

HIGHLIGHTS FROM THE 3RD WORLD FORUM AGAINST DRUGS

THE PRESENT BROCHURE IS A COMPILATION OF EXTRACTS FROM PRESENTATIONS MADE DURING
THE 3RD WORLD FORUM AGAINST DRUGS, STOCKHOLM 2012

AN OVERVIEW OF SOME OF WFAD 2012 SPECIAL SESSIONS

- » Children have the right to be protected from Illicit Drugs
- » Shared Responsibilities and Drug Violence in Latin America
- » Drug trends in Asia and the response - Sri Lanka, Thailand and The SMART Program
- » Measuring the Drug Problem - Is It Getting Better or Worse?
- » Emerging Trends of Novel Synthetic Drugs of Abuse and Prescription Drugs
- » Best Practices in Primary and Secondary Prevention
- » Harm Reduction vs. Recovery - Conflicting Goals for Prevention and Treatment

Complete programme available at <http://www.wfad.se/wfad2012-programme>



EXTRACT FROM THE OPENING SPEECH DELIVERED BY H.M. QUEEN SILVIA OF SWEDEN

(...) This conference allows us to reflect and recommit to this focus on our young people and how we can best address the issue of drugs in our policies and practice. Whether we do this from the perspective of our concern for young people in Brazil, Colombia, USA or here in Sweden I would like to suggest our reference point should be the Convention of the Rights of the Child. Such "Conventions" can often be seen as mere words. Our job is to ensure they are translated into policy and practice.

I would therefore like to close with three references from the UNICEF summary of the Rights of the Child Convention and ask us all to consider if what we are doing and planning reflects that we are translating theory into practice. It is a challenge that we can all respond to as governments, organisations or individuals.

The first statement is:

Governments have a responsibility to take all available measures to make sure children's rights are respected, protected and fulfilled. And I suggest not just governments - but how well are we doing in achieving this laudable aim?

Secondly,

Governments should use all means possible to protect children from the use of harmful drugs and from being used in the drug trade.

All means possible? Do we really invest as much as we should in education and prevention efforts for our young people?

And finally,

The best interests of children must be the primary concern in making decisions that may affect them. All adults should do what is best for children. When adults make decisions, they should think about how their decisions will affect children.

(...)

I am sure that this Forum will conduct its deliberations with these three key points in mind and ensure that what we say, but more importantly, what we do, will be the best for our children both now and in the future. I trust it will lead to a world where young people are free from the harm that drugs can cause and give them the wherewithal to find health, fulfillment, dignity and happiness in their lives.

<http://www.wfad.se/wfad2012-presentations-speeches/1204-opening-speech-by-hm-queen-silvia>

EXTRACT FROM OPENING SPEECH

MR. SVEN-OLOV CARLSSON, INTERNATIONAL PRESIDENT, WORLD FEDERATION AGAINST DRUGS



Four years ago, 2008, the first World Forum Against Drugs took place here in Stockholm. One of our major goals with the Forum was to reach out to non-governmental organizations on all continents and invite their members to a world conference where they could share experiences and talk about a vision of a drug free world. The Forum was a success. One of the outcomes of the first Forum was that The World Federation Against Drugs (WFAD) was established 2009 as a global non-governmental organization.

In 2010 World Federation Against Drugs organized the 2nd World Forum Against Drugs. The World Federation Against Drugs (WFAD) is a global multilateral community of non-governmental organizations and individuals. The aim of WFAD is to work for a drug-free world.

The work of the World Federation Against Drugs is built on the principles of universal fellowship and basic human and democratic rights. We believe that working for a drug-free World will promote peace and human development and dignity, democracy, tolerance, equality, freedom and justice. World Federation Against Drugs bases its work on the UN Conventions. Experience tells us that a balanced and restrictive drug policy limits the problem of drug abuse. The key to success is to prevent the problem, the success of treatment is rather limited although treatment must be a part of a balanced policy.

The strength of the international drug control system is its universality. But drug policies are too important to be left to drug experts and to governments alone. It is a society-wide responsibility that requires society-wide engagement. This means working with children, starting from parents and teachers, to ensure that they develop self-esteem. This means supporting family-based programmes because prevention begins at home. This means advocacy. As non-governmental organizations we can play a crucial and a very important role in this matter.

<http://www.wfad.se/wfad2012-presentations-speeches/1201-mr-sven-olov-carlsson-international-president-world-federation-against-drugs-speech-at-world-forum-against-drugs-opening-session-monday-21th-may-2012>

DRUGS IN LATIN AMERICA

CEDRO'S APPROACH FOR PREVENTING THE INVOLVEMENT OF CHILDREN AND YOUTH IN THE DRUG CHAIN A GRASS-ROOT BASED ACTION MODEL

PIERO PONCE, CEDRO, LIMA, PERU



CEDRO is a Peruvian institution that has worked, during the past 26 years to promote development and legality, through the application of different education, information, and promotion strategies. The institution prioritizes those lines of action that confront the drug problem (cultivation, production, traffic, and consumption) trying to prevent the involvement of the population, especially of the youngest.

Public incidence among authorities and local grass-root leaders

Communities endangered by the impact of drug trafficking become insecure and local people may be very suspicious about alternative initiatives being offered to them. Thus, gaining the trust and empowering local authorities enables CEDRO to work in close with the public sector and even gain physical spaces inside their infrastructures for supporting them on sensitizing the local populations.

CEDRO coordinates closely with all those other programs from the private and public sectors being developed currently in the region and whose mission enables them to protect youth and children's rights by combating drug trafficking and poverty from a sustainable point of view. At a first stage, partnerships are agreed with local governments, emphasizing the promotion of youth leadership and technical assistance to the municipalities.

WORK IN PERUVIAN COMMUNITIES

- » Activities in over 3,000 communities.
- » Technical assistance provided to 2,500 institutions.
- » 250 municipalities have been sensitized regarding the drug problem and development, producing an impact on 700,000 persons.
- » 400 youth gathering centers have been implemented in coca growing valleys, mobilizing 24,000 young democratic leaders.
- » 10,000 community promoters have been involved in development actions in coca growing valleys.
- » 30,000 pastoral agents have been formed throughout the different churches.
- » Implementation of development actions in over 220 communities who have stopped growing coca leaf, engaging more than 50,000 inhabitants.

Community actions by youth

Young people are the agents of change among CEDROs' projects, and become a key actor on generating a public opinion towards sustainable licit initiatives. By training and giving them the tools for developing their own community projects and/or community based project's plans, youth become new local leaders, who show their success to their peers and thus, become positive examples that inspire their peers.

CEDRO uses the strengths of the target zones and broadens them through an innovative leadership that promotes modernity yet respecting cultural traditions, and generating legal jobs and trades. This leadership is essentially exercised by youngsters who improve their qualities and abilities regarding community work and by their openness to change. At first place, youth receive motivating leadership training, where they learn how to design their own community project.

By discussing about their vision, mission, goals, budget and

<http://www.wfad.se/wfad2012-presentations-speeches/1273-drug-violence-in-latin-america-ngos-say-no-to-surrender-piero-ponce>

REFLECTIONS TO THE SITUATION OF VIOLENCE AND 'THE PERUVIAN DRUG POLICY'

ALEJANDRO VASSILAQUI, INFORMATION AND EDUCATION CENTER FOR THE PREVENTION OF DRUG ABUSE (CEDRO), PERU



The problem of organized crime and its associated violence in Latin America and the world in general is reaching enormous proportions. Trafficking of people, including slavery of minors, child pornography, forced labor, contraband, mafias associated to trafficking of narcotic drugs, corruption etc. are all crime forms that somehow have a same core.

Therefore, it is not possible to strike one of these types of organized crime without confronting the complexity of the problem from an ethical perspective of development, inclusion, and human rights.

The growing alliance between terrorist movements and drug traffickers results in an extremely elevated human cost and maybe in the greatest threat to democracy.

(...) It is imperative that we train and create public officers providing them with conditions that will enhance their performance through a real reform of the State enabling quicker and more transparent procedures and paperwork that will minimize the chances for corruption.

About the Peruvian Drug Policy

Coca leaf has been used by Peruvians since ancient times, mainly for religious, cultural, social and economic purposes; attributed with medicinal and healing properties. Yet, nowadays over 90% of Peruvian coca production is used to produce drugs.

Coca has caused deforestation, biodiversity loss, soil erosion and alteration of hydrological patterns. In the past 30 years Over 2.5 million hectares of forests have been lost in the past 30 years, and the destruction of natural resources has caused losses amounting to US\$4,500 million.

Peru's government is addressing this situation by reinforcing interdiction and reduction of coca crops; helping farmers to turn towards legal productive activities. Over 90% of Peruvians, and the government, oppose drug legalization. >>

human capital, they come up and present local projects that target different social issues for the promotion of legality and peace. Thus, young beneficiaries are empowered, design micro-projects oriented towards community development by themselves, and access to small grants in the form of training materials.

At the end of the training process, youth present their business plans to a jury and the best ideas are awarded with a seed capital in the form of materials and a personalized follow-up support for supporting their investment phase.

As part of the implementation phase, youth go to the mass media and are keen to share their learning experience and show their achievement for development that improves their life conditions, generating legal jobs and trades, within the fields of tourism, cultural gastronomy, art, services, among others.

It is essential to disseminate and "live" since childhood, a culture of legality that transforms mentalities and reveals to people the advantages of acquiring healthy habits, of organizing themselves for development; distancing themselves from the chain of drugs and other criminal modalities.

The badly named "war against drugs" has had some successes and some failures since its inception three decades ago. To begin with, the concept of "war" is inadequate because it leads us to believe that we need to fight drug trafficking and its consequences through violence and control when in fact it should be a permanent process that implies working from different angles and responding to the different circumstances and timings to modify behaviors and develop an ethics for peaceful coexistence and for a common goal.

(...) A large portion of the population acknowledges that the production, trafficking and drug consumption are obstacles for the development of the country; and there are numerous groups of citizens who know that access to illegal substances increases delinquency and criminality. This change of opinion is also evident among the groups of peasants who are opting for a development within legality and peace; where the Peruvian Government and international cooperation are implementing specific programs that aim to substitute illegal crops by providing assistance to ensure that a larger number of people are accepting lawful productive processes.

The recently launched National Strategy to Fight Drugs 2012-2016 aims to reduce, drastically and sustainably, illicit drug trafficking and consumption and their negative social, political, economic, cultural, and environmental effects.

The plan has four components: (a) integral and sustainable alternative development to promote the abandonment of illicit coca crops; (b) interdiction and sanctioning of coca leaf, poppy seed and marijuana crops and of those supplies necessary to transform them into drugs; (c) prevention and treatment linked with health and education entities; (d) organize collaboration and cooperation mechanisms at global, regional and sub-regional levels reinforcing technical and financial cooperation.

<http://www.wfad.se/wfad2012-presentations-speeches/1301-shared-responsibility-save-the-rainforest-alejandro-vassilaqui>

DRUG USE IN NORTH AND LATIN AMERICA

JULIO SOTELO MORALES, MD, PRESIDENT CENTROS DE INTEGRACION JUVENIL, MEXICO



Drug use is complex and diverse. In North and Latin America it shows regional differences in size, substance and affected groups. This presentation shows epidemiological data obtained through surveys and information systems of patients in treatment.

In the global context, North America has the highest prevalence of cannabis, cocaine, amphetamine substances, ecstasy and opiates.

