



INFO

URBAN DRUG POLICIES IN THE GLOBALISED WORLD

INTERNATIONAL WORKSHOP CONFERENCE

The conference on "Urban drug policies in the globalised world" is opening a pragmatic dialogue among those influencing and implementing drug policies in European and non-European cities.

The common objective of the participants in the conference "Urban drug policy in the globalised world" is to agree on the Prague Declaration on the principles of efficient urban drug policies. The Prague Declaration defines, in a consensual, pragmatic, understandable, and non-partisan way, the basic principles of policies that are aware of the fact that in the recent reality, drug use is part of modern urbanised societies globally, and that to push it away to the peripheries of the city and to adopt one-size-fits-all political solutions threatens to bring major negative consequences and high economic costs.

The scientific part of the conference, put together by Program Committee comprised by distinguished experts, is discussing the opportunities and limits of drug policies on a local level that is close to exactly those drug scenes and their risks, as well as to public opinion, and must at the same time adjust and balance its activities with regard to the three UN Drugs Conventions. Efficient law enforcement with minimal 'collateral damage', innovative interventions, and topics that are often seen as controversial - such as consumption rooms for injecting drug users or assisted heroin treatment - implemented at city level are the subject of discussions and practical how-to-do workshops.

The programme of the conference "Urban Drug Policies in the Globalised World" deals with burning questions and recent developments in the field of urban drug policy and related interventions, and it is accompanied by a rich social programme and events. The aim of the conference is to bring together three key groups involved in drug policy making on a local and regional level - politicians and decision makers, medical and other health and social care professionals, and community planning, research and evaluation personnel, and the frictions that often emerge when professionals with different backgrounds gather on a common workplace being the local drug policy grounds.

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30 | September - 2 | October

Municipal House

Programme Committee / Short Biographies



PAVEL BÉM

Prague City Council (Mayor), Czech Republic

Czech physician and politician Pavel Bém was born on 18 September 1963 in Prague. He studied general medicine at the First Faculty of Medicine of Charles University, graduating as MD in 1987. P. Bém continued his post-graduate studies at the Institute for Further Medical and Pharmaceutical Education, specializing in psychiatrics and acquiring specialization certification in 1990. From 1988 to 1991 Bém completed specialization training in the fields of “Group Psychotherapy” in Prague and “Family Therapy” in Ústí nad Labem. Further study activities brought Bém to the USA in the period from 1991 to 1996, where he continued studies in several states. He studied several subjects: • Public Health, Organization and Healthcare Management, Anti-Drug Coordination and Management, at Johns Hopkins University Baltimore, the School of Public Health, Hubert H. Humphrey Fellowship on Substance Abuse • Treatment and Re-socialization of Drug Addicts, Mediterranean Institute for Research and Training in Physiotherapy and Psychiatry, Italy and the University of California, San Diego, USA • Criminology and Criminal Law in the Illegal Drug Sector, Florida State University, School of Criminology and Criminal Justice. Upon returning to the Czech Republic, Bém worked as a secondary physician at the Kosmonosy mental hospital near Mladá Boleslav and at the anti-alcohol department of the Clinic of Psychiatry of the First Faculty of Medicine of Charles University in Prague. Later, from 1990 to 1991, Mr Bém led the Drug Addictions Centre at the General University Hospital in Prague as its chief doctor. From 1992 to 1994 he was executive director of the Filia foundation, helping mentally ill people as well as drug addicts. From 1993 to 1994 Mr Bém operated as a chief doctor at the Drug Addicts Contact Centre in Prague. He continued his medical practise even during the start of his political career from 1995 to 1998, when he was involved in drug prevention politics at the Government Office of the Czech Republic and the Ministry of the Interior of the Czech Republic; Bém became politically active in 1998 when he joined The Občanská demokratická strana (Civil Democratic Party) and was elected the mayor

of the Prague 6 city district for the next four years. In 2002 he was elected city mayor of Prague, defended his position, and was re-elected in 2006. In 2004 Mr Bém was elected the chairman of the Občanská demokratická strana, and from 2006 to 2008 he operated as its first vice-chairman. From 2008 to 2010 he worked as the chairman of ODS Praha. Mr Bém is currently (2010) a member of the parliament of the Czech Republic; Pavel Bém has written many publications dedicated to addictology: • HIV Infection Transfer Risks Among Intravenous Drug Users • Minimum Standards and Criteria of Efficient Primary Prevention • Methodical Instruction for Primary Drug Addiction Prevention at Elementary Schools and High Schools – Model • Manual Training of Trainers and Teachers in the Area of Primary Drug Addiction Prevention Risk Behaviour Among Intravenous Drug Users in Prague Scope of the Drug Scene in the Czech Republic: 94, 95, 96 Family Environment Influence on Drug Problem Development among Adolescents Addiction as Family Saver • Methodology for Local Drug Politics Organization and Control Minimum Criteria for Workers in the Area of Drug Addiction Prevention and Treatment Primary Prevention Methodology for Elementary and High Schools (co-author) • Quick Assessment of Drug Abuse Scope in the Czech Republic (co-author).



CAREL EDWARDS

European Commission; Directorate-General Justice, Freedom and Security, Belgium

Carel Edwards has been the head of the European Commission's Drug Policy Coordination Unit until recently. This unit is involved in the different aspects of the fight against drugs, notably prevention, education, research, training, precursors control, money laundering, police, customs and judicial co-operation and international co-operation. It is responsible for coordinating the implementation by the Commission's services of the EU Action Plan on Drugs and is responsible for the drafting and follow-up of the EU Action Plan on Drugs 2005–2008, which is part of the

Multiannual Programme on Justice Freedom and Security. It also contributes to the coherence of the Commission's positions in the different EU and international fora where drugs issues are addressed. For all these purposes, the unit runs a Commission's interservice group on drugs. The unit also coordinates the relations of the Commission services with the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) based in Lisbon. The unit is the Commission's focal point of the REITOX system which is the overall drugs information system of the EMCDDA.



SAMUEL R. FRIEDMAN

National Drug Research Institutes, New York, USA

Dr. Samuel R. Friedman is a Senior Research Fellow in the Institute for AIDS Research at National Development and Research Institutes, Inc. and the Director of the Interdisciplinary Theoretical Synthesis Core in the Center for Drug Use and HIV Research, New York City, and prior Director of the Research Methods Core in the Center for Drug Use and HIV Research. He also is associated with the Department of Epidemiology, Johns Hopkins University, and with the Dalla Lana School of Public Health, University of Toronto. Dr. Friedman is an author of about 400 publications on HIV, STI, and drug use epidemiology and prevention, including pieces in *Nature*, *Science*, *Scientific American*, the *New England Journal of Medicine*, *JAMA*, the *American Journal of Epidemiology*, and the *American Journal of Public Health*. Recent research projects have included a review paper (*AIDS*, 2006) on the social research needs of the AIDS field; a study of social factors, social networks and HIV, STI and other blood-borne viruses among youth and drug injectors in a high-risk community; research on the impact of economic and political crises on HIV risk in Buenos Aires; a study of how some long-term drug injectors remain uninfected with HIV and HCV (i.e., how they Stay Safe); a study of socioeconomic and policy predictors of the extent of injection drug use, of HIV epidemics, and of HIV prevention efforts in US metropolitan areas; and research on why women

injectors who have sex with women are at enhanced risk for HIV and other infections. He has engaged in many international collaborative projects with the WHO MultiCentre Study of Drugs and HIV and with researchers in Argentina, Australia, Brazil, Canada, the Netherlands, Spain, and other countries. He has also written on international HIV topics such as war and HIV; sociopolitical transitions and HIV; and drug users' organizations (user groups) as actors globally against HIV. He is Associate Editor for *Social Science of the International Journal of Drug Policy* and is or has recently been on the editorial boards of *AIDS*, *JAIDS*, *AIDScience*, a Web venture for the American Association for the Advancement of Science, *AIDS Education and Prevention*, *The Drug and Alcohol Professional*, and *Harm Reduction Journal*. Honors include the International Rolleston Award of the International Harm Reduction Association (2009), the first Sociology AIDS Network Award for Career Contributions to the Sociology of HIV/AIDS (2007), and a Lifetime Contribution Award, Association of Black Sociologists (2005).



