

ECAD NEWSLETTER

EUROPEAN CITIES AGAINST DRUGS

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Volume 1 Nr. 134
September 2011

ECAD XVIII MAYORS CONFERENCE IN VARNA: MOST INTERESTING SPEECHES

Yuri P. Fedotov, UNODC Executive Director at ECAD Mayors´ Conference in Varna

Every year, some 200 million people use illicit drugs, and a quarter-million die. Users destroy their own lives, but families and friends also suffer. Children whose parents use drugs are at greater risk of drug use and other risky behaviours. Drugs generate crime, street violence and other social problems damaging to communities. They also create dangerous challenges to public health, contributing to the rapid spread of HIV and hepatitis.

UNODC promotes the integration of prevention, treatment and care of drug use disorders into mainstream healthcare systems. Working together, UNODC and the World Health Organization are also informing policymakers about the need to develop services that are practical, science-based and humane. Services that replace stigmas and discrimination. The most effective approaches are evidence-based and involve all of society, including healthcare, social protection and education, as well as civil society organizations. There is also a need to work with families, schools and communities. Those dependent on drugs should be provided with care that assists them through every stage of treatment and recovery. There must be universal access to all who need it. Public funding in programmes is also an investment leading to savings in healthcare, social services, criminal justice and education. These programmes can have a broader impact, creating safer, more stable communities for families and children.

And more...

Drug abuse to be positively addressed by the legal system

The most extensive study of US drug courts—a five-year examination of 23 courts and six comparison jurisdictions in eight states—found that these court programs can significantly decrease drug use and criminal behavior, with positive outcomes ramping upward as participants sensed their judge treated them more fairly, showed greater respect and interest in them, and gave them more chances to talk during courtroom proceedings.

Proponents of the adage that one person can change the world need look no farther than the country's nearly 1,400 adult drug courts, which couple substance-abuse treatment with close judicial supervision in lieu of incarceration.

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THC-concentrations in Dutch weed, nederwiet and hash, 2001-2011

Since the nineteen seventies, cannabis use policy in The Netherlands has been substantially different from that in many other countries. It is based on the idea that splitting up markets for hard and soft drugs could prevent cannabis-users to resort to hard drug use. Over the years the so-called coffee-shops emerged. Coffee-shops are alcohol-free establishments where selling and usage of soft drugs is not prosecuted, provided certain conditions are met. Many cannabis-products sold in these coffee-shops are based on a Dutch-grown grass called '*nederwiet*'.

On behalf of Dutch Ministry of Health, Wellfare and Sports, we investigated potency of the cannabis products sold in coffee-shops in The Netherlands.

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Drug policy and the public good

Ingeborg Rossow, Professor, PhD, National Institute for Alcohol and Drug Research, Norway

A brief summary of the book 'Drug Policy and the Public Good' (DPPG) was presented.

In a health perspective illicit drugs constitute a relatively minor risk factor for the disease burden compared to other addictive substances, i.e. tobacco and alcohol, and it is only in high income countries that illicit drugs is a significant risk factor for the disease burden. However, the use of illicit drugs may also cause significant social problems for the user as well as for others. The 'drug problem' exists at the individual level as well as at a society level.

The policy 'tool box' comprises two main types of strategies; supply control (control of cultivation, production, trafficking, and enforcement, interdiction and incarceration) and demand reduction (education, community prevention, early intervention, treatment and harm minimization). In DPPG the authors have reviewed the scientific evidence of whether (or to what extent) the various measures in the policy 'tool box' works with regard to curbing harm.

Considering effects of supply control the evidence suggests the following: Efforts to curtail cultivation of drug-producing plants in developing countries have not reduced aggregate drug supply or use in developed countries. There is a lack of systematic research on widely used control measures such as enforcement, interdiction and incarceration. This poses a major barrier to apply these measures effectively. There is a general imbalance between supply control and demand reduction activities and investments in most countries.

Professor Ingeborg Rossow; ECAD XVIII Mayors´ Conference in Varna

With respect to demand reduction the evidence suggests the following:

School-based drug education and community prevention programs have a collectively modest impact. Early intervention programs have shown more promise, especially when screening and brief interventions are conducted systematically in primary care and other health care settings.

Services for opiate dependent individuals have the strongest supporting evidence and are also effective ways to reduce drug-related crime and spread of HIV infection. Some harm reduction programs, such as needle exchange programs, may reduce high risk injection practices and engage injection drug users in treatment and health services.

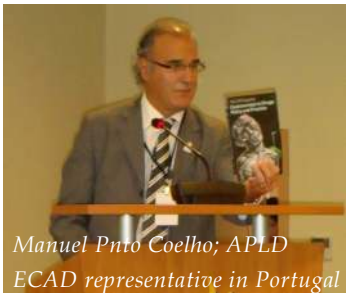
The synergistic relationship between supply control and demand reduction should be considered. Public health measures are designed to complement rather than supplant supply control approaches; for instance, enforcement of drug laws can channel large numbers of drug users into treatment through diversion schemes that provide alternatives to incarceration.