Among the American countries with the highest consumption there are United States, Canada, Chile, Argentina and Caribbean

countries with high prevalence of marijuana and cocaine, mainly. In Mexico, notes a recent increase in use of inhalants and addictions increased especially among women.

Alcohol consumption per capita in the continent is high (8.7 liter against 6.13 of world), particularly in Argentina, Canada and USA. It is recommended to expand, update and standardize the information in the continent, to pay more attention to alcohol and tobacco, to apply systematically research results in the development of public policies and programs, developing evidence-based strategies, and finally, to address the increase in drug use observed among women from a gender perspective.

HARMFUL USE IN NORTH AND LATIN AMERICA

CARMEN FERNANDEZ CACERAS, DIRECTOR GENERAL OF CENTROS DE INTEGRACION JUVENIL, MEXICO



Two billion people consume alcohol worldwide out of which 76.3 million are problem drinkers (1). This harmful use causes 2.5 million deaths annually (2). In the Americas there are significant variations in the prevalence of consumption and in Mexico 27 million people drink with risk patterns.

Mexico together with Brazil chairs the group of the Global Strategy to Reduce Harmful Use of Alcohol (EMRUNA) in

Latin America. This group works in the following areas for regional action:

awareness and commitment; health services' response; community action; drink-driving policies and countermeasures; availability of alcohol; marketing of alcoholic beverages; pricing policies; reducing the negative consequences of drinking and alcohol intoxication; reducing the public health impact of illicit alcohol and informally produced alcohol; monitoring and surveillance. In Mexico, there is a working group that promotes and develops various actions based on EMRUNA.

RESTORATION, NOT PUNISHMENT

MARCOS KAC, GENERAL ATTORNEY, RIO DE JANEIRO, BRAZIL

Based on new paradigm – restoration, not punishment - Therapeutic Justice intends to act as a liaison between citizens and justice by establishing judicial and extrajudicial measures with individualized treatment programs. The Therapeutic Justice is part of the tendency of modern law which focuses on the preventive and rehabilitation in the administration of justice.

Another contribution of the proposed Therapeutic Justice is a non-adversarial approach between practitioners of the justice system and those with technical and health professions. It is known that in drug cases, domestic violence, psychopathy and certain other complex issues neither health nor justice can act in isolation; to be effective inter-sectorial approaches are needed.

The purpose of Therapeutic Justice applied to the Juvenile Justice System is to provide adolescents and their families with the opportunity to access a range of services and treatments that may help to overcome the legal, social and health related use and abuse of alcohol and other drugs. The current Department

of Justice Therapy (TYC) is a joint accomplishment of actions to build channels of effective support in the community with respect for human rights and the care of social and health needs of users of alcohol and other drugs.

The first action of Therapeutic Justice aims to the institutionalization of the offender enabling the fulfillment of these people through referrals made by judges and prosecutors to integration in different programs. This comes from the understanding that it is necessary to treat the offender and not the offense. It is necessary to have an accurate understanding of the offender, so that we can tackle the essence of the problem and therefore reduce crime without the need for imprisonment.

The Therapeutic Justice emerged as a priority of the community's needs within the complexity of the problems of alcohol and drugs use and it aims to grant rights of access to quality health services, education and welfare to all in order to improve the public safety and reduce crime.

THE RIGHT OF CHILDREN TO BE PROTECTED FROM NARCOTIC DRUGS AND PSYCHOTROPIC SUBSTANCES - A HUMAN RIGHTS PERSPECTIVE

ROXANA STERE, PHD STUDENT SNSPA UNIVERSITY ROMANIA AND STEPHAN DAHLGREN, SWEDISH JURIST



The only explicit statement about narcotic and psychotropic drugs in any core United Nations Humans Rights Convention is Article 33 in the 1989 Convention of the Rights of the Child (CRC).

Protecting against drugs is hence unquestionably a human rights issue.

Protecting children from illicit use/production/trafficking of drugs is not an option for State Parties to the CRC. It is an obligation. Since CRC is more or less universally ratified the obligation is universal.

The paper is looking at children's right to protection from drugs from an international law/human rights point of view. The paper is anchored in the most ratified of all human rights treaties – The Convention on the Rights of the Child (CRC).

The paper is looking at the texts of relevant instruments – and not just singular Articles but the instruments as such – as well as relevant material from other legal sources, such as Treaty Monitoring Bodies and Travaux Préparatoires (Preparatory works).

The paper takes a human rights approach to the issue of children and drugs. It starts with a broad overview over international law and human rights law. It thereafter explains the legal requirements regarding protection children from drugs in the context of the Convention on the Rights of the Child. On basis of facts presented, the paper ends with a section of conclusions and options for reinforcing the protection of children against drugs.

SAUL TAKAHASHI, HUMAN RIGHTS LAWYER, JAPAN

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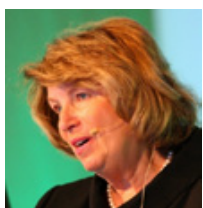
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DRUG EFFECTS IN THE DEVELOPING ADOLESCENT BRAIN

BERTHA K. MADRAS, PHD, PROF. PSYCHOBIOLOGY, HARVARD MEDICAL SCHOOL



Background

Adolescence is period of rapid brain development, as the human brain is not fully formed until the mid-20's. Adolescents (12-17 years) are at much higher risk for developing clinical features of a substance use disorder (addiction) than adults, if they initiate drug use for nonmedical purposes. The heightened susceptibility of youth is complex, with genetic, personality and environmental factors as contributors. Increasing evidence suggests that drugs may affect the trajectory of brain development.

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Methods

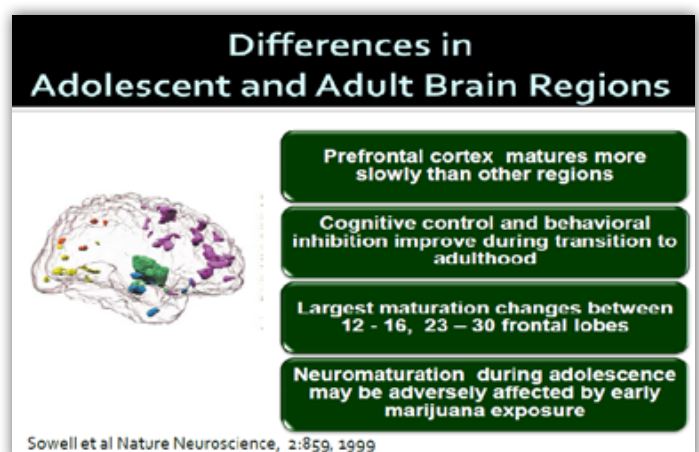
(1) Survey of research literature in human subjects and in pre-clinical studies (animals). (2) Pre-clinical research from the author's laboratory.

Results

There is an excess risk of developing clinical features associated with dependence when drug use is initiated between ages 11-17 compared with initiation of use at adulthood.

The earlier the age of first use of drugs, the greater the risk of

developing a substance use disorder for a range of drugs - alcohol, nicotine, marijuana, cocaine, opioids, stimulants, inhalants, benzodiazepines. The prevalence of alcohol or marijuana addiction is 5-times higher in youth who initiated marijuana or alcohol use at age 14 or younger, compared with initiates age 18 or older. Another consequence of early onset of use is the association with impaired mental health or serious mental illness. Imaging research reveals structural and other changes in the adolescent brain, which may be unique to >>



this age cohort. Preclinical research in the author's laboratory has discovered that genes critical for brain development are changed differently in the adolescent and adult brain.

Conclusions

These and other findings highlight an urgent need for prevention strategies in the periadolescent period.

<http://www.wfad.se/wfad2012-presentations-speeches/1287-drug-effects-on-the-adolescent-brain-preventing-youth-drug-use-is-a-global-imperative-bertha-madras>

PSYCHOSOCIAL TREATMENT OF CANNABIS DISORDERS

THOMAS LUNDQVIST, ASSOCIATE PROFESSOR, CLINICAL PSYCHOLOGIST, LUND UNIVERSITY HOSPITAL, SWEDEN



Those, who seek treatment, apply for problems related to their use. They exhibit substantial psychosocial impairment and psychiatric distress, report multiple adverse consequences, report repeated unsuccessful attempts to abstain, and perceive themselves as unable to quit.

Cannabis use is associated with reduced function of the attentional/executive system, as exhibited by decreased mental flexibility, increased perseveration, and reduced learning, to shift and/or sustain attention. The treatment programs are recommended to incorporate this knowledge and to be based on cognitive-behavioural technique or cognitive-educative technique or Motivational Interviewing technique or a combination of these.

A review of thirteen treatment studies did not reveal a single specific treatment approach concerning cannabis. Therefore, it is necessary to find significant factors in each study and to use them in the construction of treatment programs. It is also recommended taking the cannabinoid elimination process into consideration as well as the cognitive deficits associated with the acute and chronic use of cannabis. Cannabis induces loss of internal control and cognitive impairment, especially of attention and memory, for the duration of intoxication.

The program should incorporate a built-in flexibility to offer treatment to patients of all ages and severity, and sessions for family members and significant others. A manual based treatment programme, with the above mentioned characteristics, for chronic cannabis users at Maria Youth Centre Stockholm, Sweden, will be presented along with outcome measures.

THE 18 SESSIONS MANUAL USED AT MARIA YOUTH CENTER

Session 1

Illustration of THC elimination and anxiety reactions.
Info about physical reaction.
Information about cannabis.
Test: SOC, SCL-90, BDI scale focusing on relations.

Session 2

Assessment feedback
Positive and negative attitudes to cannabis use
Why do you want to quit now?
What kind of help do you need?

Session 3

Acute effects of cannabis

Session 4

Chronic effect of cannabis

Session 5

Cognitive function and dysfunction

Session 6

Attitudes and patterns of use

Session 7

Drug lifeline

Session 8

Sociogram

Session 9

Lifeline

Session 10 (or when it is appropriate)

Session together with the parents

Session 11

Relaxation
Focus on emotions

Session 12

Continued focus on emotions
Guilt and shame

Session 13

Norms and values-behavior-abuse

Session 14

Juhariwindow or something more suitable

Session 15

The process of relapse

Session 16

Continued relapse prevention
Test: SOC, SCL-90, BDI scale focusing on relations.

Session 17

Assessment feedback
Look at the flipchart, repeat select the material to be used at the closing session.

Session 18 Closing session

Show the flipchart for the family and others.

Graduation and Diploma

<http://www.wfad.se/wfad2012-presentations-speeches/1268-psychosocial-treatment-of-cannabis-disorders-thomas-lundqvist>

CANNABIS USE IN CANADA

MICHEL PERRON, CHIEF EXECUTIVE OFFICER CANADIAN CENTRE ON SUBSTANCE ABUSE (CCSA) & CHAIR OF THE VIENNA NON-GOVERNMENTAL COMMITTEE ON DRUGS



This presentation will provide a general overview of cannabis use in Canada. It will include a discussion of the legal status of cannabis in Canada as well as current public opinion regarding cannabis decriminalization/legalization.

It will also present statistics on prevalence of cannabis use and some associated harms. Finally, it will provide examples of evidence informed actions that have been taken in response to this use and highlight some of the challenges Canada is currently facing.