JAKUB FRYDRYCH

National Drug Headquarters of the Criminal Police and Investigation Service of the Police of the Czech Republic

Colonel Mgr. Jakub FRYDRYCH is 37 years of age, he graduated of the University of Hradec Kralove, field of special pedagogy, diploma work on the theme "History and development of anti-semitism". Nineteen years of service with the Czech Republic Police, police career from a police station through the CID at the district level in Prague 2 to the

National Drug Headquarters, here since 2005 at different managing positions: 2007 deputy director for operational matters and criminal proceedings, February 2009 director, long term experience with leisure time activities of children and youth.



PAUL GRIFFITHS

European Monitoring Centre for Drugs and Drug Addiction, United Kingdom

Paul Griffiths is the Scientific coordinator at the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). In this role, he is responsible for monitoring patterns, trends and the magnitude of the European drug situation and is involved in drafting the Annual Report on the European Drug situation and various policy and technical papers. Paul has worked for over 20 years in research on drug problems, including as the Senior Epidemiologist for the Demand Reduction Section, United Nations Organisation on Drugs and Crime (UNODC); Programme manager for the Global Assessment Programme (GAP), which aims

to establish drug epidemiological networks and to assist member states develop the capacity to monitor and analyse the drug situation; Senior Researcher at the UK's National Addiction Centre; Project Manager at the Institute of Psychiatry, London; and Research Officer at the Maudsley Hospital, London. Paul has published extensively, including scientific papers, technical reports and policy briefing papers. He has acted as a consultant for European governmental offices, European bodies and International agencies. Paul Griffiths is the Scientific coordinator at the European Monitoring Centre for Drugs.



JEAN-PAUL GRUND

Centrum voor Verslavingsonderzoek / Addiction Research Centre (CVO), Utrecht, The Netherlands

Dr. Jean-Paul Grund is a senior research Associate at the Addiction Research Centre (CVO) in Utrecht, the Netherlands, where he is the P.I. of a RCT study of a peer driven supportive care intervention among residentially housed homeless people. For almost 30 years Mr. Grund worked at the crossroads of illicit drug use and HIV – in community

organizing, outreach work, street ethnography, epidemiological and intervention research, as well as policy making and (international) program management; He held research positions at Erasmus University Rotterdam, the University of Connecticut and Beth Israel Medical Center in New York City. Mr. Grund was the first Research Fellow

in Residence at The Lindesmith Center, a New York based drug policy research center; Between periods of research Mr. Grund worked in advocacy and (international) development as the founding Director of the International Harm Reduction Development program at the Open Society Institute and at UNAIDS; As the Director of DV8 Research, Training and Development, Mr. Grund conducted several studies that called attention to neglected areas of service provision and research, e.g. among young and Roma drug users in Central and Eastern Europe. He furthermore consulted on drugs & HIV Prevention research and policy for WHO, UNAIDS, the World Bank, UNODC, UNICEF, national and municipal governments; Mr. Grund's research

interests include: Recreational and problem use of psychoactive drugs, health and human rights, Prevention of infectious diseases and reduction of drug harm among drug users and other vulnerable populations, in particular in Central Eastern Europe (CEE), community based approaches to local drug problems, peer based interventions among vulnerable groups and community organizing, sampling hidden populations, in particular Respondent Driven Sampling and internet applications (i-RDS) thereof; For his work in research and policy, Mr. Grund was awarded the 1999 International Rolleston Award for outstanding contributions in the field of harm reduction from the International Harm Reduction Association.



MARTIN Y. IGUCHI

School of Public Health, University of California, USA

Martin Y. Iguchi is Professor and Chair, Department of Community Health Sciences, UCLA School of Public Health, and Adjunct Senior Behavioral Scientist, RAND. Iguchi is PI of the coordinating center for a multi-city Sexual Acquisition and Transmission of HIV Cooperative Agreement Program funded by the National Institute on Drug Abuse (NIDA); PI of the Los Angeles site of a two city (NY and LA) study of aging performing artists, and Pacific Node PI of a three node CTN study of barriers to treatment entry among API drug users. His recent publications examine the sexual diffusion of HIV from drug users to non-drug users, drug courts, how the criminalization of drug use exacerbates health disparities in Black and Hispanic communities, racial differences in marijuana acquisition behaviors that might elevate risk for arrest, motivational interviewing, cost-effectiveness, health-related quality of life in methamphetamine users, drug policies, contingency management treatment for chronically depressed cocaine abusers, shaping abstinence in smokers, HIV medication adherence, and prescription drug abuse. Iguchi has developed and directed community drug abuse treatment intervention programs including methadone treatment, treatment of stimulant use, transitional case management, and street-outreach to individuals at risk for HIV. Iguchi is a Fellow of the American Psychological Association (APA); an elected member of the APA Board of Professional Affairs; a member of NIDA's Center Grant Research Review Committee; Chair of NIDA's Asian and Pacific Islander

Steering Committee and Workgroup; a Fellow and former member of the Board of Directors of the College on Problems of Drug Dependence; a former member of the National Advisory Council for the Center for Substance Abuse Treatment; a former Member-at-Large for APA Division 50 (Addictions) Board of Directors; Co-Director of the Barriers to Care Program Area, the UCLA AIDS Institute; Senior Editor, *Addiction*; associate editor and Editorial Board member, *Journal of Drug Issues*; member of Editorial Boards for *Drug and Alcohol Dependence* and *Journal of Drug Policy Analysis*.



KAMIL KALINA

Centre for Addictology, Department of Psychiatry, First Faculty of Medicine, Charles University in Prague, Czech Republic

Born 1945 in Prague. Education and training: graduated in medicine (1970) and in psychology (1978) at the Charles University, Prague. Postgraduate specialisation in psychiatry, public health, systematic psychotherapy, substance abuse disorders; long term training in psychodynamic and psychoanalytic psychotherapy, in family therapy, and in supervision. Received European certificates in psychotherapy, in supervision and in European Public Health. In 2008 received academic degree of Associate Professor in clinical psychology. Working career: In 1970-1990 Dr. Kalina was working as a clinical and social psychiatrist and psychotherapist in public services. He was concerned mainly with psychoses and personality disorders, he introduced in this field new psychotherapeutic approaches and forms of care (day clinic, therapeutic community). Human rights in psychiatry, political misuse and reforms of psychiatric institutions. In 1986-89 he was a leader of an informal platform for mental health care reforms. In the Velvet Revolution (November) he entered the political life. In the years of 1990-1997 he kept several public positions (member of Federal Parliament of Czechoslovakia, deputy minister of health, national drug coordinator). In this period, he was involved in formulation and implementation of health reform and new drug policy of the Czech government. In the academic year 1993-1994 he worked as a Visiting Research Fellow at the University of London. In 1994-1995 he was a Head of the School of Public Health, Postgraduate Medi-

cal Institute, Prague. In the following period, 1998–2007, Dr. Kalina was working as a Medical Director of SANANIM, a major NGO for provision of care of addicts. There he was concerned with the treatment of substance abuse disorders and with the development of the system of professional services. He also acted as a teacher, research worker and a consultant in national and international projects (e.g. of WHO, Group Pompidou - Council of Europe, EU-Phare). He was involved in establishing of the Centre for Addictology at the Psychiatric Clinic, 1st Medical Faculty, Charles University, and of the new study programme in addictology. Since 2005, he has been teaching in this study programme (particularly clinical addictology, psychotherapy and counselling), and he is also a deputy head for teaching in the Centre for Addictology. In 2007, he left SANANIM for his “second term” at the position of national drug coordinator and executive vice-chairman of the National Drug Commission. He also acts many years as a head of psychotherapeutic training and of theoretical course in the independent institute of SUR – Publications etc.: Dr. Kalina published more than 120 articles and book chapters both in the Czech Republic and abroad, and several books. He is a member of the board of the Czech Society for Substance Abuse Disorders, and of the editorial board of the *Adiktologie* journal.

WALLACE MANDELL

Johns Hopkins University, Baltimore, USA

Professor Wallace Mandell has following professional and research experience: epidemiology of substance abuse with a particular focus on implications for national drug services programming; evaluation of treatment and prevention programs for substance dependence and abuse. Mr. Mandell's honors and awards: the Ward Medal as Outstanding Graduate in Psychology, The City College of New York (1948); Fellow, American Public Health Association (1958); Who's

Who in Science Award for Outstanding Contribution in Public Service, Maryland Psychological Association (1978). He had also written many publications.



