

ECAD NEWSLETTER

EUROPEAN CITIES AGAINST DRUGS

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EMCDDA launches first European quality standards to improve drug prevention in the EU

ECAD WISH YOU A HAPPY AND PROSPEROUS YEAR 2012!

Prevention' is one of the first issues to be mentioned in the public debate on drugs, but evidence of what works in practice to prevent drug use is often overlooked. Last December the EU drugs agency (EMCDDA) launched the first European ***'how to'*** guide on conducting high-quality drug prevention. Entitled **European drug prevention quality standards: a manual for prevention professionals.**

Developing and implementing best practice in drug prevention in Europe are goals set by the current EU drug strategy and action plan (2). In line with these goals, today's manual is the culmination of a two -year project to assess existing guidance in this area and to meet the need for a commonly agreed European framework to improve drug prevention in the EU.

With support from the European Commission, the project is the fruit of collaboration between the seven organisations of the 'Prevention Standards Partnership', working closely with the EMCDDA. Bridging science, policy and practice, over 400 international, European and national experts and stakeholders contributed to developing the standards via a dynamic process involving focus groups, consultations and studies. The standards are applicable to a wide range of drug prevention activities (e.g. drug education, structured programmes, outreach work, brief interventions), settings (e.g. school, community, family, recreational settings, criminal justice), and target populations (e.g. young people, families, ethnic groups). Drug prevention activities targeted by these standards may focus on legal substances, such as alcohol or tobacco, and/or illegal substances.

The standards can be applied to a wide range of drug prevention activities (e.g. education, outreach work); settings (e.g. school, community, family, recreational, criminal justice) and target populations (e.g. school pupils, young offenders, families), regardless of the duration of the programme.

An eight-stage project cycle is set out in the manual comprising: needs assessment; resource assessment; programme formulation; intervention design; management and mobilisation of resources; delivery and monitoring; final evaluations; and dissemination and improvement. The manual includes real-life scenarios and tips for using the standards and is complemented by a website with additional tools.

Source: www.emcdda.europa.eu/

ECAD 19th MAYORS' CONFERENCE

KILLARNEY, IRELAND | MAY 9-12, 2012

FIRST ANNOUNCEMENT

COOPERATION IN PRACTICE - A BROADER PERSPECTIVE

STAFFANSTORPS KOMMUN

WELCOME TO KILLARNEY!

ECAD member cities, ***Killarney*** in Ireland and ***Staffanstorp*** in Sweden will co-host XIX Mayors Conference this year. Two city Chancellors invite you to the Town of Killarney on **May 9-12, 2012** where we will talk about how international cooperation in practice makes a difference on community level and a lot of other topics. ***Read invitation letter and First conference Announcement at www.ecad.net***

EMCDDA Annual Report 2011: drug abuse is relatively stable

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) recently released its annual report for 2011, which shows that drug abuse is relatively stable in Europe; there are some positive signs that cocaine abuse may have peaked and that cannabis abuse continues to decline among young people.

However, signs of stability with respect to some of the more "established" drugs are offset by new threats. The report explores developments in the synthetic drugs market, the rapid appearance of new substances and widespread polydrug abuse. Delivering the agency's annual assessment, EMCDDA Director Wolfgang Götz said: "Europe's drug policies and responses must now be configured to face the challenges of the next decade."

UNODC and EMCDDA are collaborating on technical issues such as the development of standards for the assessment of drug related issues and consistency in data collection.

The average prevalence of problem opioid use in the **EU** and **Norway** (between 3.6 and 4.4 cases per 1 000 adults aged 15–64) is slightly lower than in **Australia** (6.3), the **USA** (5.8) and **Canada** (5.0), and considerably lower than in **Russia** (16) and **Ukraine** (10–13).

EMCDDA estimates, for the first time, that there may be around 10 000 to 20 000 problem opioid users dying each year in Europe, mainly from overdose, but also from other causes (e.g. diseases, suicide, trauma, etc.). Most victims are male and, on average, in their mid-30s.

Given the problems facing many EU countries, **Götz** underlines the need for vigilance in this area: 'Policymakers must not take their eyes off the ball when it comes to this primary public health objective, especially as conditions for future drug-related outbreaks may now again exist in some Member States. The historical evidence is clear that without effective interventions, HIV infection can, and does, spread quickly among people who inject drugs'. In July 2011, **Greece** — historically a low HIV-prevalence country — reported a large outbreak of new HIV infections among drug injectors (170 cases at the time of writing) ([8]).

Recent increases in newly-reported infections have also been noted in **Bulgaria, Estonia** and **Lithuania** indicating continued potential for HIV outbreaks among injecting drug users in some countries (see Chapter 7, Figure 16). A recent **EMCDDA** expert meeting (October 2011) also identified further HIV increases among drug users in **Romania** and worrying changes in risk factors in **Hungary**. The rate of reported new HIV diagnoses (per million population) in 2009 related to injecting drug use remained relatively high in **Estonia** (63.4), **Lithuania** (34.9), Latvia (32.7) **Portugal** (13.4) and **Bulgaria** (9.7). Increasing misuse of opioids other than heroin is reported in **Australia, Canada** and the **USA**. Most of these substances are used in medical practice, as pain relievers (e.g. morphine, fentanyl, codeine) or as substitution drugs in the treatment of heroin dependence (methadone, buprenorphine). The report underlines the lack of information, and need for increased monitoring, on the misuse of these products in Europe and expresses concern around reports of the use of synthetic opioids produced illicitly. Some countries in **Europe** report that synthetic opioids have displaced heroin from the marketplace.