CCSA - CCLAT
Canadian Centre on Substance Abuse
Centre canadien de lutte contre l'alcoolisme et les toxicomanies

Cannabis in Canada – Legal status

- Cannabis possession, trafficking and production is illegal in Canada
 - Possession (under 30g)
 - Summary conviction: fine (<\$1,000) AND/OR imprisonment (<6 months)
 - Possession (over 30g)
 - Indictable offense: imprisonment up to 7 years
 - Summary offense:
 - First offence - fine (<\$1,000) AND/OR imprisonment (<6 months)
 - Subsequent offence - fine (<\$2,000) OR imprisonment (<1 year)
- Cannabis for medical purposes is legally available through pharmacy or accessed through the Marihuana Medical Access Regulations program of Health Canada
 - Approximately 12,225 Canadians are authorized under the Marihuana Medical Access Regulations to possess dried marijuana (Health Canada, 2011)

CCSA - CCLAT
Canadian Centre on Substance Abuse
Centre canadien de lutte contre l'alcoolisme et les toxicomanies

Cannabis in Canada – Context and environment

- Cannabis is the most widely consumed illicit drug in Canada and especially by young Canadians
- Recent polling suggests a majority of Canadians support legalization or decriminalization
- Marijuana grow operations are linked to organized crime and pose unique challenges for enforcement authorities
- Marijuana use is often cited as a reason for those seeking treatment (alcohol is #1)




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Cannabis use and driving

Roadside survey of drivers (Simpson & Smeaton, 2011)

- 8.5% tested positive for drugs (cannabis the most common)

Among senior high-school students (Young et al., 2012)


- Up to 1 in 5 report driving within an hour of using cannabis
- Males more likely to do so than females
- More than 1 in 3 report having been a passenger with a driver who had used cannabis

Attitudes toward driving following cannabis use

- 8% young adults 16 to 24 years believe that driving after using cannabis is very safe or somewhat safe (Innovation Research Group, April 2012)

From 2000 to 2007, 47% of all drivers 19 years or younger who died in motor vehicle crashes had used alcohol and/or drugs (Simpson & Smeaton, 2011)

- Cannabis was among the most common psychoactive substances found in fatally injured drivers, either alone or in combination with other substances



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The Way Forward – Is it more or less?

But let me be very clear...

- Prevention WORKS – but just not *any* sort of prevention
- Treatment WORKS – but just not *any* sort of treatment

Ultimately, we must provide our citizens with the *confidence they deserve* that when faced with an alcohol or drug problem, *the system and supports they need are accessible, based on science, staffed with professionals, and can account for their actions and results.*

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CCSA and its role in Canada's Anti-Drug Strategy

- Federal Government of Canada launched a significant strategy in 2007 aimed at preventing, treating and addressing drug abuse. Federal activities complement those of the provinces who are principally responsible for health care.
- CCSA was tasked with developing a National Youth Prevention Strategy. It focused on evidenced-informed actions such as:
 - National Standards for Youth Drug Prevention Programs in Schools, Families and Communities;
 - Interactive online resources for prevention practitioners; and
 - Cannabis specific publications and events.

CCSA - CCLAT
Canadian Centre on Substance Abuse
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Challenges and Achievements

- Evidence-informed drug prevention efforts are effective
 - Cannabis use among youth is decreasing
- We have reliable estimates of cannabis use and some of associated harm
- There is an increasing understanding that cannabis is not a benign substance
- Improved quality of services resulting from professionalization of treatment and prevention workforce
 - National Standards for Youth Substance Abuse Prevention
 - Competencies for Canada's Substance Abuse Workforce

IMPACT OF MEDICAL MARIJUANA LEGALIZATION ON YOUTH

CHRISTIAN THURSTONE, MD, DENVER, COLORADO, USA



Background

Little is known about how medical marijuana affects youth. This presentation seeks to address aspects of this research gap.

Methodology

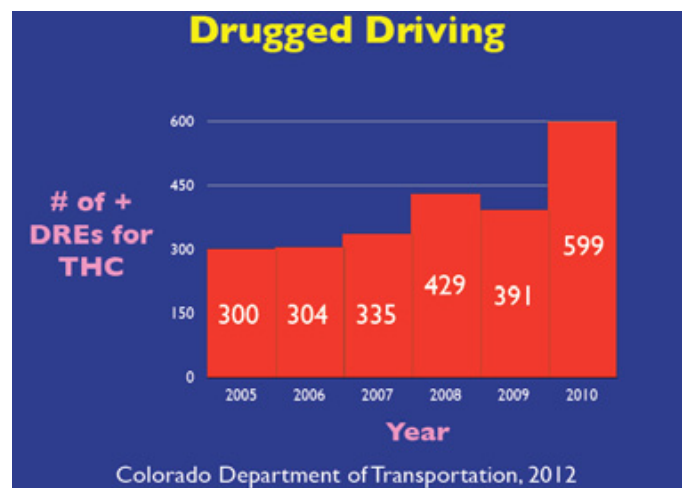
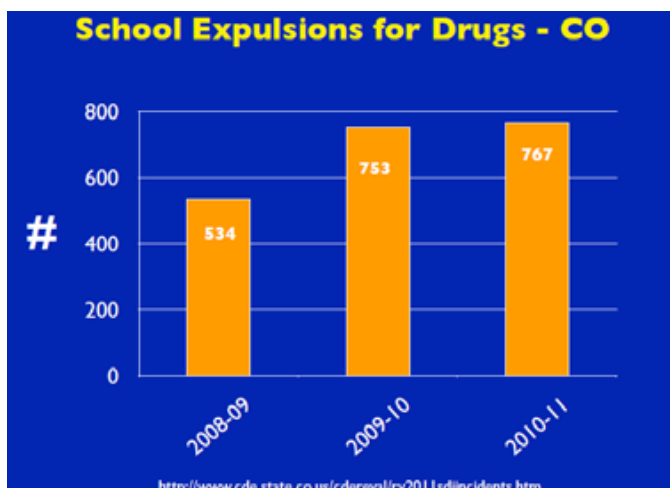
Adolescents (15-19 years) were surveyed from a substance treatment program (N=80) and a primary care clinic (N=60) in Denver, Colorado in the United States. The survey asked if subjects knew someone with a medical marijuana license and if they had ever obtained marijuana from someone with a medical marijuana license. Subjects were also asked about the perceived harmfulness, social norms and availability of marijuana.

Results

Among subjects in substance treatment, 39 (49%) subjects reported ever obtaining marijuana from someone with a medical marijuana license. Those obtaining, compared to those never obtaining, reported significantly greater availability and more positive social norms about marijuana. They also reported significantly more frequent marijuana use. In the primary care sample, 18 (30%) reported knowing someone with a medical marijuana license and 10 (17%) reported ever obtaining marijuana from someone with a medical marijuana license.

Conclusions

These data document that diversion of medical marijuana to youth is common in Denver, Colorado and suggest the need for further research assessing the relationship between medical marijuana and adolescent marijuana use.



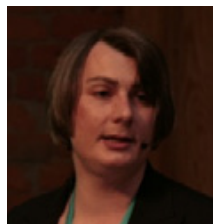
Conclusions

- Need to decrease youth access to MMJ
- Need more education about risks of child/ adolescent exposure to marijuana (www.DrThurstone.com)
- Legalization associated with increased adolescent use
- Can decrease youth access to MMJ by using a caregiver model vs dispensary model
- Risks of MMJ outweigh benefits
- Colorado should oppose MJ legalization

IS CANNABIS A GATEWAY DRUG FOR SUBSEQUENT USE WITH OTHER ILLICIT DRUGS?

STUDY ON TWO FRENCH NATIONWIDE RETROSPECTIVE COHORTS

AURÉLIE MAYETMD, PARIS SUD UNIVERSITY, FRANCE



The aim of this study was to confirm the influence of cannabis use patterns on the probability of initiation with other illicit drugs (OID). Two retrospective cohorts on drug use were reconstituted using French nationwide cross-sectional studies (29,393 teenagers and 30,514 subjects

aged 12-75). Pathways from initial abstinence to cannabis initiation, daily cannabis use and OID initiation were modelled using Markov multi-state models. The risk for OID initiation appeared much higher among cannabis experimenters and daily users. The results of this study are in accordance with a stage process in drug use, mediated by cannabis and liable to lead to OID experiment.

Transitions between tobacco use and cannabis use among French adolescents: Place of Gateway theory and Route of administration model.

The aim of this study was to describe the transitions between tobacco and cannabis use. Data was derived from a French nationwide survey involving 29,393 teenagers. Pathways from initial abstinence to tobacco and cannabis initiation and daily use were modelled using a multi-state model. The likelihood of first initiating tobacco appeared 18 times greater than the

likelihood of initiating cannabis. Once a subject has experimented with one substance, the risk of another substance experiment was much greater. Our results are compatible with a process mixing the gateway theory, the reverse gateway theory and the route of administration model, but do not explore a common liability to addictions.

Populations

	ESCAPAD	Baromètre santé
Sample	<ul style="list-style-type: none"> • 29,393 adolescents • 17 years old 	<ul style="list-style-type: none"> • 30,514 subjects • Age range: 12-75
% Females	49.2%	56.8%
Age at onsets	<ul style="list-style-type: none"> • Tobacco 13 • Daily tobacco 15 • Cannabis 15 • Daily cannabis 15 • OID 16 	<ul style="list-style-type: none"> • Tobacco 16 • Daily tobacco 19 • Cannabis 20 • Daily cannabis - • OID 22
Tobacco precedes cannabis	98%	98%
Cannabis precedes OID	81%	82%

Aim of the study

Explore GT among adolescents and young adults

- Study the influence of cannabis use level on subsequent experiment with other illicit drugs (OID)
- Describe the influence of tobacco and alcohol use on transitions from cannabis to OID

Conclusion

- Agreement with Gateway theory based on large samples
- Focuses in terms of prevention policy
 - Early intervention needed!
- But some moderation is needed...
 - GT could be a social artifact
 - Sequences depend on cultures of use / countries
 - Common liability model

<http://www.wfad.se/wfad2012-presentations-speeches/1288-preventing-tobacco-and-alcohol-use-to-prevent-drug-use-aurelie-mayet>

BEST PRACTICES IN DRUG PREVENTION IN KRISTIANSAND, NORWAY AN ANNUAL REPEATED SURVEY AMONGST ALL STUDENTS AT THE AGE OF 15

KJELL ADOLFSEN, ADVISOR AT UNIT FOR SOCIAL AND PREVENTIVE SERVICE, KRISTIANSAND COMMUNE, NORWAY



In order to gain knowledge related to the drug habit situation amongst young people in the City of Kristiansand, we have for many years conducted a survey looking into the use of tobacco, alcohol, cannabis and other illicit drugs amongst all students at the age of 15.

Findings:

From the turn of the millennium, we have seen a decline in the use of drugs. There is a high correlation between use of alcohol, tobacco and cannabis. Parents now have a stronger focus on their preventive role.

We want to:

Provide an opportunity for young people in Kristiansand to compare their own choices to those taken by all their peers. Be able to communicate something about the current situation of a whole cohort to parents at parent meetings in school. Create a common starting point for politicians when deciding alcohol- and drug policy plans. Give the police and media a picture of the habits of all 15 year olds in the city and not just of the group they often come across in their work. And to some extent measure the effectiveness of our preventative initiatives.