KASIA MALINOWSKA-SEMPRUCH

Open Society Institute's Global Drug Policy Program, USA/Poland

Kasia Malinowska-Sempruch directs the Open Society Institute's Global Drug Policy Program which provides grants to initiatives advocating an evidence-based approach to drug policy worldwide and encourages greater scrutiny of current international drug policy. A major contributor to the debate about the interplay of drug use and HIV, she previously headed OSI's International Harm Reduction Development program, introducing and significantly scaling up access to needle exchange and substitution treatment across Eastern Europe and Central Asia; Before joining OSI, Kasia worked for the United Nations Development Program in New York and then Warsaw, developing training programs for medical, prison and police workers and managing outreach programs on harm reduction, women's health, HIV, medical ethics and drug use. Kasia began her HIV work in 1991 as an HIV educator at Mt Sinai Hospital and at the American Red Cross in Philadelphia; Kasia

co-authored Poland's first National AIDS program and has helped formulate policy at the Global Fund, the WHO, the Millennium Challenge and other bodies through her membership of various expert boards and committees. She has authored or co-authored dozens of policy and scientific papers for scientific journals and book chapters 'Global HIV/AIDS Medicine' and 'Public Health and Human Rights, Evidence-Based Approaches' as well as articles for the international press, appearing in the European Voice and the International Herald Tribune. Kasia also speaks regularly at international events; She received the Norman E. Zinberg Award for Achievement in the Field of Medicine in 2007 and the Gold Order Medal from the Polish Ministry of Justice in 2000 for work on HIV in prisons. Kasia holds a master's degree in Social Work from the University of Pennsylvania and is now a doctoral candidate at Columbia University's School of Public Health in New York.



SIMONA MERKINAITE

Eurasian Harm Reduction Network, Lithuania

Since the end of 2008 Simona Merkinaite, MA, acts as Drug Policy project coordinator at the Eurasian Harm Reduction Network (EHRN), working on provision of support and creating an overview of country activities, providing advocacy of evidence-based and human rights-based policies at a national, regional and international level, and documenting policies in focus countries. She also represents the EHRN in the International Drug Policy Consortium, and manages the EHRN drug policy list. She has been a part of the EHRN team since 2004, and since then has gained experience working in all areas of EHRN work, including: (1) Documentation and research on a variety of topics, such as the documentation of hepatitis epidemiology, policy, prevention, diagnostics, treatment and care in the new EU member-states and neighbourhood; research on undiagnosed hepatitis in Europe; assessment on young injectors including stimulant injectors; policy and health in selected Central and Eastern European countries; (2) Technical support and capacity building, including organization of regional consultation and training, national discussions and round-

tables building dialogue between national policymakers, health care providers, harm reduction and drug-user community activists; assessments of needs for technical support and training (for the Harm Reduction Knowledge Hub for Europe); (3) Networking and information exchange, including developing and managing a bilingual monthly electronic digest in 2004, putting the spotlight on key regional and international events and connecting the members; Apart from work at EHRN, she has worked as a consultant for international organizations in the harm reduction and HIV field, including International Harm Reduction Association, AIDS Action Europe, as well as national entities, such as Vilnius Center for Addictive Disorders. Currently she is also a PhD student in Political and Social Sciences at the Institute of International Relations and Political Science at Vilnius University, with key academic interests in social equality, collective identity and rights. She has an MA in Comparative Politics. Simona speaks fluent Lithuanian and has good knowledge of English and Russian, as well as basic Polish and Italian.



MICHAL MIOVSKÝ

Centre for Addictology, Department of Psychiatry, First Faculty of Medicine, Charles University in Prague, Czech Republic

Michal Miovský is head of the Center for Addictology, 1st Faculty of Medicine, Charles University in Prague, and a fellow researcher of the National Monitoring Center for Drugs and Drug Addiction. He specializes in qualitative methods and research in the field of addiction and is responsible for the development of evaluation tools and the building of a system of quality and efficiency control of preventive and treatment care. He graduated from Philosophical Faculty of Masaryk University in Brno in 1998. In 2002 he received a Ph.D. in clinical psychology from Palacky University in Olomouc. In the same year he was attested as a research worker at the Institute of Psychology of the Academy of Science of the Czech Republic. In 2005 he became associated professor in clinical psychology at Palacky University in Olomouc. In 2001-2002 he coordinated Component 3 (which involved the development of human resources and educational activities) of the PHARE Twinning Project "Strengthening National Policy to Combat Illicit Drugs". Outside the framework of this project he carried out overall evaluation of preventive strategies and activities in the Czech Republic, and prepared a plan for the improvement of coordination, implementation and inspection of preventive programs. He works as an independent research

worker at the Institute of Psychology at the Academy of Science of the Czech Republic, and lectures at the Department of Psychology at the Philosophical Faculty of Palacky University Olomouc. He is a member of the editorial boards of *Adiktologie* and *Konfrontace* journals. He previously worked as a psychologist and psychotherapist (specializing in Gestalt Therapy, Katatym Imaginative Psychotherapy and Integrative Psychotherapy) in various treatment programs for addicts. He established and led a day-care psychotherapeutic Center for addicts, and became a director of treatment facilities in the Podané ruce Association (NGO). He works as a principal investigator on a project on long-term cannabis users (GAČR 406/02/1449/A) and he is responsible for research design of the Institute of Psychology of the Academy of Science of the Czech Republic in this field. In 1999-2001, he worked on a qualitative sub-study of the Czech section of the European Commission's international research project Copernicus – Global Approach to Drugs, led by Prof. Roger Palm. In 1999-2001, he worked on three sub studies of the qualitative part of the PAD research study. He is an author of the extensive regional school surveys NEAD in 1996, 1998 and 2000, in which ESPAD methodology was applied.



VIKTOR MRAVČÍK

National Monitoring Centre for Drugs and Drug Addiction, Office of the Government, Czech Republic

Viktor Mravčík graduated from the Medical Faculty at Palacky University in Olomouc in 1993. In 1997 he received first-degree attestation in Hygiene and Epidemiology. In 2000 he completed extended attestation in the field of epidemiology (Institute for Post-Graduate Education in Medicine, Prague). In 1993-2002, he held different positions in the public health sector (in the discipline of hygiene and epidemiology). Before he started working for the Czech National Focal Point he was a leader of the Center of Epidemiology at District Hygiene Station in Karviná. He was a member of the Impact Analysis Project of New Drugs Legislation in the Czech Republic (PAD) research team in 1999-2001.

Since 2002 he has been Head of the Czech National Monitoring Center for Drugs and Drug Addiction, which is the member of the Reitox network of Focal Points, coordinated by EMCDDA. He is a member of the editorial board of the *Adiktologie* journal. In 2002–2004 he was acting vice-spokesperson of the Reitox network. Since 2009, he has been a member of the board of the Society for Addictive Diseases of the Czech Medical Association. He is the co-author and editor of the Czech Annual Reports on the Drug Situation and author, co-author or editor of more than 70 publications and journal articles.



JOSEF RADIMECKÝ

Centre for Addictology, Department of Psychiatry, First Faculty of Medicine, Charles University in Prague, Czech Republic; former National Drug Policy Coordinator, Czech Republic

Josef Radimecký was born on 10th January 1963, in Plzen. He graduated from the Pedagogic Faculty of the Charles University in Prague in special pedagogy with an M.A., and later a Ph.D. In 2002-2003 he completed post-graduate MSc. course in drug use, evidence-based interventions and policies at the Imperial College, London. He was awarded the Adam Prize for best dissertation. He is also a graduate of a self-experienced training in group psychotherapy, and an array of a short-term trainings and secondments in Czech as well as international institutions. After working in an institution with young delinquents in 1992, he went for a four-month secondment in a Swiss facility for treatment of drug users. Consequently in 1993 he established (and until 1998 managed) one of the first Czech therapeutic communities for drug addicts. Between 1999 and 2004 he worked in the position of director of the Secretariat of the Inter-ministerial National Drug Commission, where he prepared *inter alia* National Drug Policy Strategy in 2001–2004 and 2005–2009, and coordinated implementation of the strategy. He also participated in the process of establishing the National Focal Point for Drugs and Drug Addiction, and managed or participated in an array of international and domestic developmental and research projects, as well as representing the Czech Republic in various

international institutions in drug issues. Recently he worked as a manager for international cooperation of the Center for Addictology. Research interests: analysis of drug policy; history and social meaning of drug use; evaluation of quality and effectiveness of drug policy measures and drug services especially with the use of methods of qualitative research. Since August 2008 he has worked as a service manager of the WHITE LIGHT I. in Usti nad Labem, an NGO which provides various types of drug services in Northern Bohemia. He is a chair of newly established union PROADIS (Cooperating Addictological Services) which connects seven NGOs providing drug services in eight regions of the Czech Republic. He chairs a working group of 12 certified Czech therapeutic communities for drug addicts. He is a member of the Czech Medical Society of Addiction Treatment and of the Editorial Board of the *Adiktologie* journal; in the period of the Czech Presidency of the EU (I-VI/2009) he externally cooperated with the Czech National Drug Commission. He represented the Czech Republic in the Horizontal Drug Group of the EU Council in Brussels, and the EU in the UN Commission on Narcotic Drugs, which evaluated UNGASS 1998 and prepared an updated version of the UN Action Plan on Drugs from 2009 onwards.



