perspective. It is no secret that being preoccupied with daily routines, it is not always possible to value own work in a way it may deserve.

ECAD Director Jörgen Svidén met Robert DuPont for an interview during which they have discussed approaches to drug combat, Swedish and American experiences.

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Maria Larsson, the Swedish Minister for Health and Social Welfare, referred in her address in Örebro to the High level meeting of the UN Commission on Narcotic Drugs which took place in March in Vienna. She said that even if there are governments which resign and strive to liberalise the

“The fact that such a modern, open country as Sweden puts down its foot and says “no” to the liberalisation of the international drug conventions and even shows in practice that it is possible to turn around the negative trends in drug use, means a lot for the world”.

DuPont in Örebro

existing drug laws, the restrictive drug policy remains in force for Sweden. Misuse of drugs is not a private concern, she continued. Around every abuser there are relatives and those who could get hurt, e.g. in traffic accidents. The minister said that there are hundreds of thousands children in the world who live in families where use and misuse of drugs occurs. “The so called harm reduction is nothing for our part – we rely on the UN Convention on the Right of the Child which clearly stipulates the need to protect children from drugs,” emphasised Maria Larsson.

ECAD in Latvia

On June 11-12, Director Jörgen Svidén visited ECAD Regional Office in Latvia to learn more about its work and to discuss future developments with its Head Andrejs Vilks.

During the 2-day programme, Jörgen Svidén met with the ECAD’s old partners at the Riga Addiction Prevention Centre and visited the resort city of Jurmala.

Jurmala with its 53,000 inhabitants joined ECAD in 2007 and since then has been actively making use of programmes and activities ECAD membership has to offer. Jurmala municipal police chief Maris Romanovskis showed the newly renovated and perfectly equipped premises of the city police. Despite Jurmala’s minor importance on the national scale, the city is famous for its broad sandy beaches which unfortunately attract not only tourists but also drug dealers. Jurmala lies in the middle of a drug traffic corridor, leading from the harbours of Liepaja and Ventspils to the Latvian capital city. During the first 5 months of 2009, Jurmala city police have registered 33 criminal cases in connection to drugs.

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Laima Grobina, chief for Jurmala Social welfare department, told at the meeting with the ECAD representatives of the city’s continued active interest in networking through the membership in ECAD.



“Tough love” as a method of overcoming drug abuse in a family and in a country

A Conversation with Robert L. DuPont, MD, President of the Institute for Behavior and Health, Inc and the first Director of the National Institute on Drug Abuse in the USA

Jörgen Soidén (JS): Even if it is difficult; Do you think there are any parallels between Swedish and the American policies regarding illicit drugs?

Robert DuPont (RD): Let's start by saying drugs don't know politics or history. They interact with the brains of Swedes and Americans in the same ways and they produce the same range of negative effects in both countries. Similarly the societal responses in all countries fall into one of two camps – either they have the “Abstinence goal” or the “Harm Reduction goal.” The Abstinence goal is expressed in restrictive policies that reduce the supply and the use of drugs, including using the criminal justice system to discourage both drug supply and drug use. The Harm Reduction goal accepts drug use and then attempts to lower the “harms” caused by the use while offering help to any user who voluntarily chooses to get help. Harm Reduction generally restricts or even eliminates the criminal justice system from restricting either the supply or the use of drugs. Harm Reduction seeks to take drug users away from illegal markets by supplying them with drugs, generally at government expense.

Compared to Sweden, the American drug experience is longer in duration, greater in intensity and far more complex. For this reason the results of the American experience with illegal drugs is more difficult to assess. Seeing the American experience with drugs clearly is also more difficult because drug policy in the US has been intensely politicized over many decades.