<http://www.wfad.se/wfad2012-presentations-speeches/1275-best-practices-in-primary-and-secondary-prevention-kjell-adolfsen>

Our focus is primary prevention

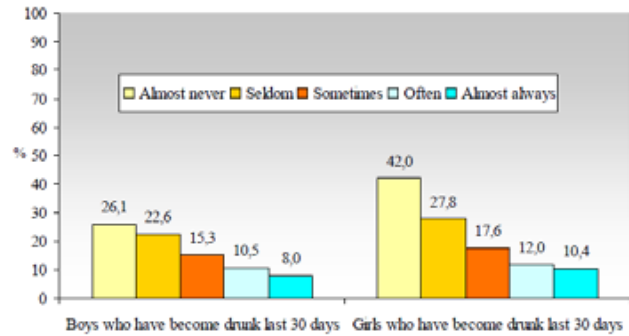
- **Primary** prevention, preventing the development of substance use before it starts
- **Secondary** prevention, that refers to measures that detect substance use
- **Tertiary** prevention efforts that focus on people already abusing substances



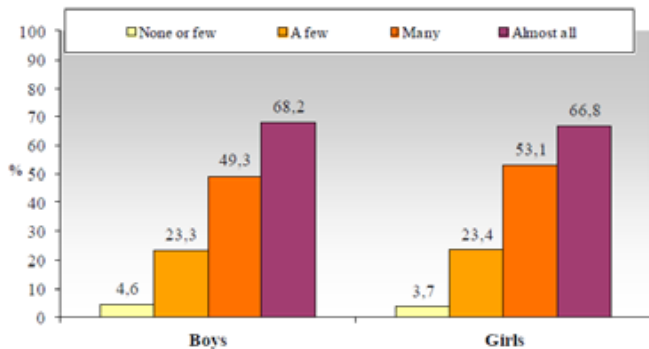
www.icsra.net



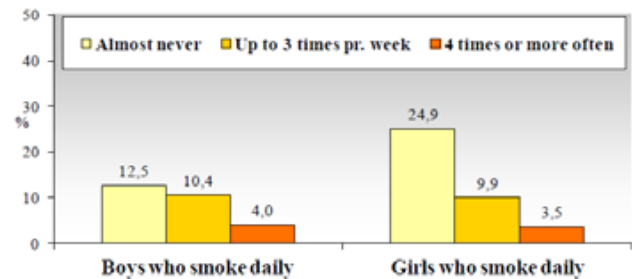
Percentage of students in 9th and 10th grade who have become drunk in the last 30 days depending on how much time they spend with parents



Percentage of students in 9th and 10th grade who have become drunk in the last 30 days depending on if their friends become drunk once pr. month.



Percentage of students in 9th and 10th grade who smoke daily depending on if they practice sports



<http://www.wfad.se/wfad2012-presentations-speeches/1274-best-practices-in-primary-and-secondary-prevention-jon-sigfusson>

MIKE BUSCEMI, M.ED., SENIOR YOUTH ADVISOR LIONS CLUBS INTERNATIONAL FOUNDATION

This session will focus on the pioneering work of Lions Clubs International in positive youth development that ultimately became the foundation for Lions Quest, one of the most widely used life skills and prevention programs worldwide. It is currently active in 65 countries and 31 languages.

The Lions Quest program is the result of 4 years of research and program development aimed at equipping school-aged children with critical and age appropriate behavioral skills necessary to make healthy and responsible decisions. Mike will outline the experience of Lions' international efforts in creating the essential partnerships between school, community, and parents necessary for truly effective, long-term,

and sustainable primary prevention programming. Lions Quest emphasizes a K-12 comprehensive approach that includes mandatory and culturally appropriate teacher training.

A close review of the outcomes of effective prevention efforts indicates that their success is ultimately dependent on many student risk factors. However, recent research has shown that the inclusion of life skills and Social and Emotional Learning strategies are effective approaches as indicated by respected authorities, including: the World Health Organization (WHO), Organization of American States (OAS), the United Nations Office of Drug Control (UNODC), and the Collaborative for Academic, Social, and Emotional Learning (CASEL).

Critical Prevention Elements

1. **Planning and design**, including identification of short- and long-term goals for students
2. **Timing**, including continuity over grade levels
3. **Social factors**, including cultural sensitivity
4. **School policy**, including school-sponsored activities and disciplinary policies consistent with the program
5. **Staff training**, including ongoing training and in-school support
6. **Implementation**, including use of up-to-date and engaging materials
7. **Family and community involvement**, including use of take-home assignments
8. **Individualized curriculum**, including tailoring appropriate grade levels and community characteristics
9. **Individualized features**, including skill-building and active participation
10. **Support services**, including tutoring and counseling
11. **Evaluation guidelines**, including specific indicators of positive and negative classroom behaviors

<http://www.wfad.se/wfad2012-presentations-speeches/1276-best-practices-in-primary-and-secondary-prevention-michael-buscemi>

PREVENTING TOBACCO AND ALCOHOL USE TO PREVENT ILLICIT DRUG USE

AURELIUS VERYGA, MD PHD, LITHUANIAN UNIVERSITY OF HEALTH SCIENCES

Just as an example: WHO and World bank recommended effective tobacco control measures

- Systematic increase of tobacco price
- Ban of tobacco advertisement and sponsorship
- Smoking restrictions in public places
- Smoking cessation
- Effective social advertisement
- Strong smuggling control



Illegal drugs are not advertised...?

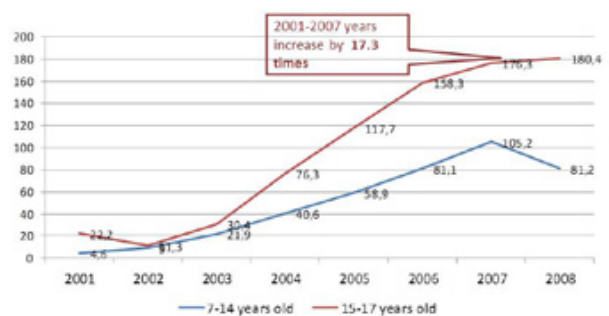
“Marijuana is not a drug...it's a leaf”



If it is forbidden but you want it, then you are allowed...



Number of 7-17 years old children hospitalized because of alcohol intoxication (number of cases per 100.000 population)



<http://www.wfad.se/wfad2012-presentations-speeches/1366-preventing-tobacco-and-alcohol-use-to-prevent-illicit-drug-use-aurelijus-veryga>

PREVENTING TOBACCO AND ALCOHOL USE TO PREVENT ILLICIT DRUG USE

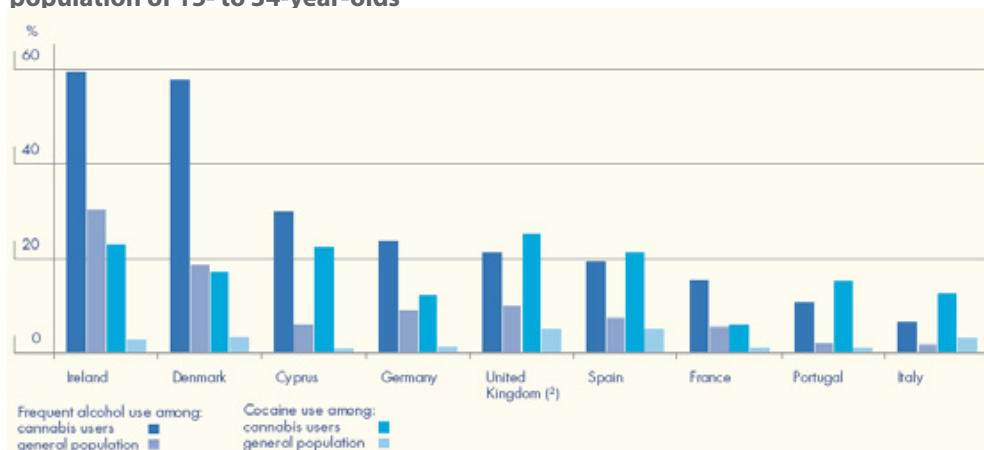
GREGOR BURKHART, MD, SENIOR SCIENTIFIC ANALYST, EMCDDA



In programmes, focus on problem use, not use

- » European Drug Abuse Prevention Trial (EUDAP) and many other programmes are clearly effective in preventing problem use
- » But if any drinking and smoking was the success criterion, most programmes have to be considered ineffective
- » When heavy drinking (or Cannabis use) is the measure, they can have significant effect sizes (Roona 2003, reanalysed)
- » A total abstinence aim is likely to harm the reputation of prevention itself

Cannabis users — frequent or heavy alcohol use (1) and cocaine use during the last year compared to the general population of 15- to 34-year-olds



School-based prevention

- » Social-influence approach IS consistently more effective than any other approach
- » Not all elements within it contribute to behaviour change.
- » We do not know exactly which components work
- » Normative education seems to work
- » Still, it is an important mechanism for
- » ... transmitting societal norms on the use of both licit and illicit drugs and
- » ...developing skills to make and implement safer decisions about own use, or in situations where others are using (Midford 2011).

<http://www.wfad.se/wfad2012-presentations-speeches/1289-preventing-tobacco-and-alcohol-use-to-prevent-illicit-drug-use-gregor-burkhart>

ENVIRONMENTAL PREVENTION – PREVENTION AS SOCIALISATION

GREGOR BURKHART, MD, SENIOR SCIENTIFIC ANALYST, EMCDDA

Recent findings in social neuroscience corroborate that adolescent involvement in risk behaviour is not due to lack of information, irrationality or faulty calculations, but to the mere presence of peers in a group context. Most traditional prevention (and harm reduction) approaches ignore this principle and rely heavily on cognitive processes (information provision) or on improving competences of the individual. Environmental prevention in turn modifies the physical, economic, social and virtual contexts in which people take their decisions about substance use and get involved in problem behaviour. It doesn't operate through persuasion but by changing social norms or their perception, recognising that alcohol, tobacco,

cannabis and cocaine use initiation are interconnected by their social context of consumption. Beyond social context, lack of impulse control seems to be the common determinant of many problem behaviours. It can effectively be tackled in universal prevention programmes by improving external (social) control and in indicated programmes by increasing internal control. In an integrated renewed perspective, prevention strengthens and facilitates socialisation, where 'socialisation' means to transmit accepted attitudes, norms, beliefs and behaviours, both at population level and for vulnerable groups/individuals. It might help getting over the debate whether prevention has to target abstinence or risk reduction.

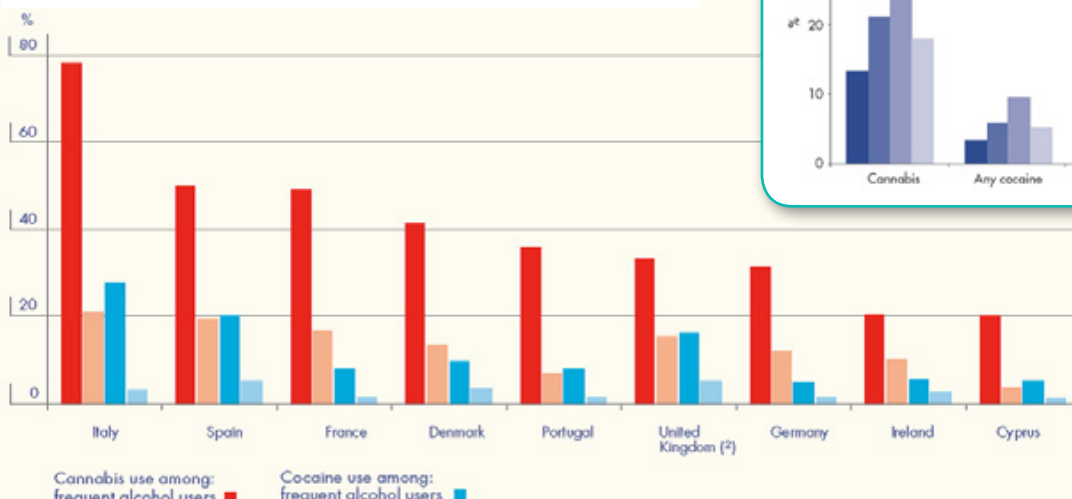
WHAT IS ENVIRONMENTAL PREVENTION?