KERSTIN STENIUS

Center for Social Research on Alcohol and Drugs, Stockholm University, Sweden, and National Institute for Health and Welfare, Helsinki, Finland

Professor Kerstin Stenius has a PhD in social work. She is presently guest professor at the Center for Social Research on Alcohol and Drugs, Stockholm university, Sweden; senior researcher at the National Institute for Health and Welfare, Helsinki Finland; and editor-in-chief of *Nordic Studies on Alcohol and Drugs*. Her research has focussed on the drug and alcohol treatment systems, and treatment system policies in international, comparative and historical projects. Local treatment policy and treatment and social rights in the changing welfare systems are other research interests. Stenius was the president of the Kettil Bruun So-

ciety for Social and Epidemiological Research on Alcohol between 2007 and 2009, and president of the International Society of Addiction Journal Editors 2002-2004.



STANISLAV ŠTECH

Faculty of Education, Charles University in Prague, Czech Republic; Vice-rector of the Charles University for Research and Development, Czech Republic

Prof. Stanislav Štech, graduated in psychology at Charles University Prague, professor in educational psychology; research on school socialization, pupils/students relationship to the knowledge and learning, parents/teachers/students communication triangle and teacher's profession. Head of the Dept. of Psychology Faculty of Education, Charles University in Prague. Vice-chancellor of the Charles University for Development since 2003. Membership in scientific societies: Czech-Moravian Psychological Society; Czech Association of Educational Research International School Psychology Association, liaison person in International Institute on School Psychology; Membership in Boards and Committees: Member of Scientific Board Faculty of Education, Charles University Prague (1993-present); Member of

Scientific Board Faculty of Humanities, Charles University Prague (2000-present); Vice-president of the Institutional Board of the Institute of Psychology, Academy of Sciences of the Czech Republic (2007-present) *Pedagogika* Journal, Chief Editor (1994-2003), member of Editorial Board (2003-present); Member of Editorial Board of "Recherche et Formation" Journal (2000-present), of the on-line Journal "Travail, Formation et Education" – *Revue européenne interdisciplinaire de recherche* (2002-present), of the *European Journal of School Psychology* (2007-present).



AMBROS UCHTENHAGEN

Institut für Suchtforschung, University of Zurich, Switzerland

Em. Professor of Social Psychiatry at Zurich University and Co-director of Psychiatric University Hospital; Founder and Chairman of the Board of Research Institute for Public Health and Addiction at Zurich University, a WHO collaborating centre; Co-founder of European Addiction Research, Karger publishers Basel; First author of over 270 publications, Editor of a handbook on Addiction Medicine (Urban & Fischer Publishers, Munich, 2000); Numerous missions and research projects for WHO, European Union, Council of Europe; Member of WHO Expert Advisory Panel on Drug Dependence and Alcohol Problems; Main interests in the

field: epidemiology of addictive behaviour, implementation and evaluation of preventive and therapeutic interventions, drug policy. Detailed information on Ambros Uchtenhagen are published in the German version of Wikipedia. Profile of Ambros Uchtenhagen on the biomedexperts website shows his publications, and publication information.



ANATOLIY M. VIYEVSKIY

Ukrainian Medical & Monitoring Center of Alcohol and Drugs by the Ministry of Health of Ukraine, Ukraine

Anatoliy M. Viyevskiy is the Director of the Ukrainian Medical & Monitoring Center of Alcohol And Drugs, by the Ministry of Health of Ukraine. He is also the Head Narcologist of the Ministry of Health of Ukraine.

Education: He graduated from the Vinnitsa Medical University (Ukraine) in 1977.

Career: From 1984-2007 he was head doctor and director of the Kyiv City Narcological Hospital Sociotherapy Ward; from 2007-present he is the Director of the Ukrainian Medical & Monitoring Center of Alcohol And Drugs by

the Ministry of Health of Ukraine; from 1996-present he is head narcologist at the Ministry of Health of Ukraine

He has served as a temporary advisor of WHO in alcohol policy; consultant in alcohol/drug prevention for ILO; member of Kettil Bruun Society for Alcohol Studies (Helsinki, Finland); chairman of the All-Ukrainian Narcological Association (Kyiv, Ukraine); from 1996-2010 he was a member of The National Coordinative Board in Drug and Alcohol issues, The Cabinet of Ministers of Ukraine; in 2005 he won the Honored Doctor of Ukraine National Award.



TOMÁŠ ZÁBRANSKÝ

Centre for Addictology, Department of Psychiatry, First Faculty of Medicine, Charles University in Prague, Czech Republic

Tomas Zabransky was born in Hranice na Moravě, Czech Republic. In 1993 he graduated from Medical Faculty, Palacky University Olomouc (Medicinae Universae Doctor, M.D.). In 2001, he received Ph.D. (in epidemiology, hygiene and preventive medicine) from the same faculty. In 2003-4 he was a Hubert H. Humphrey / NIDA Research Fellow at Johns Hopkins University, Bloomberg School of Public Health, Baltimore, USA, professionally affiliated (2nd Q of 2004) with the Centre for Drug Policy Research of RAND Corporation. Tomas was a principal researcher of the multidisciplinary PAD Study, which evaluated the impacts of amendments in the Czech drug legislature (1999) as requested by the Czech Government. In 1999-2001 he was responsible for the building of the Czech National Monitoring Centre for Drugs and Drug Addiction – a body responsible for monitoring of drug situation in the country, part of the EU-wide network “Reitox. Recently, he serves as the Research and Development Manager of the Center for Addictology at the Department of Psychiatry, 1st Faculty of Medicine, Charles University in Prague. He is a Senior Research Fellow of the Czech National Focal Point and teacher of drug epidemiology at the Medical Faculty, Palacky University. He works also as International Drug Epidemiology Expert for several EU and UN bodies; Tomas has extensive domestic and international experience in es-

tablishing and amendments of national drug information systems, in implementation of epidemiologic methodology and in management of complex informational networks. His main research interests are epidemiology of blood borne diseases in-, and mortality of drug users. He has published also on evaluations and modelling of drug policies, and on qualitative research in non-institutionalised population of drug users; Tomas is member of editorial boards of three peer-reviewed journals: Journal of Drug Issues (USA), Harm Reduction Journal (USA) and Adiktologie (CZ). Member of several Czech and international professional associations, and Committee Member of the International Society for Study of Drug Policy (based in UK). Core Member of the Reference Group to the United Nations on HIV and injecting drug use; For more information please click Centre for Addictology of the 1st Medical Faculty, Charles University, Prague.



TOMÁŠ ZIMA

*First Faculty of Medicine, Charles University in Prague (Dean)
Institute of Clinical Biochemistry and Laboratory Diagnostics, First Faculty of Medicine, Charles University in Prague and General University Hospital in Prague, Czech Republic*

He was born in Prague in 1966. He graduated from the Faculty of General Medicine of Charles University in Prague in 1990. In 1996 he became a senior lecturer in the field of medical chemistry and biochemistry and in 2001 a professor in the same field; He has been active since 1990 at the First Medical Faculty of Charles University in Prague and at the same time the General Faculty Hospital in Prague, where he has been the head of the Institute of Clinical Biochemistry and Laboratory Medicine and Head of the Ministry of Health Reference Laboratory for Clinical Chemistry since 1999, and since 2005, the Dean of the Faculty. His research is focused on oxidative stress, new diagnostic tech-

niques, and the metabolism of alcohol. He is a PhD lecturer in Biochemistry and Pathobiochemistry. Prof. Zima is the main author of 4 monographs and more than 150 original scientific articles and he has given more than 350 lectures in the Czech Republic and abroad. He is a member of a number of Czech and international scientific societies, e.g. he is a member of the Czech Medical Academy, president of the Czech Society of Clinical Biochemistry, and Vice-chair of the Executive Committee of FEBS (Federation of the Societies of Biochemistry and Molecular Biology).

