

Newsletter to Affiliates

Europe against Drugs – a European Drug Policy Foundation



© Dreamstime.com

Drugs are a grave threat to health and dignity.

Drugs destroy lives and communities, undermine human development and generate crime.

Drug abuse harms self esteem and hurts precious relationships with friends and family. In particular, it affects the freedom and development of young people.

Newsletter

Dear all,

Last year EURAD made a new website. We wanted to target in particular officials, politicians and journalists.

We would however like to improve communication with and between our affiliates.

This **newsletter** will include information about Eurad and our affiliates activities as well as thematic articles.

Affiliates of EURAD will shortly receive an invitation to join an internal **email discussion group** where you can post information and questions, and debate issues.

Perhaps other affiliates have the information you need?

On our website you may soon subscribe to **news updates on email**. Eurad is also on [Twitter](#).

In addition, you will soon be able to comment directly on articles on our web site.

Together I hope this will improve contacts between us.

Anders Ulstein
Secretary General

Words from the President

Dear friends,

Since EURAD started in 1988 many people have been involved and developed EURAD as it is now. The first newsletter was printed in September 1989.

We have been since in debates, with politicians and encountered drug liberals. We have supported affiliates, and associates. We have met as often as possible and from 12 affiliates we are now 47.

Nowadays we are all connected with each other via Internet. Translation programs make life easier when we are not too familiar with English. We are happy to start again with our Newsletter where we can communicate and bring news in short.

We do have the know-how, the experience and history tells us that we can and must reduce the demand for drugs.

EURAD as a drug policy Foundation is advocating prevention, recovery and reintegration. Our children have the right to live in a drug free environment.

One NGO can't change much but together we are stronger. Therefore EURAD always welcomes more affiliates to our Foundation.

We are happy to stimulate and create workgroups; organize conferences and projects with our affiliates and friends. Everybody likes to prevent problems with drugs but not everybody likes to prevent the use of drugs.

Our voice is important. If we don't speak up for prevention and recovery at European level, nobody will. That is EURAD's challenge.



Renee Besseling
President

Drug Treatment at a Crossroads

By Anders Ulstein

Today prevention and recovery is under pressure. The drug liberal movement is one threat but probably not the biggest. The biggest challenge comes from the lack of understanding of what the drug problem is and the tendency to fall for quick fixes.

Harm reduction has become the dividing issue. Is it a quick fix or a stepping stone towards long term recovery?

Instead of being an integrated part of a prevention and recovery oriented policy, harm reduction presents itself as offering an *alternative strategy* where prevention and recovery may play only a subordinate role.

Biology?

Another major challenge is the medicalisation of the drug problem. Addiction and drug problems are now primarily seen as a health problem for the individual user. Substitution treatment and harm reduction is its logical response.

Basically, substitution treatment substitutes one drug with another. Success, however, will rest on the psychosocial follow up.

Why people take drugs has very little to do with biology. Still so many of the specialists involved in drug policy believe exactly that.

Ambivalence

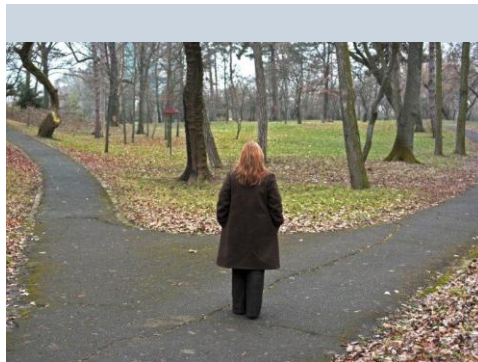
In the world of the medical profession the drug problem is increasingly seen as a chronic biological illness comparable to diabetes or cancer. Drug users are "patients" and treatment is medical.

Drug users are not like other "patients". A cancer patient would not want treatment one day and disregard it the day after.

A drug user is fundamentally *ambivalent*. The harm reduction movement, however, regards the drug users as a helpless victim as long as he is outside the reach of harm reduction services, but when he is inside he is suddenly regarded as rational and autonomous.

Restoring Dignity

The harm reduction movement most used argument is "dignity". That is a worthy and important motif, but dignity does not only



© Chri2010 | Dreamstime.com

«Today, however, treatment is primarily about addressing the symptoms of drug use rather than the causes behind it»

relate to the current circumstances such as where you find yourself when injecting a needle.