- » Modify context
- » Persuasion is not essential
- » See alcohol, tobacco, cannabis and cocaine as connected – by context of consumption
- » Focus on social norms (perception) as the determinants of initiation
- » ... without criminalising individuals (ineffective)
- » Regulate leisure, alcohol and tobacco-industries
- » Alcohol, tobacco, obesity are Industrial Epidemics (D'Intignano)

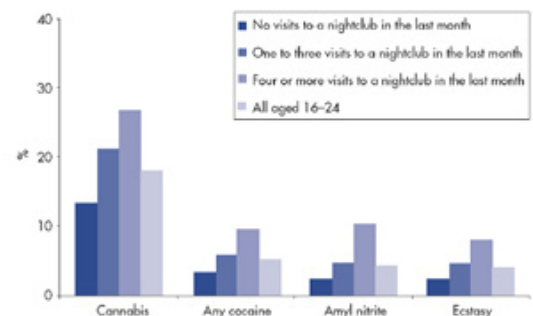
REGULATION = PROHIBITION?

- » Focus on penal code (= on individuals)
- » Private life
- » Aim: Deter and criminalize individuals' behaviour
- » Modus operandi: legal consequences, if get caught
- » Focus on context and social norms
- » Public life
- » Aim: Social control or limit opportunities and affordances
- » Modus operandi: shame, public exposure

Frequent or heavy alcohol users — use of cannabis and cocaine during the last 12 months compared to the general population of 15- to 34-year-olds



Going out and drug use



<http://www.wfad.se/wfad2012-presentations-speeches/1286-plenary-session-gregor-burkhart>

MEASURING THE DRUG PROBLEM - IS IT GETTING BETTER OR WORSE?

BJÖRN HIBELL, PHD, ESPAD COORDINATOR (BJORN.HIBELL@CAN.SE)



What is ESPAD?

The main aim is to collect comparable data on substance use among students of the same age group in as many European countries as possible. The most important objectives in the long run are to monitor trends in substance use among students in European countries and to compare trends between countries and between groups of countries. In order to do so, the surveys are repeated every four years, with 1995 as the starting point.

Another aim is to contribute to the evaluation of international treaties such as the EU Drugs Strategy, the EU Strategy on alcohol and the WHO Global Alcohol Strategy.

The target population is students turning sixteen during the year of data collection. Data are collected in nationally representative samples of classes and takes place in the classrooms under the same conditions as a written test. The core part of the questionnaire is the same in all countries.

The first data collection, with 26 countries, took part in 1995 and after that data have been gathered in an increasing number of countries every fourth year. The latest survey was done in 2011 with 39 participating countries (even though the written report only includes data from 36 countries).

<http://www.wfad.se/wfad2012-presentations-speeches/1290-measuring-the-drug-problem-is-it-getting-better-or-worse-bjoern-hibell>

HÅKAN LEIFMAN, DIRECTOR SWEDISH COUNCIL FOR INFORMATION ON ALCOHOL AND OTHER DRUGS

Sweden has a long history of assessing alcohol, tobacco and drug use among young people. The CAN's school survey among school children 16 years of age (grade 9) started in 1971 and since then, with a few interruptions in the 1980s was conducted annually. Since 2004, the survey is complemented by a similar school survey among 18-year-olds in the gymnasium (grade 11). The very long time series makes it possible to study not only recent trends but also more long-term trends in alcohol and drug use among young people. In addition, the data also permit detailed analyses of, among other things, patterns and distributions of alcohol and drug use among youth. Both recent and more long-term trends of alcohol and drug use will be presented as well as analysis attempting to get a more detailed understanding of the mechanisms behind alcohol and drug trends from year 2000 onwards.

The European School Survey Project on Alcohol and Other Drugs (ESPAD) welcomes all European countries to be parts of the project. More information about ESPAD, including all reports, is available at the ESPAD webpage (www.espad.org).

ESPAD outside Europe

Since ESPAD has a lot of experience and knowledge a relevant question might be whether ESPAD could grow from Europe towards a worldwide project, like a fish moving from a small to a larger bowl.

This has been discussed within ESPAD and the answer is yes and no. For pragmatic reasons it has been decided that ESPAD as such should not grow outside Europe. However, ESPAD is certainly willing to share its knowledge and experiences outside Europe and the most meaningful way to do so might be to stimulate the development of regional clusters of countries, which share a similar cultural context, in different parts of the world.

At a later stage, these regional clusters could form a network of cooperating entities with common tools, such as guidelines, key variables and survey leader protocols.

What are we measuring?

Self-reported:

- **Alcohol** – frequency and quantity for different beverages, volumes, binge drinking, acquisition (from whom, where), access, experiences of alcohol related problem
- **Narcotics** – life time, past 12 months, past 30 days, frequency of use, different substances, possibilities to use, acquisition, access
- **Tobacco – smoking and snuff** – daily users, infrequent users, acquisition, access
- **Other substances** – medical drugs, solvents (sniffing),

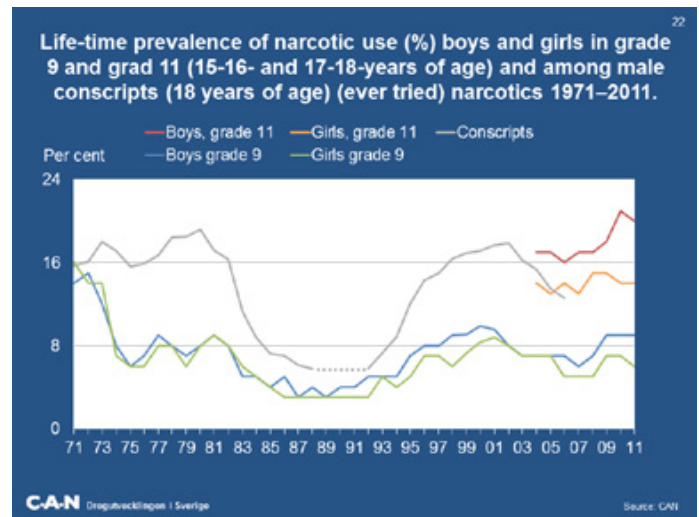
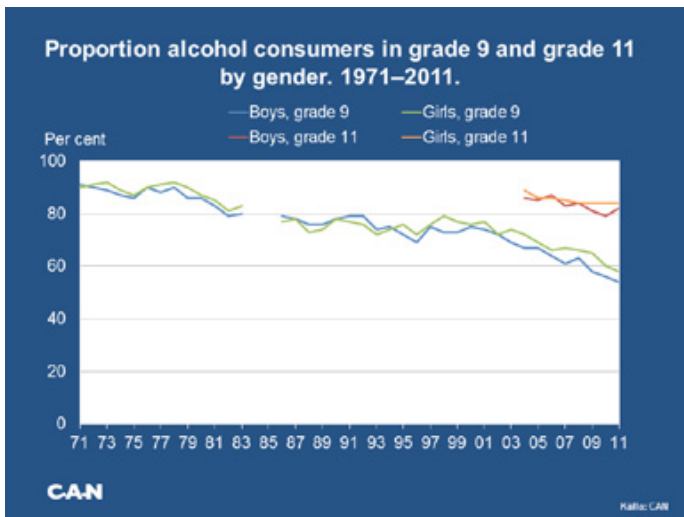
CAN Drogliväckingarna i Sverige

What are we measuring?

- **Age of onset** – alcohol, intoxication, experience of cannabis/other narcotic substances, cigarettes, snuff, sniffing
- **Risk perceptions** – for alcohol and binge drinking, different narcotic substances (cannabis, amphetamine, ecstasy, heroin), cigarettes and sniffing
- **For some years (modules)** – battery of scales of risk and protective factors (e.g. bullying, truancy, friends, family climate, coping at school, neighbourhood) (more elaborated since 2006)
- **Gambling** (from 2006)
- **Regular revisions of the questionnaire** – but basic items remain and bigger changes – by split-half method

CAN Drogliväckingarna i Sverige





<http://www.wfad.se/wfad2012-presentations-speeches/1291-measuring-the-drug-problem-is-it-getting-better-or-worse-hakan-leifman>

DRUG TRENDS IN ASIA AND THE RESPONSE - SRI LANKA, THAILAND AND THE SMART PROGRAM

ALCOHOL AND DRUG INFORMATION CENTRE (ADIC) - SRI LANKA

PUBUDU SUMANASEKARA, EXECUTIVE DIRECTOR



Historically drug use has been strongly discouraged by the religions spread out in the Asian region. Conducive environment to grow poppy and cannabis and commercial interest increases the production and the trafficking in the region. The response must be comprehensive to cover all the known areas of control production, trafficking and consumption. Implementing policies are not as effective as western part of the world in the Asian setting. Therefore developing and experimenting effective community approaches are of vital importance to deal with the issue. Cost effectiveness is unforgettable as many countries do not have resources. In this context looking at a problem in a new angle is a must. To minimize the consumption, focusing only on the chemical and its effect is not enough. Looking at the factors promoting drug use other than chemical and developing strategies to minimize the impact of those factors while empowering the communities to control over their own problems will be better and more culturally sensitive. Now examples are available in some countries to share. In these examples common traditional approaches has been challenged and rich innovative thinking with evidence are visible.

NARCOTIC DRUG SITUATION IN THAILAND: CRISIS AND CHALLENGES

NARET SONGKRAWSOOK, CLANPO, THAILAND

Historically drug use has been strongly discouraged by the religions spread out in the Asian region. Conducive environment to grow poppy and cannabis and commercial interest increases the production and the trafficking in the region. The response must be comprehensive to cover all the known areas of control production, trafficking and consumption. Implementing policies are not as effective as western part of the world in the Asian setting. Therefore developing and experimenting effective community approaches are of vital importance to deal with the issue. Cost effectiveness is unforgettable as many countries do not have resources. In this context looking at a problem in a new angle is a must. To minimize the consumption, focusing only on the chemical and its effect is not enough. Looking at the factors promoting drug use other than chemical and developing strategies to minimize the impact of those factors while empowering the communities to control over their own problems will be better and more culturally sensitive. Now examples are available in some countries to share. In these examples common traditional approaches has been challenged and rich innovative thinking with evidence are visible.