Conference Abstracts

In Alphabetical Order by Author's Name¹

HANS ABMA

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The Dutch drug policy

Key words: Dutch drug policy, coffee shops, cocaine trafficking
Type of presentation: oral

The goal of the Dutch drug policy is: to prevent and reduce drug use, certainly in so far as it causes damage to health and to society, and to prevent and reduce the damage associated with drug use, drug production and the drugs trade. In the last 15 years there have been various positions to put in to balance pragmatism and harm reduction on one side and repression on the other. Does repression help to limit drug abuse/addiction? Other measures (i.e. treatment in communities and prisons, education, risk assessment drugs).

Two cases: 1. Dutch soft drugs/coffeeshop policy: will it survive? What are the advantages and disadvantages: health, public nuisance, (organized) crime. Measures to restrict coffeeshops. Review of classification system. 2. Plan of Action Cocaine trafficking Schiphol Airport: cooperation within the EU and with countries in the Caribbean and Africa.

Dr Hans Abma is a senior policy adviser in the Organized Crime Unit of the Law Enforcement Department of the Dutch Ministry of Justice. He has been dealing with the smuggling of cocaine for 10 years, especially with the Dutch Antilles, Aruba and Suriname because of their close connections with the Netherlands. He is (inter alia) for the Ministry in charge of the policy on fighting drugs smuggling through the airport of Schiphol and the Maritime Analysis and Operations Center Narcotics (MAOC-N) in Lisbon, he is representing the Ministry in the EU Horizontal Drug Group and in the UN Commission on Narcotic Drugs. He is also advising on international criminal cooperation.

1/ Structure:

Name

Institution, country

E-mail

Co-author(s)

Institution, country of co-author(s)

Title – Key words – Type of presentation

Abstract

Author's short biography

MICHAEL BARTOS

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UN position on peer and community based interventions

Key words: core elements – UNAIDS – effectiveness

Type of presentation: oral

The core elements of effective harm reduction efforts have been well defined and over the past four years have been widely accepted in all key United Nations decision making forums. There is increasing evidence that the effectiveness of these measures is not only their component elements, but the extent to which they operate in synergy. Consistent with UNAIDS' support for combination prevention approaches, we need a better appreciation of the ways in which provision of services is directed towards individuals, it needs to be in concert with community mobilization activities and supported through structural change which provides the enabling environment for these elements to operate. Ensuring that the voices of drug users are heard in policy decision making, that peer capacity building and outreach is scaled up, and that punitive laws are removed, are thus not merely 'add ons' to effective harm reduction programmes but a core part of their effectiveness. This presentation will elaborate UNAIDS support for these strategies in advancing towards the goal of 'no new HIV infections among drug users'.

Since 2007 Michael Bartos has led the team coordinating UNAIDS policy and strategy in HIV prevention, both in generalized epidemics and for key populations including injectable drug users, sex workers and men with homosexual contact. Prior to assuming his current position he represented UNAIDS for three years in Guatemala, El Salvador and Belize. He joined UNAIDS in 2000 as Senior Policy Advisor and Speechwriter to the Executive Director. Before joining UNAIDS he was a Research Fellow in Australia's national HIV research programme, at La Trobe and Macquarie universities, conducting research on socio-economic and behavioural aspects of HIV. He has advised governments and international bodies on a range of AIDS issues, including quality of life and policy aspects of HIV vaccines. He was involved in the community response to AIDS in Australia from the earliest years of the epidemic, holding leadership positions in the Victorian AIDS Council and Australian Federation of AIDS Organisations. He has published on social research and policy aspects of AIDS and its impacts, including in Nature and The Lancet.

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VOLODYMYR D., BONDARENKO

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TETYANA A., LOGINOVA

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Successful experience of the city councillor people's deputy to cooperate with NGO in realizing principles for IDUs' harm reduction

Key words: drug NGO – narcological hospital – drug user

Type of presentation: poster

In 2003 a physician of “Socio-therapy” Kiev city narcological hospital (medical director – A. Vievsky), an injection drug user (IDU) and a lawyer initiated creation of the NGO for

IDUs in Svyatoshyn district of Kiev city. The action group drafted the NGO Statute and developed operational principles and objectives, including the major one – to implement

harm reduction in Kiev city, and particularly, substitution therapy. These issues were set out in the letter to the MP Volodymyr D. Bondarenko with the request to support the NGOs registration in the city district. It should be noted that: 1. The MP and his assistants operated promptly – our NGO was very soon registered in the district and received a legal status; 2. The NGO got good backing from the MP in drafting the first projects. The letters of support were of critical importance in getting grants by our NGO; 3. One of the conditions for the project activity was obtaining premises for the project team. In this case the MP's assistance was of great use. The municipal utility office allocated the premises to work with IDUs-probationers and to hold regular trainings for clients; As a result of this beneficial cooperation we have a 'strong' NGO substantially contributing to HIV/AIDS prophylactics and drug abuse prevention among young people. The NGO publishes "The Butterfly" newspaper and various preventive booklets. We take part in such events as Health Day, AIDS Day, the Day against Drug Abuse and the Memorial Day for the people who died of AIDS, etc. Thus, we think that our operation experience

will be useful for the former Soviet republics where the similar work is not adequate.

Professional interpreter-translator, at present retired; Since 2003 was engaged in creation and operation of "Drop-in-Centre" Charity Foundation. As the Foundation co-founder took part in various national and international venues to discuss HIV/AIDS issues. As a free lance journalist writes for the newspaper "The Butterfly" targeted at IDUs. In 2005 attended the 11th EACS conference in Dublin, Ireland and highlighted the event in "The Butterfly" newspaper; At present work as a Drop-in-Centre's volunteer, distributing various booklets and brochures for vulnerable young people, takes part in syringe exchange and condom distribution campaigns.

VENDULA BĚLÁČKOVÁ

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TOMAS, ZABRANSKY

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Marijuana Markets in the Czech Republic and in the U.S. – different low level drug policy approaches and harms

Key words: cannabis market – low level police enforcement – drug policy analysis

Type of presentation: oral

The presentation aims at assessing the impact of different drug policy approaches, comparing drug policy change at one locale and a different drug policy approach overseas. Both policy evaluation and cross-cultural aspects are included in the analysis. Methods: In 2009, 108 semi-structured interviews were collected in North-Central Florida, US, where a restrictive approach with respect to marijuana supply reduction policy can be found, and in the Czech Republic, EU, where a relaxation in marijuana related laws, inexactly referred to as „legalisation“, took place. A quantitative dataset of NSDUH for the U.S. and a comparable general population survey in the Czech republic were analysed in order to identify differences in marijuana market patterns; Outcomes: (i) Comparison of mari-

juana markets patterns and harm under different drug policy frameworks with the use of comparative qualitative and quantitative datasets; (ii) description of patterns and processes governing marijuana markets and social acquisitions of marijuana on a retail level; (iii) design of evidence-based drug policy recommendations; (iv) impact of low level police enforcement on marijuana market patterns and user culture. Grant support: Foundation Open Society Institute (OSI – ZUG)

Vendula Běláčková graduated in Economic Policy in 2007 (Prague University of Economics, Faculty of Economic Policy and Public Administration) with a focus on economic perspectives of drug issues, such as illegal drug market

analysis, social costs of drug use and analysis of effectiveness of drug policies and services. She is expanding this topic within her work at the Center for Addictology and her PhD. studies at the University of Economics. In 2008 she also graduated in Addictology (1st Faculty of Medicine, Charles University), and in Media Studies (Faculty of Social Sciences, Charles University, subsequently a Bc. in Journalism at the same faculty). Her research interests thus

overlap into media representations of drug issues, and into drugs in the area of web 2.0. Between the years 2003 and 2006, she also worked for *Hospodářské noviny* (economic news), a quality economic daily. In the course of the academic year 2008/2009 she was engaged as a Fulbright visiting research scholar at Florida State University, College of Social Sciences, Florida, U.S.

PETER BLANKEN

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Consumption rooms and heroin assisted treatment. How to start with public discussion?

Key words: consumption rooms – heroin assisted treatment – heroine addiction – costs and benefits
Type of presentation: oral

In this workshop I will present a short overview of the international evidence of the efficacy of supervised heroin-assisted treatment (HAT) in Europe and Canada (see: Fischer et al. 2007 *Journal of Urban Health*, 84 (4): 552-62; Blanken et al. 2010 *European Neuropsychopharmacology*, 20 (suppl 2): S105-58). Then I intend to have an interactive discussion with the participants of the workshop on various crucial elements of HAT, like for instance: comprehensiveness of the addiction (substitution) treatment system; target population of treatment-refractory heroin addicted patients; political and social support for HAT; and financial aspects (costs and benefits).