The lack of dignity relates to underlying causes and a lack of self esteem. The origin of this is not to be found in current circumstances of drug use but most often in psychological and social factors going years back.

A number of studies show that a large part of problem drug users has had a problematic childhood. This is where help is needed if one wants the help to be sustainable and real.

One study shows that serious problems in childhood are contributing factors behind between half and two thirds of all problem drug use (Dube et al, Pediatrics 2003).

Another study shows that suicidal thinking is common in 34% of problem drug users and that a shattered childhood was common contributing factor (Rossow, Lauritzen in Addiction 2001)

One study shows a strong correlation between childhood problems such as depression, antisocial behavior and drug use in during passage from adolescence and adulthood (Schilling et al BMJ 2007).

A Norwegian study of 794 drug addicts in

treatment shows that 70% of them were school drop outs. 53% had parents with a drug/alcohol problem, 38% were harassed, 29% had been under the social services, 33% grew up away from their parents etc (Lauritzen et al in NAT 1997).

Today however, harm reduction is primarily about addressing the *symptoms* of drug use rather than these causes behind it.

Social Integration

Social integration is in general not possible while still abusing drugs. Addiction and drug use will harm relationships and self esteem to a degree where real social integration and rehabilitation is not possible.

Healthy relationships is hardly possible if drugs take precedence over people and if the underlying social and psychological problems are not addressed.

Limits of Harm Reduction

Europe has seen notable reductions in drug related mortality and disease prevention that is in part caused by substitution programs. But these interventions have limitations in terms of attaining social integration, rehabilitation and recovery.

However since 2003 the number of deaths is now increasing. The simple conclusion to make from this is that substitution has both strengths and limitations (fig 1).

The way to save more lives is to integrate substitution in a wider treatment policy. More users need follow up and more need to exit the substitution programs.

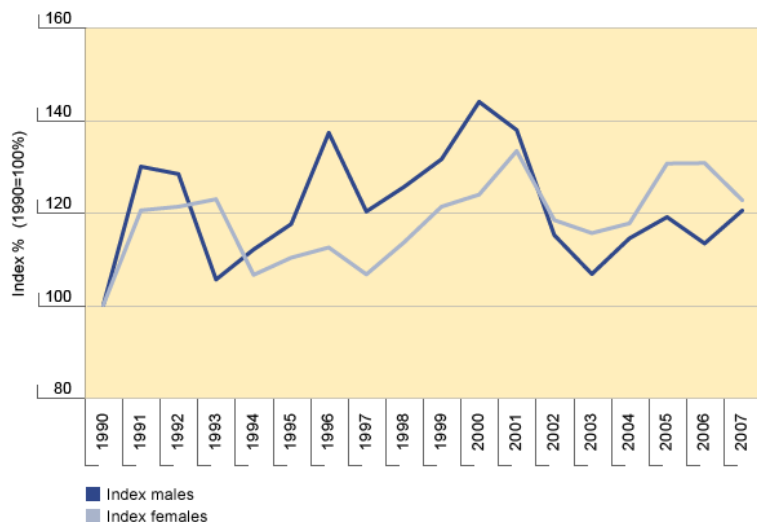
Treatment Aims?

Reducing harm needs to be part of an integrated comprehensive policy that aims at recovery and social integration.

That simply means that if you enter a low threshold or harm reduction centre this should be a stepping stone towards recovery.

Not everyone will recover. But we do not know who will and who will not.

Not everyone recovers from cancer either, but all available treatment options will first be implemented before one subject the patient to palliative care and pain relief.



(Fig 1) Drug related mortality in Europe, indexed. (EMCDDA)

One study from Denmark found that many professionals in harm reduction services simply discouraged their patients from seeking recovery based treatment (Andersen 2006).

If patients are to be offered an individual treatment plan there needs to be a continuum of services from the first intervention to the long term follow up.

Instead, harm reduction services and drug free treatment is evolving into two separate systems with different views on what the drug problem is, what the treatment aim should be and what is best for the user.

Conclusion

Today's most pressing issue in drug policy is to bring clarity on whether harm reduction is part of a continuum or an alternative strategy. To do that we need to highlight the often serious social and psychosocial problems behind drug abuse.

Harm reduction alone will not provide self esteem, dignity and social integration. Only continuous treatment towards freedom from drug use can address those underlying causes.



Most drug addicts want recovery., Recovery is also what their families want – not least the children. Sadly we seem to move towards a system where recovery based treatment is increasingly unavailable.