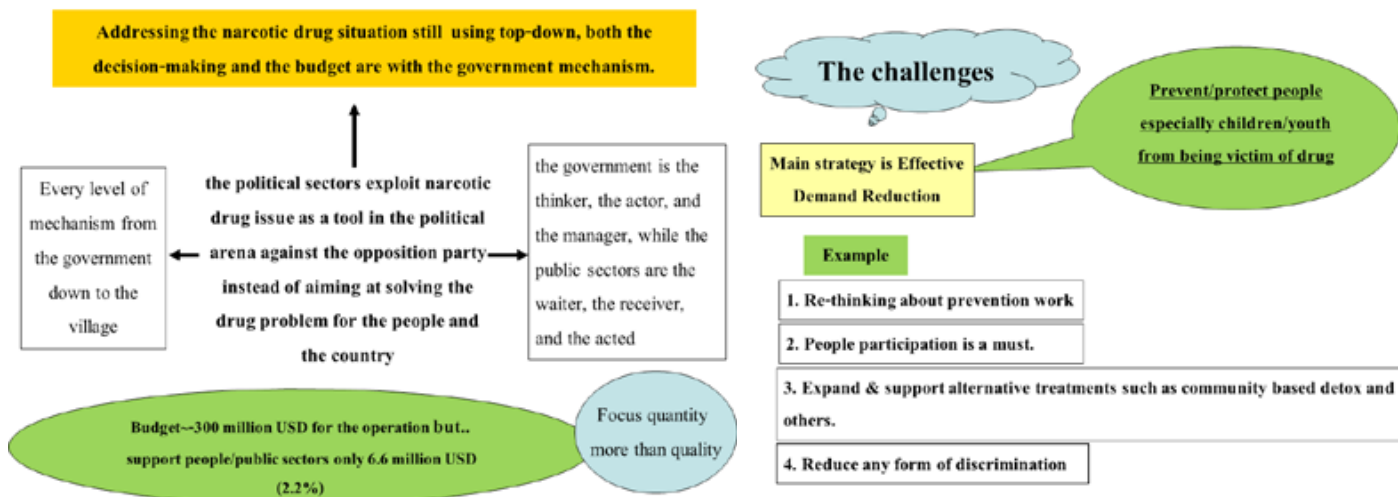
Drug epidemic

- **Yaba** and **cannabis** were found in both rural and urban areas
- **Crystallized methamphetamine (ICE)** epidemic was found mostly in big cities.
- **Heroin** was used mainly in the southern region.
- **Inhalant substances** epidemic were found in dense communities in big cities.
- **Club drugs e.g. ecstasy, cocaine, ketamine** were used in big cities and tourist spots.
- **Kratom plants** were used mainly in rural areas.
- **Codeine mixed with kratom plants** leaves as well as **other dangerous substances** were used in some communities and tourist spots in the southern region
- **Psychotropic substances** and **pharmaceutical drugs**

Numbers of drug treatment attendants during 2006-2012

Treatment System	2006	2007	2008	2009	2010	2011	2012 (6 months)
Voluntary System	14,829	15,777	23,332	29,449	28,953	29,957	33,136
Compulsory System	33,780	39,830	62,821	79,580	76,141	117,575	71,778
Correctional System	7,521	7,298	11,323	15,960	15,059	13,529	25,364
Total	56,130	62,905	79,476	124,989	120,153	161,061	130,278

Remark: (Year 2001 = 39,969/ Year 2002 = 42,948/ Year 2003 = 49,100)



<http://www.wfad.se/wfad2012-presentations-speeches/1374-drug-trends-in-asia-and-the-response-sri-lanka-thailand-and-the-smart-program-naret-song-krawsook>

DRUGS TESTS – NEW POSSIBILITIES WITH NEW TECHNOLOGIES

ROADSIDE DETECTION OF ALCOHOL AND DRUG-IMPAIRED DRIVING

LARS-OLOV SJÖSTRÖM, PHD, TRAFFIC SAFETY MANAGER, ABSTAINING MOTORISTS' ASSOCIATION (MHF), SWEDEN



Already in the 1920s, the public and the authorities realized that impaired drivers caused a high percentage of the total number of traffic accidents. From that point clearer laws against drunken driving were written and implemented. The practical application of laws, however, requires reliable means of proof. There was a need for tools to measure the influence of alcohol. Blood Alcohol Analyses were first used for this purpose. The recognition that exhaled air contained a small but measurable amount of alcohol later led to the development of specialised instruments to estimate the concentration of alcohol.

The presentation is based mainly on research literature on the subject and the knowledge gained from laboratory testing of equipment for the measurement of alcohol and other substances in exhaled air. New instruments for the measurement of various substances in the exhaled air are under development. Equipment based on infrared spectroscopy provides the ability to detect alcohol and other drugs in the exhaled air and saliva. Research and development of new instruments that can measure alcohol or drugs in traffic is important and needs to be given government subsidies.

<http://www.wfad.se/wfad2012-presentations-speeches/1299-drug-tests-new-possibilities-with-new-technologies-lars-olov-sjoestrom>

SHORT OVERVIEW AND NEW TRENDS IN LABORATORY TESTING FOR ABUSED DRUGS

OLOF BECK, DEPARTMENT OF CLINICAL PHARMACOLOGY, KAROLINSKA UNIVERSITY HOSPITAL, SWEDEN



Background

Testing for drugs of abuse is an established field with important the clinical and forensic applications ever since the development of immunochemical methods in 1970:s.

On-site testing

On-site or point-of-care testing is now common in urine drug testing. The technology is simply the use of immunoassays in a non-laboratory format. It is important to realize that these products cannot replace laboratory investigations when reliability is of concern.

New analytes

Internet trading has provided a new market for individuals attracted by new psychoactive drugs. Today hundreds of new not yet classified compounds are available on the Internet. The lesson learned from the story of "Spice" is that with Internet marketing a new product can gain considerable interest in short time. Most of these new substances, if not all, cannot be detected in routine drug testing. Analysis for these new compounds require use of mass spectrometry technology.

New matrices for drug testing

Urine has been the dominating matrix in drug testing for many years with the exception of blood used in traffic medicine. Saliva or oral fluid has received great attention in recent years in drugs of abuse testing as it uses a specimen that it easily collected. Oral fluid testing is promising but is still under development and standardisation. Breath testing for drugs of abuse has not been considered until recent time. The group of the author presented 2010 that amphetamine and methadone intake can be detected by sampling of breath. This finding has now been extended to most abused substances and a simple exhaled breath sampling device has been developed. The possibility to use breath as a matrix in routine is now a reality.

<http://www.wfad.se/wfad2012-presentations-speeches/1292-drug-tests-new-possibilities-with-new-technologies-olof-beck>

DRUG TESTING IN NORTH AND SOUTH AMERICA AND ITS FUTURE INTERNATIONALLY

DAVID MARTIN, BRIAN DREW, DATIA (DRUG AND ALCOHOL TESTIN ASSOCIATION) USA, AND PATRICIO LABATUT DATIA INTERNATIONAL COMMITTEE, CHILE

Modern drug testing programs that include education, treatment and law enforcement have been proven to reduce substance abuse and promote public health and safety. Drug testing technologies are advancing rapidly and are needed to provide an early warning system for the "Perfect Storm of Drug Abuse" started in the United States and spreading internationally. The authors will review the historical events and technologies over the past 25 years that evolved in the United States to form the current national drug testing policies for federal workers and employees in safety sensitive industries such as transportation.

These policies laid the foundation for testing in many companies not required to test by federal law but elect to do so as testing promotes a safer and more productive workforce. This is documented by recent studies by the Drug and Alcohol Testing Industry Association and the Society of Human Resource Management.

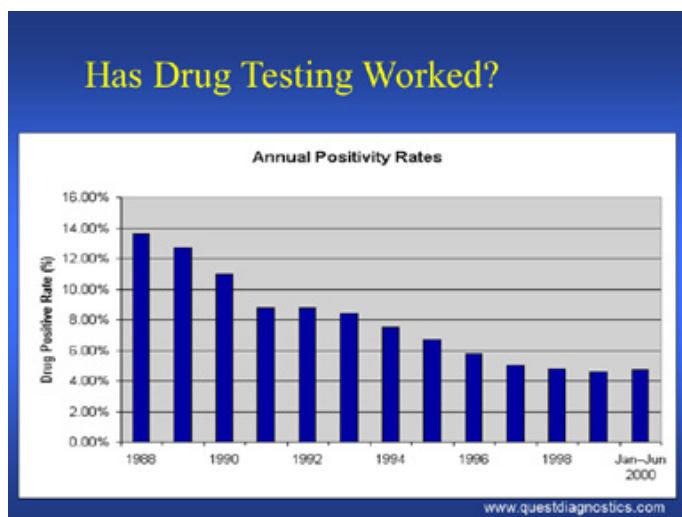
Drug Abuse Treatment Cost America

- ❑ Diabetes costs \$131.7 billion annually
- ❑ Cancer costs \$171.6 billion annually
- ❑ Drug abuse costs \$484.2 billion annually

THE "PERFECT STORM" OF DRUG ABUSE



- Powerful Prescriptions
- Pill Mills
- Internet Pharmacies
- Synthetic Drugs
- Industrial Chemicals
- Medical Marijuana



DATIA/SHRM Efficacy Study

- Companies that implemented a drug testing program showed:
 - 19% increase in productivity
 - 5% decrease in absenteeism
 - 16% decrease in employee turn-over rates
 - 8% decrease in worker's compensation rates

The South American drug abuse problem will be presented along with initiatives and recommendations to promote drug testing as a federal requirement similar to legislation in the United States in safety sensitive industries.

South American Cocaine: A New Epidemic

- » Powder or Cocaine in North America and Europe
- » New Crack called Merca, Oxi (oxidado), Bazuko, Pasta Base in South America
- » By-Products and Additives
- » Inexpensive, dangerous, deadly Children most vulnerable

As there are no drug testing international standards this can result in harm to individuals being tested and organizations who may hire drug abusing employees. A recommendation will be given that a clear, consistent set of standards for drug testing needs to be established internationally to protect public health and safety. >>

International Drug Testing Standards

- No Standards
- Growing demand for “know-how” to address this problem, mostly by the private companies.
- Similar to Pre 1980 America Drug Testing
- DATIA is working hard with international organizations to establish drug and alcohol testing standards and promote Drug Free Workplace environments in South American countries.

Summary

- ❑ There are no specific laws related with drug and alcohol testing at workplaces



- ❑ Some South American countries are well aware of the correlation of consumption of A&D and accidents.

OUT OF TREATMENT – OUT OF PRISON

JESSE PERERA, SENIOR TRAINER, MITHURU MITHURO MOVEMENT, SRI LANKA



For drug addicts who recover, aftercare is a huge support to continue their sobriety and it will help them to live not only as a sober person but a quality lifestyle.

There is a huge responsibility towards us when accepting them back to the society, because even a slightest mistake might cause a relapse since it's a very delicate matter. Continued observation is a must and at the same time they should feel our concern and love for them, also they should be treated as ordinary people. Gradually they should be given responsibilities so that they will have less idle time.

Finally it is very important that we should facilitate sobriety by having functions get-togethers etc., which should make them feel that they earned a victory in their life by being sober for some time, which, in turn, will give them a huge morale to sustain the sobriety.

Importance and essentialness of after care

- ❖ “Recovery is a process not an event.”
- ❖ Aftercare refers to the continuing treatment a person receives immediately following their stay at residential treatment. It is one of the most important actions any recovering addict can take to increase their odds of successful sobriety.

types of aftercare programs

- ❖ Continuing sessions with a Therapist/Counselor
- ❖ Support groups (TC System)
- ❖ Work exchange program. (TC System)
- ❖ Participation in 12-step group meetings
- ❖ Relapse prevention programs
- ❖ Sober living houses

Sustainability of Sobriety

- ❖ At this point recovered person has achieved his goals halfway so it's a social responsibility to make them go for the milestone.



<http://www.wfad.se/wfad2012-presentations-speeches/1271-out-of-treatment-and-out-of-prison-the-importance-of-a-sober-place-to-live-jesse-perera>

THE IMPORTANCE OF A SOBER PLACE TO LIVE

CHRISTER KARLSSON, FOUNDER AND PRESIDENT, KRIS, CRIMINALS RETURN INTO SOCIETY, SWEDEN




For drug addicts who recover, aftercare is a huge support to continue their sobriety and it will help them to live not only as a sober person but a quality lifestyle.