Peter Blanken is a senior research scientist at the Central Committee on the Treatment of Heroin Addicts (CCBH; Utrecht, NL) and at the Parnassia Addiction Research Center (PARC; The Hague, NL). Peter Blanken started his re-

search in Rotterdam, doing multi-method (qualitative, ethnographic, and quantitative) field research on drug users' lives. Since 1999 he is a member of the CCBH research team, studying efficacy and long-term outcome of co-prescribed heroin-assisted treatment, and effectiveness of cocaine contingency management among patients in heroin-assisted treatment. Since 2002 he is also working at the PARC, where - among other things - he is actively involved in the multidisciplinary research project "Prevalence, treatment needs and new pharmaco-therapeutic treatment options for crack dependent people in the Netherlands" and "Money for Medication (M4M): A randomized controlled study on the effectiveness of financial incentives to improve medication adherence in patients with a psychotic disorder and comorbid substance abuse".

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JIRÍ STUNA

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Reducing death, disease, crime and addiction by ending drug prohibition

Key words: war on drugs – corruption – crime rates – legalized regulation

Type of presentation: oral

Presenting: Police, Judges and Prosecutors representing 30,000 members of Law Enforcement Against Prohibition (LEAP) in 78 countries. Issue: The 40-year-long war on drugs instigated by the government of the United States has been one of the least successful policies in history, having yet to accomplish a single stated goal. However, it has managed to subsidise the criminal drug trade worldwide; led to devastating violence in our communities and mass corruption of our public officials; increased overdose deaths and the spread of deadly blood born diseases; inflated crime rates and quadrupled prison populations in many countries; it has drained national treasuries of huge amounts of revenue. And it has been used by certain countries as an excuse to destabilize other countries. The drug war must end! When the US ended alcohol prohibition in 1933, Al Capone and his smuggling buddies were out of business overnight and we can do the same to the drug lords and terrorist who today make over 320 billion dollars a year selling illegal drugs around the world; legalized regulation of drugs will end the violence and property crimes that are a result of prohibition of those drugs. That means drug dealers will no longer be shooting each other to protect their turf, no longer killing cops charged with fighting this useless war, no longer killing our children caught in crossfire or drive-by shootings; Legalization will also allow us to provide clean needles for injection drug users, which, in the US, will prevent half of all potential cases of AIDS and Hepatitis. Regulation with standardized measurement of the drugs purity will virtually end unintended overdose deaths. People die because they don't know how much of the tiny package of powder they purchase on the illegal market is really the drug and how much is the cutting agent. Too much drug and the user is dead; We can then treat drug abuse as a health problem instead of a crime problem and save the lives of our children, which we are now sacrificing at the altar of this terrible war and restore them as productive members of society; Workshop. Law Enforcement Against Prohibition will offer presentations by experienced drug law enforcers highlighting the extent of the disaster created by the drug war.

This will be followed by a discussion with workshop participants of alternatives to that policy; alternatives which will lead to a reduction of death, disease, crime and addiction, while saving billions of dollars of revenue. How LEAP is going about making those changes, and what participants can do to help, will also be discussed; Key points. Discussion will include: World drug policy is driven by the United States; The drug policy the US insists upon has not worked. Many countries have already acted to rescind some of their repressive drug laws and have experienced beneficial results in reduced drug use and increased quality of life for their citizens; pressures can be applied to the US to cause them to change their drug policies.

Building a grassroots movement to achieve the goal of a system of legalized regulation of all drugs is possible and necessary.

Jack Cole knows about the "war on drugs" from several perspectives. He retired as a Detective Lieutenant after a 26-year career with the New Jersey State Police—fourteen in narcotics, mostly as an undercover officer. His investigations spanned cases from street drug users to international "billion-dollar" drug trafficking organizations. Jack ended his undercover career living nearly two years in Boston and New York City, posing as a fugitive drug dealer wanted for murder, while tracking members of a terrorist organization that robbed banks, planted bombs in corporate headquarters, court-houses, police stations, and airplanes and ultimately murdered a New Jersey State Trooper. Jack is a founding member and for eight years was executive director of Law Enforcement Against Prohibition, an organization representing 30,000 cops, judges, prosecutors, prison wardens, and others, who know a system of legalized regulation of all drugs will remove the violence which is the result of drug prohibition. He is not their Board Chair. After retiring, Jack dealt with the emotional residue left from his participation in this failed and destructive war on drugs by working to reform current drug policy. He moved to Boston to continue his education. Jack holds a B.A. in Criminal

Justice and a Masters degree in Public Policy. Currently writing his dissertation for the Public Policy Ph.D. Program at the University of Massachusetts, his major focus is on the issues of race and gender bias, brutality and corruption in law enforcement. Jack believes ending drug prohibition will go a long way toward correcting those problems. Jack has taught courses to police recruits and veteran officers on ethics, integrity, moral decision-making, and the detrimental effects of racial profiling. He has presented papers at international conferences and spoken on drug policy reform in

the European Parliament, as well as presenting over a thousand times to students, educators, professional, civic, benevolent, and religious groups across the United States and in 20 other countries. Jack is passionate in his belief that the drug war is steeped in racism, that it is needlessly destroying the lives of young people, and that it is corrupting our police. His discussions give his audience an alternative perspective of the US war on drugs from the view of a veteran drug-warrior turned against the war.

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Are some of harm reduction services (as we know them) in danger?

Key words: harm reduction – politicization – on-site pill testing – repressive approach
Type of presentation: oral

Our presentation is dedicated to the question, how are the harm reduction services affected by the other public subjects of a political or repressive nature. The authors don't aim to present a theoretical study, but one including practical examples from the last time to point out possible intrusions in definition of the meaning and the agenda of Harm reduction services. In our presentation we try to focus on different discourses of repressive and preventive subjects in the case of on-site pill testing. In this model case we discuss the questions, how these discourses can coexist side by side (including examples from abroad) and if these examples are functional in the current state of affairs in the Czech Republic; In other examples, we focus on the possible intrusions of private security services within the agenda of outreach work and Harm Reduction, and on some aspects of the election campaign regarding drug services. Finally, we try to outline the development of possible alternatives, including discussion, about how to prevent HR services against losing face and meaning.

Jakub Černý is 26 years old and he works as a psychologist and social worker in Sdružení Podané Ruce. For the last five years he has been working with drug users in different settings, streets, clubs, Czech prisons or on-site counselling rooms; As a psychologist he graduated on Masaryk University in the Faculty of Social Sciences. He studied on

Universidade do Porto in the Faculty of Psychology as well. Mr. Černý has absolved therapeutic training in Narrative therapy. He is interested in the postmodern and social constructionist movement and its use in psychotherapy and social work. In the last two years he had participated on the interventions in the environment of rave parties. Me and my colleagues were inspired by this experience and try to bring the question of on-site pill testing to the discussion at the last Czech AT conference (in the presentation "On-site pill testing – evaluation of summer 2009 and new drug trends").