The Continuum

There were previously two philosophical schools in harm reduction; one proscribed a continuum with abstinence at the positive end of the scale and high-risk drug use at the negative end (Marlatt). The other approach saw harm reduction as an alternative, even as

opposite to drug-free treatment and abstinence (Single). (See [Järvinen and Andersen in NAT 2007](#))

Today, harm reduction is presented as part of a continuum. In reality it has evolved into an alternative, even competing, system. The reasons for this are many, the drug liberals wanted it for ideological and political reasons, but perhaps equally important, harm reduction put an end to public nuisance, it reduced some public health concerns and it paid lip service to the principles of user participation and human rights.

Developments in California, UK and the Netherlands warrant careful optimism

Winds of change?

The Netherlands and the UK have new governments that both are less drug liberal than their predecessors.

Drug Tourism Ban

Last year the [European Court of Justice ruled](#) that the Dutch ban on “cannabis tourism” does not contravene EU law. The Dutch government will now restrict the sale of cannabis in coffee shops only to Dutch nationals.

The court case is important since it becomes part of EC case law. The courts view that cannabis is a serious risk factor and no ordinary commodity has now become part of EU law.

Coffee Shop Reduction

Finally, the Dutch government will enact the ban on coffee shops closer than 350 meter from a school or similar. This may

cause 6 out of every 10 coffee shop in the country to close according to a survey by the Dutch newspaper [NRC Handelsblad](#).

Most of the 442 coffee shops that may be closed might not reopen elsewhere. That decision will be up to the local city councils.

UK Turnaround?

In the United Kingdom there are important changes to drug policy after years of harm reduction. Both the [Scottish](#) and [English government](#) has written new drug strategies that represent a break with harm reduction.

Recovery and prevention are again the overriding policy aims. It remains to be seen however if they will challenge their powerful harm reduction establishment.



© Chri2010 | Dreamstime.com

California Dreaming

The proposition in [California to legalize](#) cannabis was defeated with 56,3 against 43,6% of the votes. When legalization was defeated in liberal California, the cradle of modern cannabis use, then where is a popular majority conceivable?

The voters knew this: It will put our kids *more* at risk, not *less*. We won't have it!

Injection Room Plans in France Disputed

The Minister of Health proposed last year to open injection (or consumption) rooms in France. But resistance is growing.

The proposal is supported by the National Health Institute. Prime Minister François Fillon however, has rejected the idea but the issue is still not finally decided.

Recently the Academy of Medicine came out against the proposal saying injection rooms pose more risk than benefits. Earlier, the national drug agency (MILDT) also came out against the injection room proposal.

It seems therefore likely that the opposition to the proposal is sufficiently strong to stop it, for now. Parents against Drugs (PCD), a EURAD affiliate has more information on their web page. You can even sign a petition. Opinion polls have shown there is a large majority against injection rooms, PCD writes. www.parentscontreladrogue.com

Collaboration in Romania

EURAD Sweden had a meeting 21. January (picture below) together with WOCAD (Women's Organizations Committee on Alcohol and Drug Issues) and Romanian Suceava County Police about our collaboration and future projects in Romania, in particular the Bella project.

Bella is a gender specific prevention program for girls. It is being implemented in Suceava, Romania, where EURAD is a partner. We discussed evaluation and follow-up, but also legislation in Romania concerning legal highs.

The Bella project is printed in Romanian and will be extended to the Roma community.

We were very happy to hear that Suceava County is a leading example in Romania by closing down all ethnobotanic shops (head shops) since 30th November 2010 by passing new legislation. (Madalina Popa, Secretary EURAD Sweden)

Irish Success in Battling the Head Shops

By Grainne Kenny
Honorary President, EURAD

Head Shops were finally defeated by the courage of ordinary Irish citizens who pressed Parliament until the Government finally listened to their concerns.

The Irish media lent positive support and this gave credibility and strength to the cause.

In May 2010 bowing to public pressure the Minister of Health banned 200 individual substances such as Spice and mephedrone. It is now a criminal offence in Ireland for a person to import, export, produce, supply or to possess these substances.

However, the Chinese chemists were ready with a new and an even more dangerous group known as dimethocaines e.g. whack and NGG-1 among other names.

What happened then was that people started to present at an even greater rate at hospital Emergency units and treatment centres, due to the effects of these new drugs. It was feared that the use was increasing despite the closure of most of Ireland's Head Shops.