In conclusion, there is no one 'drug problem' within or across countries, nor is there one 'silver bullet' that will solve 'the' drug problem.

A new paradigm to treat drug dependency

Manuel Pinto Coelho, Chairman of APLD, Association for a Drug Free Portugal

Many people do not believe in rehabilitation any more. That leads to an unconscious withdrawal from help to the dependent who are in the process of change. As a consequence of this attitude, an addiction-as-a-chronic-disease model arises from the process of withdrawal.



Manuel Pinto Coelho; APLD ECAD representative in Portugal

In my opinion, medicalization of a deviant behaviour and political benefits that it brings to certain groups, has constituted a powerful motive for the expansion of the concept of drug dependence as a disease. I hold this concept is a myth perpetuated by political and economic reasons. Substitution treatment is a predominant option in Europe: - 670.000 in one million of drug dependents A deliberate confusion of the concept of treatment with a concept of social control constitutes an improper attitude.

For as a doctor, I believe that to convince an addict who often has an imbalanced metabolism, to remain dependent on methadone, a "medicine", for several years, rather than fight for his/her autonomy, is to deceive everyone. Ethically, any conspiracy that puts a fringe of society in a state of defeat or failure, to win and subtract its capacity for growth and development should be considered a deceptive act. Can this approach be considered human? Portuguese Drug Institute considers that to stop heroin dependence works rather seldom.

I reckon all the strategies that may help the drug abuser to restore his autonomy and dignity with the aim of a drug free life, are worth applying. Living in a society implies accepting restrictions to individual liberty. ***"…the only purpose for which power can be rightfully exercised over any member of a civilized community against his will is to prevent harm to others"*** (John Stuart Mill 1806-1873).

Is drug dependence a chemical dependency? Is the drug dependent a condemned victim of his own biology? Is drug dependence an incurable disease…or is it essentially a cognitive-behavioral phenomenon? In my view, illegal use of drugs has more to do with values and expectations than with compulsion or disease. Civil society should be responsible for examining actual reasons why people enter and come out of drug dependence.

It urges to create a new paradigm of drug dependence analysis, a paradigm relating to each and every addict`s very own and specific psychological, sociological, economic and other idiosyncrasies...

KRISTIANSAND receives ECAD Award

Eirik Langeland, Hilde Engenes and Kjell Adolfsen from Kristiansand municipality accept the Award at ECAD Mayors` Conference in Varna

ECAD has instituted a yearly award for member cities, persons or organizations that have made remarkable achievements or have exercised successful activities in the work against illicit drugs.

It is extremely important to have engaged and skilled people working in our field of interest to make progress happening. The **City of Kristiansand** is a very good example of that.

Kristiansand has since years been taken dynamic actions against illicit drugs and they are furthermore very engaged in ECAD and ECAD's activities. In its way of attaching the problem, it is true to say that **Kristiansand** is proactive, rather than reactive. **Kristiansand**'s work could be characterized as a balanced, structured and distinct approach towards drugs, based on knowledge, well tried experience and a good portion of common sense. In addition to that, **Kristiansand** dares to take new paths and to learn from others, maybe best manifested in the city's plan to start a version of *San Patrignano community* in Norway.

All together, the **City of Kristiansand** is what could be considered as a role model for other cities in the struggle to get as few as possible starting with drugs, and to help as many as possible to stop with drugs.

ECAD AWARD

By giving the Award to Kristiansand, ECAD

- draws attention to the dedicated anti-drug work carried out in the city on many levels by different actors;

- praises the city's consequent drug policy and efficiency of its drug action plan;

- marks its efforts in the anti-drug fieldwork, particularly in the area of primary drug prevention among the population, young people in particular.

Behind these short lines lies a big work carried out by a lot of people in Kristiansand. It is gratifying to know that each project which is realized in Kristiansand is not a formality but brings positive outcomes and enjoys support of the city's decision makers!

Rehabilitation : a short-run cost or a long-term social investment?

Ingvar Nilsson, Economist and Researcher, Institute for Socio-Ecological Economies, Sweden

...Drug addiction is expensive, very expensive. A lot of this could be avoided. You can put a price on it, but most of the costs are invisible, they cover most parts of society, there are various models and you can get a value of Prevention and Rehabilitation counted in.

A drug addict asks you:

"When I leave prison with a plastic bag with all my belongings in one hand, a few dollars in my pocket, no social contacts outside the drug community, no job, no housing, no income... How long do you think I will manage"?