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IRMGARD EISENBACH-STANGL, BENNO PATSCH
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Consumption patterns among marginalized drug users in six European metropolises

Key words: patterns of drug use – European cities – prevalence – heroin – cocaine – amphetamines
Type of presentation: oral

Introduction: The major goal of this work is to describe the patterns of drug use (prevalence, multiple drug use, degree of involvement in drugs, differences in use by gender) among marginalized drug users in six European cities (London, Amsterdam, Turin, Prague, Vienna, and Warsaw); **Methods:** About 100 marginalized drug users per city were interviewed during spring and summer 2006 using the same structured questionnaire. The total sample consisted of 618 persons (mean age = 32.5; SD=9.98). In all cities were more males in the sample (68% in Prague and 83% in Vienna). The inclusion criteria were weekly consumption of heroin and/or cocaine and/or amphetamines. Being on substitution was not a criterion for exclusion from the study; **Results:** The last month prevalence of heroin use exceeded 65% in all cities except of Prague (23%). High prevalence of cocaine use was found in Turin (89%) and in Vienna, while the use of crack was very common in London and Amsterdam (86%, resp. 95%). Prague and Warsaw were the only two cities with high consumption of amphetamines (90% and 53%). Multiple drug use was more common in drug users from the “old EU cities”. Gender differences in frequency of drug use were insignificant. A new composite index variable of the degree of drug involvement was developed. The summary score suggests that the drug involvement among drug users from “old EU cities” (London, Amsterdam, Turin, Vienna) is significantly higher than it is in two „new EU cities“ (Prague and Warsaw). Partial scores of the composite index showed high impact of substitution drugs on the overall drug consumption with exception of Warsaw; **Discussion/Conclusions :** The apparently different consumption patterns in six European metropolises may be associated with differences cultural context and differences in drug policies. The local and national drug strategies, especially treatment and harm reduction programmes should consider the specific consumption patterns of marginalized drug users.

in numerous international projects. He is the Principal Investigator for the Czech Republic for Health Behaviour in School-Aged Children: A WHO Cross-National Study; he is the National Co-ordinator for ESPAD – The European School Survey Project on Alcohol and Other Drugs (CAN, Pompidou Group); he is the Czech coordinator for the study on Developing Social Research Capacities in Drug Control (Funded by the UNDCP); and has been a member of international research team in the project Drug Affinity amongst Youth within the Techno-Party-Scene in European Metropolises (SPI Research, EU) (Member of the international research team). His research activities since 1995 also consist of: The abuse of alcohol and drugs by adolescents: an analysis of risk factors (1995–1998, Principal investigator); The construction and validation of the Czech version of EuropASI (1996–1998, Co principal investigator); Risk factors of use and abuse of alcohol and anxiolytics in middle adult age women (1997–1999, Co principal investigator); Comparative analyses of behavioural components in health of Czech children (1999–2001, Principal investigator); Institutional treatment of severe forms of alcohol and drug dependence in women: an analysis of treatment process and of outcome at one year follow up (1999–2003, Principal investigator). Dr. Csemy is a member of the following scientific professional societies: The Czecho-Moravian Psychological Association; The Czech Medical Society of J. E. Purkyne (Society of Addictive Diseases); The Kettil Bruun Society for Epidemiological and Social Research on Alcohol. In 2002, he was awarded Prof. Vladimír Vondracek's National Award for Research in Psychiatry.

Ladislav Csemy is the Head of Laboratory of Social Psychiatry, Prague Psychiatric Centre since 2003, affiliated with the institution for more than twenty years. He had participated

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Drug policy at the regional level in Ukraine. Current situation and prospects

Key words: Ukraine – drug treatment – drug enforcement – coordination – HIV/AIDS

Type of presentation: poster

Who is involved in decision-making at the regional level: Regional or municipal drug treatment clinics, social service centers for families, children and youth, representatives of the Ministry of Internal Affairs, and civil society organizations. Coordinating Councils (CC) for the Fight Against Drug Addiction were established in each region. In addition to the above-mentioned decision-makers, representatives of the AIDS Center, representatives of the departments of education and culture, and office of the Department of Corrections are invited to participate in the councils. Deputy governors on social and humanitarian issues coordinate the work of the CCs; Issues: Lately, less attention has been paid to the CCs; they are purely declaratory. This trend can be observed in all cities of Ukraine. The main topics discussed by the CCs include statistics and achievements of some of the agencies. There is a tendency of merging the CCs with HIV/AIDS Councils; Municipal and regional social service centers declare their involvement in harm reduction programs, as well as in those addressing re-socialization of drug dependent people. But this is only a declaration. The declared activities exist on paper only. They neither know the situation, nor have access to drug users; they do not have experts and are not interested in program development. Even if these social service centers wanted to carry out specific activities, they would not have the resources. One social service center could have 11 staff members dealing with 12-16 and more programs (including children from Chernobyl, disabled people, single mothers and others). Drug enforcement departments. Many representatives of the drug enforcement system are involved in illicit drug distribution. In their work, they target “ordinary drug users”. According to official data of the Ministry of Interior, while in 2009, 2,958 crimes related to drug trafficking were registered in Poltava region, only 22.3% of the crimes were associated with drug trade. However, this is only the official data, and very often structures of the Ministry of Interior falsify the data pursuing their own goals; Drug treatment clinics: there are few supporters and concerned parties among the directors and managers of these medical institutions. Services that these drug treatment clinics provide are inefficient and are fee-based (although the state declares that these services should be free-of-charge). There are doctors who still practice such quack treatment methods like coding. The fact that not all physicians are interested in quality care for drug users is

evidenced by the difficulties and pressures encountered in the beginning of substitution treatment programs in Ukraine. Analyzing this information, one could conclude that only 5-7 regions of Ukraine have any interested people; At the city level, as a rule, drug treatment clinics have no influence on the formation of the city’s social policy. Partially, this happens because of the set up of the system: drug treatment services are funded by the regional budgets; since the regional authorities provide the funding, city level authorities have no influence on the services. The city appears to benefit from this: when they need statistics, they refer to drug treatment clinics. However, when it comes to planning activities and budgets, they say: “These issues are the prerogative of the regional authorities, so let them decide.” Not all NGOs are involved in the formation of regional policies. Most are caught up in the implementation of service projects funded by the Global Fund, and few people are thinking about the future. In most cases, the government knows little about the work of NGOs. Few NGOs engage in advocacy at the regional level. Community representatives are not involved in policy-making; Experience of the Association “Light of Hope”. We are members of the city and regional coordinating councils. We engaged community representatives as CC members. We decided to take on the roles of developers and coordinators of the strategy to work in the field of drug policy. We have access to the target group and we know the drug scene and the needs. We are communicating this information to our partners. Thus, we want to influence the social policy in our region, we want those programs in our region to be effective. We have joined forces with the Regional drug clinic; management of this drug clinic shares our views. We have been able to integrate elements of harm reduction in the work of the drug service (in the services of visiting nurses). We have initiated the integration of reproductive health services for women IDUs in the services of the drug treatment clinic. We participate in the development of ST programs and have spearheaded the creation of a number of documents that provide continuity of treatment for ST in hospitals. We have built cooperation with municipal law enforcement agencies, initiated inclusion of the following topics in the curriculum of the MIA staff capacity building program: “Harm Reduction”, “HIV/AIDS”, “Human Rights”, and “Substitution Therapy”. We have initiated the development of a municipal program to prevent drug use and HIV among

young people. Today, we are working to ensure uninterrupted ST treatment for detainees and those kept in detention and in prison; What is needed. We must defend the necessity of the Coordination council on drug related issues – they can be a good mechanism for solving many issues. CCs should fulfil their tasks – build cooperation among different sectors, coordinate work, build a strategy of assistance to drug dependent people, and prevention work. Community representatives should be involved in each council. The social service centers should move to the level of coordination

and monitoring centers; they should establish partnerships with NGOs. Municipal authorities should be involved in implementation of programs that help drug dependent people. Existing practices of drug treatment clinics should be changed. Drug treatment clinics follow protocols, 80% of which were written during the Soviet era. The system of drug treatment clinics should integrate elements of harm reduction. NGOs should become more active in shaping drug policy at the regional level.

ELVIRA DEMYANENKO

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Harm reduction among drug users from a conclusive medicine point of view

Key words: harm reduction – Barnaul – Russia
Type of presentation: oral

Harm reduction (HR) programs have been implemented in the Russian Federation from 1996, in the Altai territory – from 1999. Despite evident results, the government does not consider these programs to be effective and does not provide funding to support them. Every year 1500 primary clients have been covered by preventive work, in the city of Barnaul; the number of contacts is 13000. Ten clients (0.3%) out of 3000 who visited HR in the years 2006-2009 have tested positively for HIV; out of 15500 injecting drug users (IDU), who are not HR clients 438 IDU (3%) have been tested positively for HIV. During the year each IDU has 15 contacts when injecting drugs. Revealing 1 case of HIV-infection among drug users prevents them from infecting 5-40 partners and 1-5 sex partners. The average cost of the HIV-prevention project among IDU in Barnaul is \$35000 per year and the IDU coverage is 1500, so the average expenditure for HR is \$23 per 1 client. The cost of 1 contact is about \$3. The average treatment course for 1 HIV-infected patient is min \$4000 per year without the cost of laboratory examination and treatment of secondary illnesses. During a year each IDU has 15 contacts when injecting drugs. Prevention of 1 case of infection saves 15 contact partners. Prevention of 1 case of infection saves \$6400 per year for the budget, which is needed to provide VAART for 15 HIV-infected drug users. HR programs have a high level of effectiveness; The harm reduction programs are needed: to control any changes in the drug scene and to take measures to reduce the risk of HIV-infection among the target group; to reveal new cases of HIV-infection and to pre-

vent the transmission of the virus; to prevent new cases of HIV-infection among the drug users through changing their practices in using drugs; to build a "bridge" between the drug users and governmental institutions including narcological services and rehabilitation centres; It is necessary to implement the most effective harm reduction technologies into existing services (for example, pre- and post-test counselling for the drug users with consideration of high HIV risk behaviour and its change for less risk behaviour).