Therefore, on Monday, May 23rd 2010 new Statutes came into force, banning the remaining drugs, literature and even advertising materials. It is a clever Bill that covers any new substance coming on to the market. It is a so called *generic ban*.

The police now have all the powers that they require to search and close the few remaining shops and to confiscate all suspect substances. They are also free to raid underground factories.

Shops had been opening at the rate of one a week and had reached a total of approximately 100. Dublin had the highest number of Head Shops of any European city and they could be found across the country.

We acknowledge the support given by all political parties but most of all to the determination of the families who were the real heroes of this battle. Without them nothing would have been achieved.



Renee Besseling (EURAD), Britt Fredenman (Bellanet/KSAN), Madalina Popa (Eurad Sweden), Ionut Furenau (county police)

Contact Grainne
Kenny at
eurad@iol.ie

EURAD web site

New important features on the EURAD web site.

In a few weeks time our web site will be upgraded. First, readers will be able to comment on all articles that are posted. This will enable every reader to react directly, discuss or add information. The comments will be moderated. We hope this will attract more traffic on our web site, more interest and exchange.

Another feature will be the opportunity to subscribe to a news update. Once a week or so you will receive an email with the latest stories we have posted.

We will also add the opportunity to share articles on Twitter and Facebook. This is a great way for some to make EURAD more known on the social media

With the upgrade we will also be able to see how many readers we have in different countries/regions of the world.

COMMUNICATION

The new Eurad web site and Twitter account was established in March 2010. We have since published 52 news related articles and 180 tweets. There are 10.000 visits a month.

EU DRUG STRATEGY

The European Union will in 2011 start drafting a new Drug Strategy for adoption in 2012. Eurad is as a member of the EU Civil Society on Drugs invited to submit our recommendations this year.

Eurad will submit recommendations on key issues and to build a coalition to support it.

LEGAL HIGHS

Legal highs, head shops and new drugs are on the agenda both in the EU and in some member states. The EU in December 2010 banned mephedrone after a lengthy evaluation procedure. The EU will in 2011 reconsider this procedure probably concerning ways to speed up the process when new drugs arrive on the market.

One way to respond to new drugs, in particular new synthetic drugs is to ban whole groups of them by so called generic bans. A few countries already have or will be introducing generic bans. The EU may consider a generic ban too.

EURAD MEETING IN 2011

Eurad plans a conference in **Brussels in 2011** where we will also invite our affiliates for a separate meeting. We hope to see most of you there.



RECOVERY IS POSSIBLE!

EURAD has with the help of Line Eikenes and Oyvind Arntzen discussed a European network of recovering addicts. The two represent a Norwegian network called RIO, Recovering Addicts Interest Group.

The aim of the network is to show that recovery is possible; that there are many ways into drug abuse and many ways out.

We want to get in touch with individuals or groups of recovering addicts that could join. Contact Line at rio-ostfold@riorg.no

WHAT ABOUT PORTUGAL?

Portugal has propelled the issue of decriminalization to the forefront of the international debate.

We need to respond by pointing out that Portugal hasn't had any progress that is attributable to decriminalization. There are many ways countries can divert users from prison to treatment without decriminalization. See [story on EURADs web page](#).

The purpose of criminalization is not to penalize but to deter, to prevent use and to coach people towards treatment.

Diversion programs can break the vicious cycle of crime and drug use.

NETWORKING STRATEGY

Let's admit it; we need to build broader coalitions to support the general direction of a comprehensive preventionist strategy.

Most people will not support drug liberalization. EURAD is on the side of the majority, let's connect with them!

The EURAD Council in 2011

Contact details on www.eurad.net - Contact EURAD at eurad@eurad.net

Mrs. Renee Besseling, President (EURAD Sweden)

Dr. Hans Köppel, Vice President (Swiss Physicians against Drugs)

Mr. Jeroen Charmant, Treasurer (EURAD The Netherlands)

Mr. Anders Ulstein, Secretary General (Actis, Norwegian Policy Network on Alcohol and Drugs)

Mr. Bill Cameron, Vice Secretary (Drug Free Scotland)

Mrs. Kari Sundby, (National Parents Association, Norway)

Mrs. Line Eikenes, (Recovering Addicts Interest Association, Norway)

Mr. Martin Grosne, (Parents against Drugs, France)

Mrs. Grainne Kenny (Honorary President)

Mr. Hendrik Arnoldus Schaij (Honorary President)