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"I have been a drug addict and criminal 34 years of my life."

"I have been sentenced by courts 54 times"



"The correctional system told me that I had got my chances."


"I was 46 years old and a hopeless case."



The 23th of October 1997

I and ten other guys started the non-governmental voluntary organisation **Criminals Return Into Society.**

We started it because we need support from each other to stay clean, sober and honest.



Today KRIS has 26 local branches in Sweden.

also in
Finland, Russia, Denmark,
Belarus, Ukraine and Jamaica.



The future

1. To go international
2. To work with gang criminality
3. To prevent criminality and drug abuse
4. To do policymaking



Differences

- We have experience ourselves
- We can be role models for others
- We have built the organisation on easy but hard principles
- We are voluntary available 24 hours every day



<http://www.wfad.se/wfad2012-presentations-speeches/1270-out-of-treatment-and-out-of-prison-the-importance-of-a-sober-place-to-live-christer-karlsson>

KIRAN BEDI, PHD, SOCIAL ACTIVIST
FORMER DEPUTY DIRECTOR GENERAL OF NARCOTICS CONTROL BUREAU, INDIA



Kiran Bedi, former Inspector-General of Prisons of Tihar Jail has been India's first and highest (woman) ranking officer who joined the Indian Police Service in 1972. Her expertise includes more than 35 years of creative and reformatory policing and prison management. She worked with the United Nations in New York as the Police Advisor to the Secretary General, in the Department of Peace Keeping Operations. She represented India in International forums on crime prevention, drug abuse, police and prison reforms and women's issues.

<http://www.wfad.se/wfad2012-presentations-speeches/1284-plenary-session-kiran-bedi>

PREVENTION: AN INTERNATIONAL PERSPECTIVE

YVONNE THUNELL, CHAIRMAN, MENTOR INTERNATIONAL



The issue of drug abuse needs to be addressed from a global perspective. There is a need to focus on prevention through youth development and on developing protective factors and risk avoidance. We suggest that the challenges presented for young people today are global in nature. Thus the issue of drug use indicates the need for a response that considers not only the substances but to prepare young people to be equipped to undertake a healthy lifestyle. It will therefore suggest a global response is required that reflects a common understanding of what we mean by prevention. Mentor has an international global work expertise in prevention and youth development that respond to the different needs in various parts of the world. We conclude by reinforcing the need for an international perspective and an international response to prevent drug abuse and promote the health and well being of our young people.

<http://www.wfad.se/wfad2012-presentations-speeches/1305-closing-session-yvonne-thunell>

EMERGING TRENDS OF ILLEGAL TRADE AND ABUSE OF PRESCRIPTION DRUGS

GUNNAR HERMANSSON, JOURNALIST AND FORMER POLICE OFFICER, SWEDEN



Prescription drug abuse is a fast-going problem in Sweden. Like in USA and many other countries, prescription drugs are the second most abused category of drugs after cannabis nowadays. These pharmaceuticals include benzodiazepines, opioid painkillers and since a few years even the amphetamine-like stimulants Ritalin and Concerta.

Last year several young people have died from painkiller overdoses in Sweden. Prescription drugs are easy to get and the main sources for these drugs in the street market is Internet shopping and doctors prescriptions. For the first time a doctor in Stockholm have been sentenced to four years imprisonment for prescribing huge amounts of tablets to abusers. As long as the medicalisation with benzodiazepines, opiates

and stimulants is rapidly increasing in the society, the illegal abuse of these drugs will continue.

<http://www.wfad.se/wfad2012-presentations-speeches/1295-emerging-trends-of-novel-synthetic-drugs-of-abuse-and-prescription-drugs-how-dangerous-are-they-gunnar-hermannsson>

EMERGING TRENDS OF NOVEL SYNTHETIC DRUGS OF ABUSE - HOW DANGEROUS ARE THEY?

PETER HULTÉN, SWEDISH POISONS INFORMATION CENTRE, STOCKHOLM, SWEDEN



In recent years a large number of new synthetic psychoactive substances (»legal highs«) have appeared as alternatives to illegal drugs. They are available for purchase over the Internet and are commonly legal to use, possess, and supply. The main groups are synthetic cannabinoid receptor agonists (»Spice«), cathinones, tryptamines, and ketamine and phencyclidine derivatives. These novel recreational drugs are pure chemicals or plant materials containing psychoactive substances sometimes even the herbal material is adulterated with synthetic psychoactive compounds. In several countries different control measures have been put into force. The overall population prevalence of use of novel recreational drugs is difficult to assess since reports, e.g. the UN World Drug Report, do not enquire about

<http://www.wfad.se/wfad2012-presentations-speeches/1294-emerging-trends-of-novel-synthetic-drugs-of-abuse-and-prescription-drugs-how-dangerous-are-they-peter-hulten>

novel compounds since the focus is on “classical” substances. The source is the drug dealers on the street market, but also the Internet and street “head shops”, particularly when the drugs first become available. These drugs are frequently sold as “bath salt”, “plant food” and/or labeled as “not for human consumption” or “research chemical” to elude the legislation. Most of these substances are produced in China or India and shipped into Europe and North America in bulk quantities where they are packaged into dose quantities before being sold to the user. The content of the products often changes, sometimes including illegal substances, leading to increased risk of toxicity and risk of criminal conviction. 49 new substances were reported in 2011 to the European Monitoring Centre for Drugs and Drug Addiction via the EU early-warning system. The challenges are to identify the compounds and determine their acute toxicity.

EXTRACTS FROM THE SPEECHES HELD IN PLENARY SESSION

R. GIL KERLIKOWSKE, DIRECTOR OF THE OFFICE OF NATIONAL DRUG CONTROL POLICY, USA



This is a critical time in our global debate on drug policy. It's fitting that we are gathered in Sweden, a country with one of the most instructive and diverse drug policy experiences in the history of the field.

Nearly fifty years ago, the government of Sweden undertook a social experiment in Stockholm that today's drug legalization advocates have suggested: “legal prescription” of drugs for addicts under government and medical supervision. The experiment quickly became problematic as participants began to divert the narcotics into illicit markets, fueling drug abuse. Near the experimental project's end in 1967, it was found that the proportion of arrestees showing signs of intravenous drug use had risen in Stockholm 65% from 1965. Shortly thereafter, the program was terminated.

Sweden's experience in drug liberalization is especially poignant today. Over the past few years, I've seen the debate about drug control lurch between two extremes. On one hand are people who suggest that drug legalization is the “silver bullet” solution to drug control. But we don't have to guess how that would turn out—the lessons of a laissez faire approach to drug laws here in Sweden have not been forgotten. On the other hand are people who believe that a “War on Drugs” law enforcement centric mentality still drives the U.S. approach to drug policy, and that success is measured by the number of arrests made or prisons built.

The truth is, neither of these approaches is humane, effective, or grounded in evidence. (...)

On the global level, the fact that we are all gathered today to learn from each other is an achievement in itself. We owe a debt of gratitude to WFAD for bringing us together. We also should be pleased about the advances in medical science that allow us to better understand how to effectively treat drug ad-

<http://www.wfad.se/wfad2012-presentations-speeches/1206-statement-by-r-gil-kerlikowske>

diction. This growing knowledge has helped millions of citizens around the world to overcome their substance use disorders and to sustain their recovery. (...)

Still, we must do more. We must back up our advocacy for public health interventions by developing sufficient capacity and devoting more resources to help the many that remain in need.

Further, the United States and other developed countries must not only provide these health services to our own citizens, but we must also help our international partners develop their own demand reduction capacities. My Nation, which is responsible for funding about 85 percent of the world's research on drug use, can and will do more to share what we learn with our partners. Of course, we have long provided assistance to our partners in the areas of drug interdiction, law enforcement, and drug crop eradication—these important programs will continue. In fact, we are working with our international partners in drug source and transit nations to update and improve international law enforcement and supply reduction programs. But we must also look at ways to expand the sharing of demand reduction best practices, technical and professional exchanges, and capacity building programs.

As part of our effort to promote drug policies for the 21st Century, today we are publicly releasing a new document, entitled “Principles of Modern Drug Policy,” which will explain in straightforward language what we stand for—a “third way” that rejects the false choice between an enforcement-centric “war on drugs” and the extreme notion of drug legalization. The document lays out an approach that recognizes the continuing role of the UN Conventions—in their current form—as a solid basis for the development of new, evidence-based, and modern approaches to reducing drug use and its consequences in the 21st century.



OVERVIEW - DRUGS POLICY A FAILURE?

There has been a lot of noise from some which you will all be familiar with about drugs policy having 'failed' –and calls to abandon approaches. Well the evidence is telling its own story.

Although we won't claim success when there is still so much harm from drugs the numbers and evidence show encouraging signs of change:

- We should start by remembering that the vast majority of people do not take drugs

- England and Wales has around the lowest recorded level of drug use in the adult population since our measurements began in 1996. Individuals reporting use of any drug in the last year fell significantly from 11.1% in 1996 to 8.8% 2010/11.

- We have also seen a substantial fall in the use of cannabis from 9.5% to 6.8% and although there has been an increase in individuals using cocaine in the longer term there are signs that this too is starting to decline with a significant reduction in powder cocaine use between 2009/10 and 2010/11

- This scale of reduction is also mirrored in younger adults aged 16-24 where there have been significant reductions between 1996 and 2010/11 in the use of any drug, any class A drug and any stimulant drug. The use of cannabis in the last year for example reduced from 26% to 17.1% over this time period.

- Drug use among school aged children in England has also reduced. In 2010 12% reported taking drugs in the last year compared with 20% in 2001.

The use of drugs is down, but still too high. So – I am not going to claim success. Nor can I claim we can link every intervention to every result. But we have a lot to contest the notion of failure. And I want to focus on what we think works and believe we should focus the debate on the evidence and how we can do more of what works.

OUR APPROACH

BALANCED APPROACH

Firstly, our strategy is committed to a balanced approach – covering restricting the supply of drugs, reducing demand and building recovery: supporting people to live free of drugs. And we take the principle of shared responsibility seriously – both in reducing demand at home and supporting efforts overseas.

Of course, our efforts to tackle drugs do not stop at the UK border. We are firmly committed to **working with international partners** to ensure the presence of tough and focused enforcement efforts to disrupt traffickers at source or in transit countries. Drug traffickers are opportunists. They spot gaps and exploit them. We need to help each other to identify those gaps in capacity and to work together to address them. We can only take on the drug traffickers if we do so together, sharing experiences, information and intelligence.

TREATMENT - RECOVERY

Secondly, one of the key aims of the UK Drug Strategy has been to move our approach to a recovery focused system. This is a fundamental shift in attitude in the UK, and one that we will continue to build on. We have a well developed treatment system and are changing the commissioning models to incentive supporting people to become free from addictions rather than continue to pay for failure. Our latest findings show promise. Recent findings from the National Treatment Agency show that there has been a jump in the number of people completing treatment: [27,969 this year compared to 23,680 last year], an annual increase of 18% (and a 150% increase since 2005/06).

EVIDENCE AND DATA

Thirdly, we have invested in the collation, analysis and dissemination of evidence and data and we use that evidence in our policy making. Better information is crucial to under

standing the current situation, future scenarios and potential responses. In the UK, we are developing for the first time an evaluation framework across our whole drugs strategy - which sets out the existing evidence base and the gaps where better evaluation is required. And crucially it will help us to assess the effectiveness and value for money of our Drug Strategy. As every government faces tough budget choices it's critical we understand the value for money return on our interventions.