Ingvar Nilsson; Economist and researcher

There are important questions to ask for any policy maker as well as for any social economist:

- What are the economic effect of prevention and rehabilitation in the short run and in the long run?
- What does addiction cost for an individual and for society?
- What does prevention and rehabilitation cost?
- What are the rates of success?

And we have 3 paths to follow:

Stop looking at the top of the iceberg and start looking from a **holistic point of view instead;** stop thinking short term costs – start thinking **long run social investment;** stop thinking "not my table" - start thinking about **mutual cooperation.**

> *"When I leave prison with a plastic bag with all my belongings in one hand, a few dollars in my pocket . No social contacts outside the drug community, no job, no housing, no income. How long do you think I will manage? "*

Results:

We can develop knowledge on the impacts of marginalization

We can calculate the costs of exclusion and the value of rehabilitation. That makes it possible to form a picture of the economic value of prevention and rehabilitation, but it is going to take a great deal of work to get there in reality...

THC-concentrations in Dutch weed, nederwiet and hash, 2001-2011

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Δ^9-Tetrahydrocannabinol (THC) is the main psychoactive compound in marihuana and hashish. The aim of the study was to investigate concentration of THC in marihuana and hash (cannabis resin) as sold in Dutch coffee-shops. In addition, we examined whether there are differences between cannabis products originating from Dutch grown hemp (*nederwiet*) and those derived from imported hemp. This is the twelfth consecutive year that this study had been performed. Apart from THC, the content of two other cannabinoids, cannabidiol (CBD) and cannabinol (CBN), were measured.

The names and addresses of 50 (out of a total of 666) Dutch coffee-shops were randomly selected. For the purpose of this study, 65 samples of nederwiet, 19 samples of imported marihuana, 9 samples of Dutch hash and 56 imported hash samples were anonymously bought in the selected coffee-shops.

In addition, 49 samples of the most potent (herbal) marihuana product available were bought. As a rule samples of 1 gram were bought. Samples were bought anonymously.

Traditionally hash contains more THC than marijuana.

The average THC-content of all marihuana samples that were gathered together was **15,3%** and that of the **hash-samples - 16,5%.**

The average THC-content of nederwiet was **16,5%**, that is significantly higher than that of the imported marihuana (6,6%). The average THC-percentage of the marihuana samples bought as **most potent (17,0%)** did not differ from that of the **most popular varieties of nederwiet (16,5%)**.

Hash derived from Dutch hemp contained more THC (29,6%) than hash originating from foreign cannabis (14,3%).

The average THC-percentage of nederwiet was lower in 2011 than in 2010 (16,5 vs. 17,8%), but this difference was not statistically significant. The THC-percentage in imported hash was significantly lower than the year before (14,3% in 2011 versus 19,0% in 2010).

There is some evidence that **not only THC-content is indicative for the effects and risks of cannabis**, but that ***cannabidiol*** or ***CBD*** might attenuate some of the negative effects of THC. This means that cannabis with a high CBD / THC ratio would have less negative health consequences than cannabis that has little or no CBD.

STUDY

Nederwiet has very low levels of CBD (median = 0,3%), whereas imported hash contained on average 6,7% CBD. A ratio between ***cannabinol*** or ***CBN*** and THC can give an indication of the freshness of the preparation (Ross and Elsohly, 1997). Levels of CBN were higher in imported marihuana and hash compared to products derived from homegrown cannabis. Also the ratio of CBN/THC was significantly higher in the imported products. The ratio was higher in imported marijuana compared to nederwiet and in imported hashish compared to hashish made from nederwiet. Prices that had to be paid for imported marihuana were lower than those for any other cannabis products.

The prices of hash made from nederwiet were higher. The average price for a gram nederwiet increased from 2007 to 2009 (up to 50%), since then prices remained the same. On average, a gram of nederwiet costs €8,30.

Drug abuse to be positively addressed by the legal system

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"*Judges are central to the goals of reducing crime and substance use. Judges who spend time with participants, support them, and treat them with respect are the ones who get results*," said the Urban Institute's Shelli Rossman, who led the research team from the Institute's Justice Policy Center, the Center for Court Innovation, and RTI International.

Drug court participants who had more status hearings with the judge and received more praise from the judge later reported committing fewer crimes and using drugs less often than those who had less contact and praise. Court programs whose judges exhibited the most respectfulness, fairness, enthusiasm, and knowledge of each individual's case prevented more crimes than other courts and prevented more days of drug use. And, when drug court participants reported more positive attitudes toward their judge, they cut drug use and crime even more.

While drug court costs are higher than business-as-usual case processing, they save money, the study determined, by significantly reducing the number of crimes, re-arrests, and days incarcerated. Drug courts save an average of $5,680 per participant, returning a net benefit of $2 for every $1 spent.

/Source: Urban Institute, nonpartisan economic and social policy research, www.urban.org/publications/901438

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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