In **Estonia**, three-quarters of those entering treatment now report fentanyl as their main drug. Fentanyl use is also reported in a number of other countries, particularly in **eastern member states**. This drug, a synthetic opioid considerably more potent than heroin and particularly associated with overdoses, is likely to be manufactured illicitly, with the most important production sites thought to be located in countries bordering the EU ([3]). In **Finland**, buprenorphine is the most frequently reported primary drug among those entering treatment.

Drug dependency— a disease?

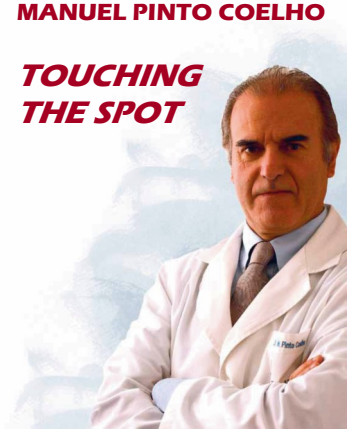
A new book "Touching the spot" by Doctor Manuel Pinto Coelho, based on his work done in the scope of a doctorate thesis in Educational Sciences and supervised by Professor Amaral Dias is due to be published in English .

This book deals with a controversial notion of addiction as a disease, a model that may be misplaced, according to Doctor Manuel Pinto Coelho, ECAD representative in Portugal, medical director of the Permanent Medical Service in Portugal since 2003.

"***This book is a proof that drug dependent is not a condemned victim***", says Doctor Coelho, who has a degree in Medicine and Surgery.

"Touching the spot" is about figuring out a new paradigm to drug dependence, to help everyone who has problems with drugs all over the world, and their families, to live happier lives.

ECAD looks forward to a hard copy of the book to be published in English and Russian in the near future. Contact us if you wish to know more!



Cannabis potency decisive

Potent marijuana and hashish will be regarded hard drugs in Holland. This will concern cannabis with more than 15 percent THC ingredient. As a consequence of this gradation, potent cannabis cannot be sold in Dutch coffee shops. The proposal for this rescheduling was discussed by the Dutch government last autumn and is based on recommendations of national Garretsen committee.

The average THC-content of the cannabis sold in coffee shops is between 15 and 18 percent. This cannabis accounts for nearly three-quarters of all sales. The Garretsen committee, named after its president, professor Henk Garretsen, found the risks of addiction and psychotic disorders with this high THC-content too extensive.

Cannabis production industry reacted negatively to the decision and called it 'an indecent policy'.

F.S.L. Koopmans, MA
Health Care Philosophy and Ethics

Will Danish cannabis decriminalisation go beyond Dutch?

It had hardly passed unnoticed that Copenhagen City Council voted last November in favour of investigating ways to decriminalize the drug. A special committee has been established to determine the best way to regulate the sale of hashish, while the City Council proposed opening its own special stores as an alternative.

The sale, consumption and cultivation of marijuana is illegal in Denmark, all of which can be punished with warnings, fines or jail time. Despite this there is a strong black market for the drug generating 1.5 billion kroner a year and controlled entirely by criminal gangs.

A detailed plan for cannabis supply and distribution is to be tabled for ratification by the Danish Parliament that has been negative towards this proposal in the past. Copenhagen City Commissioner for Social Affairs, Mikkel Warming is in favour of the Swedish kind of state alcohol monopoly, only in regard to cannabis in the Danish case. That would imply public dispensaries to provide young people with cannabis, taken care of civil servants that could thus earn around 100 million Euros in taxes for Copenhagen.

The same polititian wants Danish cannabis decriminalisation to go beyond the Amsterdam coffee-shop model. Mr. Warming wishes to actually make it legal to import and grow cannabis. His colleague, Social Democrat and Councillor Lars Aslan Andersen says that taking over cannabis trade from drug dealers would benefit all citizens, not to mention the city itself.

Drug policy changes towards zero-tolerance introduced by liberal conservatives since 2004 have not proved effective, with implications for growing black market, gangster dealers and augmented violence that provoked gang „wars". President for Danish Police Officers´ Federation said that the police failed to stop cannabis trade completely because it required enormous resources.

Copenhagen City Council prepared a proposal after internally adopting a memorandum on 3 years`trial of trading with small amounts of cannabis by city servants in health care. The proposal will be presented for the Parliament. Last time it failed to go through, however, the new centre-left government has not given a say yet. When it comes to discrepancies with the letter of the UN Conventions on drugs, Councillor Warming views a clash with the Conventions of 1961 and 1988 as „a matter of interpretation".

Source: http://www.undrugcontrol.info

Lancet: Australians are biggest cannabis addicts in the world

New Lancet study by two researchers at the University of New South Wales published early in January 2012 concludes the world's biggest users of marijuana and amphetamines are the people in the region encompassing Australia and New Zealand.