The Swedish experience in the late 1960s and early 1970s was relatively simple and straightforward. The sudden appearance of the intravenous use of amphetamine and opiates was met initially with what today would be called Harm Reduction. The government attempted to wean addicts of drugs by medicalizing their drug use – by having doctors give them drugs to cut them away from illegal drug markets. Right from the beginning Dr. Nils Bejerot, thought that this approach would make the drug problems in Sweden worse. When his views were rejected in favour of the medicalization of intravenous drug use Dr. Bejerot started studying the actual experience of individual Swedish addicts. His data was unassailable: providing drugs to addicts did not help them get off drugs and it contributed to the spreading of drug abuse as the addicts who were prescribed drugs sold them to others. Responding to this evidence the Swedish public health and public safety officials eventually reversed course by adopting the Abstinence goal. The results of this restrictive drug policy, which has been sustained in Sweden now for more than three decades, is one of the lowest levels of illegal drug use in the developed world.

As a practicing physician I have seen thousands of families confronting the devastating drug use of a loved one. Many of these families began with what might be called Harm Reduction strategies. They aimed at cushioning the adverse effects of the drug use. These efforts invariably make the drug problem worse. Only after seeing the failure of this approach – called “enabling” – do most families

adopt the Abstinence goal. Enforcing this goal is hard for families because they are frightened by the prospects of their loved ones. This family strategy is called “tough love” because it is “hard” for both the family members and the drug users. Drug use makes this approach necessary because the drug user makes the users liars and it robs them of their capacity to think clearly about their drug use and its consequences. In the US families facing this dilemma often turn to Alcoholics Anonymous, the mutual aid fellowship for families, friends and others confronting problems with alcohol and other drugs. They often find good advice from other afflicted families about what works and what does not work. These experiences strongly support the Abstinence goal in families as the Swedish experience strongly support this approach for countries as a whole. Enabling is the Harm Reduction approach. Tough Love is the Abstinence approach.

JS: Could you think of any pitfalls that we should consider not falling into in Sweden?

RD: The most worrisome threat I foresee in Sweden is the criticism that anti-drug efforts don't work – that the Abstinence goal is unrealistic and even inhumane. Even in Sweden with its enviable record of success in having a very low rate of drug use there continue to be drug abusers. To conclude that the existence of a drug problem means that the policy of abstinence is a failure is like saying that efforts to reduce crime, poverty or cancer are failures because these problems have not disappeared. Use of the Harm Reduction goal can be justified by the existence of drug problems, even at low levels, leading to the conclusion that drug addicts should be supplied with drugs and that their drug use needs to be normalized as acceptable alternative lifestyles. This is analogous to concluding that poverty, crime and cancer continue to exist so societies need to curtail their vigorous efforts to eradicate those problems and simply accept them as inescapable.

Critics of restrictive drug policies ignore the power of drugs to hijack the human brain. They see widespread use of alcohol and nicotine. They then conclude that illegal drugs should be treated as we treat those two drugs. What they miss is that the sensible public health goal with respect to alcohol and nicotine are to reduce their use to reduce the problems they cause AND that the brain reward produced by most of the illegal drugs is much more powerful biologically than the brain reward produced by either alcohol or nicotine. Worse yet these critics of current restrictive drug policies ignore the fact that the total social cost of either alcohol or tobacco alone is vastly higher than the total social cost (including law enforcement and prison costs) of all the illegal drugs combined.

JS: It would also be interesting to have your view on where America is directed in this topic. What is your opinion on the new government's strategy?

RD: The US, far from losing the “war on illegal drugs,” has seen a 50% decline in illegal drug use since the peak year of 1978. Nevertheless with 8% of Americans 12 and older now using an illegal drug in the prior 30 days the US needs new and better ideas to produce far better results in the future.

“Tough love” as a method ...

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Our non-profit, non-political organization, the Institute for Behaviour and Health, is dedicated to harnessing new ideas to reduce illegal drug use. Our four priority areas are improving treatment, reducing drugged driving, promoting random student drug testing, and reducing prescription drug abuse.