NEW CHALLENGES

We are starting to turn the tide on drug use, but we need to ensure we keep ahead of new challenges. The UK has seen - along with many other countries - a new and emerging phenomenon – the rapid increase in the availability of a wide variety of new psychoactive substances (mostly synthetics). They are often referred to as "legal highs".

To date, the UK has taken a range of action in tackling new psychoactive substances. We also want to take decisive action and work with partners across the world now to get ahead of these new substances. >>

CONCLUSIONS

In summary we believe we have made some positive steps and have had some success. But we still have a long way to go. In the UK, fewer people are taking drugs, more drug users are recovering from addiction, fewer need treatment, and more are getting over their addiction quickly. This isn't about passing and failing. It's not a choice between legalization and harsh punishments or between harm reduction and recovery. This is about two most critical elements of government responsibility – protecting its citizens from harm and enabling all to contribute to society. We have a lot still to achieve and I look forward to listening and learning from your experiences and working together on these issues in the future.

<http://www.wfad.se/wfad2012-presentations-speeches/1208-presentation-by-gus-jaspert-home-office-united-kingdom>

VIKTOR IVANOV, DIRECTOR, FEDERAL NARCOTIC SERVICE OF RUSSIA



(...) It is necessary to introduce a new notion of antidrug security to the international and national security system – a notion which would be able to reproduce appropriate instruments against an actually new threat, i.e. crime globalization based on sustainable and long-term operation of two global drug production centers: the

South American one in the Western Hemisphere and the Afghan one in the Eastern Hemisphere, as well as on respective drug trafficking. It's them that have created and have been supporting the totally globe-entangling network drug transit which corrupts economic and political processes in terms of growing crime and violence.

(...) It is time to focus on organization and methods of social rehabilitation and re-socialization. Drug addiction is nearly

<http://www.wfad.se/wfad2012-presentations-speeches/1202-plenary-session-speech-by-victor-ivanov>

the main stimulant of social and anthropological degradation of societies and human capital undermining. The world should combine all advanced theories and methods of human existence renaissance via multiple social politics of organizing the reproduction and development of national and transnational positive communities. I suggest organizing a special conference on new methods of social rehabilitation and re-socialization under the auspices of the World Forum.

(...) It seems necessary to consolidate around the alternative development challenge and exercise of the right for development, which is not just systematically undermined by the drug abuse, but where drug abuse itself is in fact an integral spawn of non-development. Today we can see how powerful our antidrug front is. And we should pass to victories over drugs, to resolutely reject decadent moods and conciliation with the drug mafia's initiatives.

SALOMON CHERTORIVSKI WOLDENBERG. MINISTER OF HEALTH, MEXICO



(...) Mexico shares the conviction of the need for a wide public health and safety approach to reduce drug use and its consequences in which prevention and treatment play an important role in reducing drug demand and creating healthier communities. Our government expresses the need and importance to prevent young people from experimenting with illegal drugs

and thus exposing them to the risk of becoming addicted.

(...) I praise the organizers for having selected such important topics as 1) human rights and the rights of the child to be protected from illicit drugs, 2) primary prevention and its role in drug policy and especially, 3) illicit drug use and trafficking problems in Latin America. Regarding this last point, we have to be clear about one thing. Mexico has been doing its part.

<http://www.wfad.se/wfad2012-presentations-speeches/1307-closing-session-salomon-chertorivski-woldenberg>

We have taken actions with great responsibility and a firm determination to combat criminals. But we need consumer countries to do their part. As President of Mexico, Felipe Calderon, stated during his speech at the 2011 United National General Assembly, and let me quote him: "...consumer countries are obliged, morally obliged, to reduce the enormous gains that criminals get from this black market. ...They are obliged to cut the unlimited source of financing seeking all possible options... so that drug trafficking stops being the origin of violence and death in Latin America, the Caribbean and also in several African countries".

(...) Mexico has moved from a production and transit country to a consumer country with significant efforts to develop a local market. We are committed to the international community to do our best to collaborate and meet our obligations with the Conventions and international agreements and to develop new approaches to face the changing local drug scene.



(...) The health and welfare of mankind is at the heart of the international drug control conventions. Drug abuse limits human potential and diminishes the freedom to choose. We recognize the inherent dignity of every human being by doing all we can to prevent illicit use of drugs.

(...) To protect young people from being exposed to drugs is to work for dignity – and health. Our argument is that we recognize the right of everyone to the enjoyment of the highest attainable health.

(...) One of the most important obligations for society is to protect children and young people from harm to their physical and psychological development. This of course includes illicit drugs. That is why I want to remind us, when we speak of human rights, that we have legally binding obligations under international law, to promote and protect children's rights.

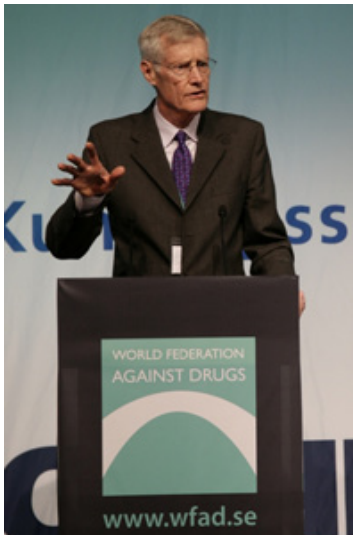
(...) Protection against drugs is therefore unquestionably a human rights issue. And this puts children's rights to be protected from drug abuse at the cutting edge of the struggle for human rights. Protecting children from drugs is not an option for States according to this convention, it is an obligation.

<http://wfad.se/wfad2012-presentations-speeches/1210-speech-by-ms-maria-larsson-at-the-opening-session-of-world-forum-against-drugs>

FINAL REMARKS

ROBERT L. DUPONT, M.D.

FOUNDER AND PRESIDENT OF THE INSTITUTE FOR BEHAVIOR AND HEALTH, INC., MARYLAND USA



Protecting human rights is the reason we are involved with drug prevention and treatment. We do that by protecting people from illicit drugs. The World Federation Against Drugs provides global leadership to the world's NGOs as they develop better drug policies for the future. Our first priority is a real commitment to the rule of law, as all existent and ratified international conventions – including those related to human rights and drug

control – are conducive to this goal: protect people from illicit drugs. Therefore, we need a determined focus on protecting children from illicit drugs and their many adverse effects. Drug use most commonly starts in childhood. The adolescent brain is uniquely vulnerable to drugs and when drug use starts early,

it is most difficult to overcome. Protecting children from illicit drugs is not an option; it is a moral and legal obligation.

This is a critical moment for policy actions to protect children from illicit drugs because so many people have been bewildered in recent years by individuals and organizations whom we broadly can label as the anti-prohibitionist movement. They identify their strategy as "harm reduction." They reject the more than 100 year-old global consensus to protect people from illicit drugs; in particular, they reject the drug-free goal in both prevention and treatment. Shockingly, they do this under the banner of human rights. The human right they seek to protect is the "right" of people, including children, to use drugs. In this misguided view, illegal drug users are seen as "victims" of efforts to protect people, including children, from drug use.

So let us look at the human rights arguments by the anti-prohibitionist NGOs. When their arguments are applied to anything other than drug policy, we see how obviously wrong – and even bizarre – they are:

The drug user's right to privacy: Would anyone faithful to human rights conclude that adult child pornography readers' right to privacy trumps children's right to protection from sexual exploitation as contained in CRC Article 34? Of course not. Why should it be different for drug policy? Some NGOs suggest that children have a right to privacy to "protect" their drug use, as if drug use were an inherent right to health, as evidence-based, and as an obligation for every country to protect. Far from a human right, drug use is modern chemical slavery – a slavery that is all-too-often begun in childhood and a slavery that often lasts a lifetime.

The drug user's right to health: While we try to ensure health and rehabilitation to people who break the law, as related Drug Convention stipulate, would anyone seriously suggest that policymakers give primary consideration to adults who buy sex and treat their child victims as an afterthought? Of course not. Why should it be different for drug policy?

The drug user's right to harm reduction: One can look long and hard but no such right is stipulated in any UN human rights instrument. Would anyone faithful to human rights suggest that we meet exploitative child labor or any form of child maltreatment with harm reduction? Of course not. Again, why should it be different for drug policy?

The "war on drugs" is not called for by the Drug Conventions; it is a term only used by those who oppose prohibition, though to run a "war" on drugs is not prohibited by any human rights convention any more than is a war against >>

poverty/racism/cancer or any other social or health cause. None of the NGOs examined in the forthcoming publication on the CRC Article 33 have defined what constitutes “the war on drugs” which they seek to stop. There is no definable legal meaning of this inflammatory term in the context of human rights.

The victimization of drug-using children by the criminal justice system: The CRC compels all states to protect children from entering the justice system no matter what crime they are accused of having committed. States have an obligation to divert children from going to court and going to jail. Children must be protected and rehabilitated. Children must be treated as children. This applies to drug crimes as well as to sexual crimes or any other type of crime. Would anyone faithful to human rights suggest that we shall abolish sanctions for all crimes because there could be cases where a child is the perpetrator? Of course not. No child should go to prison for drug crimes; rather, these children should receive support and rehabilitation.

In summary, there is not a coherent and intelligible human rights argument against the current UN Drug Conventions. On the contrary, the 1988 Drug Convention, which criminalizes possession of illicit drugs for personal use, which amounts to penalization of personal use, in its preamble sets out to protect children from drugs in essentially exactly the same words as CRC Article 33. That makes this and the other Drug Conventions complementary instruments to the CRC and an obligatory reference for policymakers’ adherence to human rights. The human rights discourse pursued by the anti-prohibitionist NGOs uses random existing – and some invented – human rights as a justification for the decriminalization and/or legalization of drugs in the interest of adult drug users. These NGOs

studiously avoid CRC Article 33 – the only human rights instrument that deals with drugs. The fact that these NGOs want a drug policy that is user-centered instead of one that is child-centered, means that they are not seriously promoting human rights, but instead they are promoting dangerous political goals. Would they accept others masquerading their political goals as protecting human rights?

This right to a drug-free childhood under Article 33 is the responsibility not only of governments, but also of society as a whole.

The spectacular failure seen in the world today with very high rates of drug use by children in many countries is less a failure of children than it is a failure of adult stewardship for them – our world’s most precious resource. At this 2012 Forum we learn much about the importance of mentorship towards young people. We must lead in mentorship both at home directly with children and through policy affecting them.

By putting into action the ringing language of CRC Article 33 we will prevent drug use and save lives. I urge everyone at WFAD and our colleagues abroad to do what we can to promote a balanced and restrictive drug policy for public health and for the protection of children. Citing Article 33 of the CRC we must build a drug policy to protect children. This must be the #1 priority for WFAD in the years to come.

Nowhere is the mantra “You alone can do it, but you cannot do it alone” more true than in drug abuse prevention. Article 33 of the CRC is our guide and our inspiration. We must leave this meeting united in our determination to recruit NGOs from all over the world in this campaign to save our children from the slavery of drug use.

Alone we are helpless; together we are unstoppable.

<http://www.wfad.se/wfad2012-presentations-speeches/1205-remarks-by-robert-l-dupont>



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For more materials from the forum, visit wfad.se/wfad-2012