Australians and New Zealanders top the list of cannabis, speed and crystal meth users.

Study findings say that on a per capita basis the region has the highest use of these drugs on the planet. In the study year 2009, 9.3 to 14.8 percent of New Zealanders and Australians used marijuana, the study found. The lowest marijuana-using region was Asia, which had between 1.2 percent to 2.5 percent of its citizens use marijuana that year.

*"**Australian Harm Minimisation policy, which fails to present a strong prevention focus, continues to send mixed messages to young people and communities generally. It has created a culture of 'acceptance' of illicit drug use and the illusion that such drugs can be used 'safely'**, says Jo Baxter, Executive Officer at **Drug Free Australia**.*

The Lancet Addiction Series, which is the first paper that addressed the global burden of desease due to illicit drug use, estimates that a range of 149 to 271 million (or roughly 200 million) people use illicit drugs worldwide each year, with the highest use in the high-income countries.

The authors of the report note that illegality of opiods, ampehtamines, cocaine and cannabis precludes accurate estimation of how manu people use these drugs, how many people are problem users and what harm their use causes.

STUDY

Available data suggests that in the total above 200 million users mentioned, there are 125-203 mln cannabis users, 14-56 mln amphetamine users, 14-21 mln cocaine users and 12-21 mln opioid users with 11-21 mln people injecting drugs.

Source: http://www.digitaljournal.com

Qat to be banned in the Netherlands

The Netherlands has announced its intention to ban the import and use of qat, the narcotic leaves and shoots of a flowering shrub grown and mainly used in East Africa and the Arabian Peninsula. Qat is very popular within the Somali and Ethiopian communities in the Netherlands.

In a letter to the lower house of parliament, the cabinet writes that it has decided to ban the drug because it is addictive and damages physical and mental health. The qat trade also causes other problems in the Netherlands. The import and use of the drug, also known as khat, is already banned in numerous European countries as well as the US.

The Netherlands serves as a clearing house for much of the qat imported into Europe. Qat, also known as African salad, is a popular stimulant and its use is fairly widespread in Yemen and in East African countries including Somalia and Kenya.

The principal active ingredients in the leaves and shoots, which are chewed, are cathinone and cathine, both of which have a pharmacological effect similar to amphetamine. The leaves and shoots are only effective when they're fresh, although infusions from dried leaves are sometimes drunk.

Integration, asylum and integration Minister Gerd Leers influenced the cabinet's decision to ban qat:

"I'm involved in the ban because it appears to cause serious problems, particularly in the Somali community. Ten percent of Somali men experience very serious problems; they are lethargic and refuse to co-operate with the government or take responsibility for themselves or their families. We cannot and will not accept it."

According to the EU Monitoring Centre for Drugs and Drug Addiction, the effects of qat consumption are similar to those of amphetamine; users can experience euphoria, elation and increased alertness but this state may be followed by feelings of depression, listlessness, irritability, anxiety and insomnia. Side effects can include constipation and urine retention. It has also been known to provoke psychotic episodes, particularly if there are already underlying psychological problems.

Because qat has not yet been banned in the Netherlands, four aircraft carrying the narcotic leaves arrive in the Netherlands every week. Somalis, Ethiopians and other Africans all converge on Uithoorn, near Amsterdam's Schiphol Airport, which is the centre of the qat trade in the Netherlands.

Uithoorn's Mayor Dagmar Oudshoorn has been complaining about the problems caused by the qat trade in his town for quite some time: *"The council has been working very hard to develop the industrial estate but those efforts have been hampered by the qat dealers. It's difficult when a large group of people turns up four times a week to trade qat. Some of them do not always behave in accordance with the law."*

The town authorities have been calling for a ban for some time and now that addiction experts have warned about the problems of qat use, the government has decided to heed that call. Minister Leers:

"The Netherlands is the only country at the moment that still allows qat use. This means that we are at the centre of qat distribution in Europe."

The Somali community is divided on the issue; some say traumatised refugees find comfort in qat but Somali women welcome the ban; they hope their sons and husbands will become more active and go to school, look for work and be more active within the family.

Source: http://www.rnw.nl/english/article/hague-plans-ban-qat

EU Commission tightens drug policy

The European Commission will strengthen its anti-drugs policy by putting forward new legislation to tackle the growing use among young people of synthetic psychoactive substances – which imitate hard drugs like ecstasy and cocaine.

The speed that new drugs are becoming available, and the ease with which people can get hold of them – especially over the internet – mean robust pan-European action is required to tackle the problem. The spread of drugs calls for the EU to be handed powers such as the ability to seize the assets of drug traffickers, clamp down on sales over the internet, temporarily ban substances that cause harm, and regulate the chemicals used in drug production.

The EU has already imposed controls on two substances, BZP and mephedrone, meaning member states must classify them as illicit. Meanwhile the Commission proposes greater international cooperation, particularly with regions that it describes as "major entry points for drugs in Europe" – including South America, West Africa, the Western Balkans and Central Asia.

Source: http://www.publicserviceeurope.com

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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