Our number one new idea today is the widespread adoption of the HOPE Probation model to deal with the 3 million American substance abusers who are in the community on parole and probation. This innovative program, pioneered by a dedicated judge in Hawaii, enforces the Abstinence goal with frequent random drug tests linked to swift, certain, but not draconian punishments, typically a few days in jail for any use of alcohol or drugs while under supervision. Not only does this program reduce illegal drug use in this high-risk population but it also reduces crime and incarceration, a rare and precious drug policy triple play. This new program builds on and extends the benefits of Drug Courts, the most important innovation in treatment in the US during the past two decades. The Drug Court movement itself shows that the goal of drug policy is not to take the criminal justice system out of drug abuse prevention policy but to find better ways to make the criminal justice system and treatment work together to reduce both illegal drug use and crime.

Balkan network gathered in Sozopol



On 4-5 June, I visited Sozopol in connection with the 6th ECAD Balkan Conference which took place in this Bulgarian city located on the Black Sea coast. The conference was arranged by Burgas municipality (the main city of the province where Sozopol belongs to) and the ECAD Regional office. The Balkan network of ECAD cities is an extensive and active group, led by Dr. Ivaylo Dimitrov, a very engaged person. He is the man behind the ECAD's advance on the Balkan with the fastest growing number of member cities. During the visit, I had productive discussions with Dr. Loris Manuelyan and Bozhidar Kanchev, both representatives of Burgas municipality and members of the ECAD's Advisory Board.

The conference gathered 50 delegates from Bulgaria, Serbia, Romania and Turkey. Intense sessions took turns with open discussions between the participants. Truly, this is the primary task of all activities within ECAD – to assist in making new contacts and strengthening of the old ones. The conference in Sozopol fulfilled this task with excellence.

I regard my visit to Bulgaria as an important step in learning of the work in the Balkans ahead of the coming Mayors' Conference ECAD arranges in Varna in 2011.

Jörgen Svidén, Director

USA: Majority of arrestees test positive for illicit drug use

The Office of National Drug Control Policy (ONDCP) released data from the 2008 Arrestee Drug Abuse Monitoring Program (ADAM II), the only Federal drug survey which tests for drugs in addition to relying on interview data. The report, which surveys drug use among booked male arrestees in 10 major metropolitan areas across the country, shows the majority of arrestees in each city test positive for illicit drug use, with as many as 87 percent of arrestees testing positive for an illegal drug.

According to the ADAM II report, drug use among the arrestee population is much higher than in the general U.S. population. The percentage of booked arrestees testing positive for at least one illicit drug ranged from 49 percent in Washington, D.C. to 87 percent in Chicago. The most common substances present during tests, in descending order, are marijuana, cocaine, opiates, and methamphetamine. Additionally, many arrestees tested positive for more than one illegal drug at the time of arrest; from 15 percent in Atlanta to 40 percent in Chicago.

Other key findings from the report:

- Marijuana is the most commonly detected drug at the time of arrest. The percentage of arrestees testing positive for marijuana ranges from just under a third in Atlanta and Washington, D.C. to about half in Charlotte. Additionally, arrestees who are using marijuana use it frequently: in seven of the cities, marijuana users used the drug on average every other day during the past month.

- The proportion of arrestees testing positive for cocaine ranges from a low of 17 percent in Sacramento to 41 percent in Chicago. The use of cocaine powder reported by arrestees remains stable or in decline in all 10 cities, with a significant reduction in Indianapolis and Washington, DC.

- Heroin appears to be relatively more available in Chicago, Indianapolis, and Portland, where one quarter or fewer of those who bought heroin reported a failed attempt to buy the drug. By contrast, in New York, 53 percent of those obtaining heroin reported a failed buy and 46 percent of them attribute it to lack of available product. Additionally, self-report data on recent use shows a consistently high frequency of use among arrestees who use heroin. In 7 of the 10 cities observed, arrestees who admit heroin use report that they use the drug 15 or more days out of the month; in Chicago, heroin users are reporting almost daily use.

The findings from this report underscore the serious need to expand programs that work to divert non-violent offenders into drug treatment programs instead of prison. President Obama and Vice President Biden support the expansion of drug courts, which divert non-violent offenders to drug rehabilitation programs.

The ADAM II program is a data collection program sponsored by ONDCP. Data were collected with 4,592 interviews with booked arrestees. Of these interview respondents, 3,924 provided a urine specimen. These data were collected over two quarters in 2008 and then statistically annualized to represent the entire year.

The full report is available at www.WhiteHouseDrugPolicy.gov

Prescription drug abuse among adolescents: understand it to address correctly

Imagine the teenager who walks into his parent's bathroom looking for ibuprofen for a headache. As he's scanning the shelves, he sees a pill bottle labeled "hydrocodone" (or Vicodin). Something seems familiar about this—oh yeah, some kids at a party last weekend were raving about how great these pills made them feel. The teen takes two, hoping his mother won't notice—which she may not since they were prescribed six months ago following dental surgery.

That's how easy it can be for some teens to obtain potentially addictive and dangerous drugs. In 2007, the National Survey on Drug Use and Health (NSDUH) found that over half of individuals reporting nonmedical use of psychotherapeutics got them "from a friend or relative for free" (SAMHSA, 2008). The total number of stimulant prescriptions in the United States has soared from around 5 million in 1991 to nearly 35 million in 2007. Prescriptions for opiates (hydrocodone and oxycodone products) have escalated from around 40 million in 1991 to nearly 180 million in 2007.

Many are shocked to learn that approximately 7 million Americans report past-month nonmedical use of prescription drugs—more than the number of persons abusing cocaine, heroin, hallucinogens and inhalants combined (SAMHSA, 2008). Nonmedical use is defined in NSDUH as use of medications without a prescription, or simply for the experience or feeling the drug caused.

Although many prescription drugs can be abused, the three most common classes include the following:

- Opioids, most often prescribed to treat pain;
- Central nervous system (CNS) depressants, used to treat anxiety and sleep disorders; and
- Stimulants, prescribed to treat attention-deficit hyperactivity disorder (ADHD), and sometimes, the sleep disorder, narcolepsy.

Many young people do not perceive their nonmedical use of physician-prescribed drugs as dangerous—after all, these are prescription drugs, so how bad can they be for you, goes the reasoning. But while the proper use of prescription drugs can be lifesaving, the consequences of their abuse can be as dangerous as those from illegal drugs, leading to emergency department (ED) visits. The rates of ED visits resulting from the non-medical use of either of these medica-

tions were higher among 12- to 17-year-olds than 18 and older. Data suggests that poly-drug use was common in these ED visits, and could increase health risks (SAMHSA, 2006). In 2006, 65,000 emergency room visits involved the nonmedical use of pharmaceuticals by those aged 12 to 17 (SAMHSA, 2006).

Adolescents' use of prescription medications seems to tie in with their engaging in other risky behaviors. A recent study found that "compared to nonusers, those who reported nonmedical use of prescription drugs were seven times more likely to smoke cigarettes, five times more likely to drink alcohol and smoke marijuana, almost four times more likely to binge drink, and eight times more likely to have abused several other drugs" (Boyd et. al., 2006). Further, young people who abuse prescription drugs commonly mix them with other drugs, particularly alcohol, which amplifies the risk of overdose and even death. Unlike abusers of illicit or "street" drugs, adolescents and young adults seem to fall into two groups of prescription drug abusers: those who seek to medically "self-treat" and those who want to get high or experiment. This idea challenges our notion of what an adolescent substance abuser is.

RESEARCH

While girls and boys both abuse prescription drugs for several of the same reasons, girls are more likely to do so for their intended effects (e.g., stimulants to increase alertness), while boys are more likely to report that they abuse the drugs to get high (Boyd et. al., 2006). In the case of nonmedical use of prescription stimulants (e.g., Ritalin, prescribed for ADHD), girls name "alertness" and "concentration" as their top two reasons (~50 percent of females v. 25 percent of males), while boys name "high" and "experimentation" (~65 percent of males v. 40 percent of females) as theirs (Boyd et. al., 2006). These motives point to the need for prevention messages targeted to unique user groups.

Please visit www.drugabuse.gov for more information on the topic.

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 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?

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