Elvira Demianenko is Chairperson of the NGO "AntiAIDS-Siberia", Secretary of the medical headquarters in the struggle against AIDS of the Health Department of the Altai territory Administration, Chairman of National Forum of the NGOs working in the field of HIV/AIDS in Russia, Technical counsellor of the Russian Harm Reduction Network, Coordinator of harm reduction programs in Altai since 2002, Expert for the World Bank and DFID; Ms. Demianenko is responsible for management of HIV/AIDS epidemiological surveillance in Altai, management of social-epidemiological monitoring on HIV/AIDS, advocacy in harm reduction programs on the level of authorities and on the level of institutions supplying help to IDUs; She also coordinated and personally participated in research devoted to needs assessment of injection drug use in Barnaul, behavioural investigations among different groups of population, research "Situational analysis on the spread of HIV-infection and the system of measures aimed to prevent the spread of the HIV epidemic in Altai".

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Issues of law and policy with regards to drugs and health in Indonesia

Key words: Indonesia – compulsory treatment – human rights
Type of presentation: poster

Indonesia has been struggling with the issues of law and policy regard to drugs and health. There are two laws which have been issued last year which are Law No. 35 Year 2009 on Narcotics and Law no. 36 Year 2009 on Health. There are some changes in regard to drug policy, however, in practice the government still confuses and mis-coordinates among the stakeholders who are responsible for implementation of the policies, such as the ministry of health, law, social and National Narcotic board. One of the largest issues is rehabilitation. The concept of rehabilitation, the idea of rehabilitation and how to engage these departments in dealing with rehabilitation is a huge problem. The concept of rehabilitation is demanded for the judges and the prosecutor, however, they are lacking in the capacity to understand rehabilitation itself. In addition to that the compulsory treatment is the focus on the policy regards to rehabilitation in any kind of drugs. The compulsory treatment makes the drug dependant user to stay in the rehabilitation centre at least 6 months. The system is relatively depends on the centre. The centre which is running the rehab is not only a medical institution but also a religious and social institution. These institutions did not have coordination. The rehabilitation is divided into 2 systems, which are medical and social. These systems are put into two departments which are the social department and medical department. The issue is how the system works. Is it ready for standardizations and to protect the right to health as a part of human right of the drug user? The rehabilitation and the treatment of drug dependence should uphold human rights. The government obliges to protect, fulfil and promote human rights without any kind distinction based on race, religion, ethnicity and also social status. However, in the area of drugs, the government focuses on law enforcement and forgets about its obligation related to human rights and especially the right to health. This is shown by the lack of concept within treatment and just enacting law enforcement in dealing with rehabilitation and do not pay attention with cases of HIV/AIDS within IDUs. The female drug user in most of the cases faces stigma and discrimination within the area of criminal procedure. The street children are far away from attention regarding the focus on treatment and protection against the drug supply. In regard to the children who have parents or their relative are behind bars be-

cause of drugs, they are far behind in terms of legal protection and social attention. The Indonesian government also tries to engage the family as a part of parties who are responsible for drug use. There is a legal obligation against the family, which should report their relative or children to the government institution or they will be punished if they do not do so. These problems are increasing since the government focuses on demand reduction but gets lost on the way how to reduce the supply of drugs.

Formal and informal Education Background: Master Degree of Law (LL.M) in Northwestern University, Chicago, USA, major in International Human Rights Law, 2003-2004; Summer Course Human Rights Program, organized by Utrecht University, Leuven University, Northwestern University and Noterdame University, 2008; Study Visit on Drug Policies in Budapest (Hungary) and Copenhagen (Denmark), from 23 February – 3 March 2008; Intensive training course titled: “Health Risks: Illicit Drugs and HIV/AIDS”, June 4-8, 2007 organized by the Burnet Institute, Fakultas Kedokteran and Psikologi, Atma Jaya. Job History: 2005 – Present: A Lecturer in Atma Jaya University at Law Faculty, Jakarta. Focus on: Human Rights, Child & Women Protection Law, International Law of Treaties, and European Law; 2007 – Present: A Lecturer in Soegipranoto University at Master Program in Health Law; 2008- Present: A Coordinator of Indonesian Coalition for Drug Policy Reform; 2007-2011: Vice Dean on Administration and Human Resources Division at Atma Jaya University. Research and Publications: 2009: Facilitator on workshop: “The Right to Health and HIV/AIDS based on Economic, Social, Cultural Rights”, 5-7 May 2009. Organized by the Office of High Commission on Human Rights, UN Officer in Indonesia, UNAIDS; Facilitator for Workshop: “Human Rights Approach and HIV” Organized by UNAIDS, Jakarta, Indonesia, 24 March, 21 April, and 30 April 2009; 2008: Writer on “settling Past Gross Violation of Human Rights Cases in Indonesia: The Ad Hoc Tribunal Routes” The Research Paper on the Transitional Justice Mechanism, Sponsored by TAPOL, UK; Co-writer on “Equality and Non Discrimination” Sponsored by the Handicapped International; Speaker in International Drug Policy Conference, New Mexico, USA, 11-14 November 2009; Speaker on, “Revitalization of Na-

tional Narcotic Board”, Organized by the Indonesian National Narcotic Board, 2 June 2009; Attended “South East Asian Regional Workshop: As a Follow up the 1st Asian Consultation on HIV Prevention related to Drug Use”, Phom Penh, 8-9, 2008; Speaker on “Torture and the Drugs

User’s Rights: In Indonesian Penal Code”, STIGMA, Jakarta 28 April 2008; Speaker in Workshop, “Human Rights Lawyers for Drug’s User”, Bali, 9 March 2008; Speaker on “Convention against Torture and the Drug’s User”, STIGMA, 20 February 2008.

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Peers, policy and practice: Drug users as public health allies and potential social allies

Key words: drug user’s organisations – neighbourhood – self-support – HIV

Type of presentation: oral

Drug users have much more capability and willingness to do good than they are often credited with. This can be seen in their response to HIV/AIDS and to other threats to their own and others’ health. Examples will be presented of: 1. Drug users’ organizations as active players in politics and harm reduction. 2. How have drug users and neighbours in one section of Brooklyn, New York, worked out ways to co-exist and minimize social disorder and violence. 3. Drug injectors’ efforts to protect themselves and each other against HIV even before there are any programs in a locality 4. Injection drug users’ using condoms consistently in large samples with partners who are not otherwise at high HIV risk.

Dr. Samuel R. Friedman is a Senior Research Fellow in the Institute for AIDS Research at National Development and Research Institutes, Inc. and the Director of the Interdisciplinary Theoretical Synthesis Core in the Centre for Drug Use and HIV Research, New York City. (He is also a prior Director of the Research Methods Core in the Centre for Drug Use and HIV Research.) He also is associated with the Department of Epidemiology, Johns Hopkins University, and with the Dalla Lana School of Public Health, University of Toronto. Dr. Friedman is an author of about 400 publications on HIV, STI, and drug use epidemiology and prevention, including pieces in Nature, Science, Scientific American, the New England Journal of Medicine, JAMA, the American Journal of Epidemiology, and the American Journal of Public Health. Recent research projects have included a review paper (AIDS, 2006) on the social research needs of the AIDS field; a study of social factors, social networks and HIV, STI and other blood-borne viruses among youth and drug injectors in a high-risk community; research on the impact of economic and political crises on HIV risk in Buenos Aires; a study of how some long-term drug injectors

remain uninfected with HIV and HCV (i.e., how they Stay Safe); a study of socioeconomic and policy predictors of the extent of injection drug use, of HIV epidemics, and of HIV prevention efforts in US metropolitan areas; as well as research on why women injectors who have sex with women are at enhanced risk for HIV and other infections. He has engaged in many international collaborative projects with the WHO MultiCentre Study of Drugs and HIV and with researchers in Argentina, Australia, Brazil, Canada, the Netherlands, Spain, and other countries. He has also written on international HIV topics such as war and HIV; socio-political transitions and HIV; and drug users’ organizations (user groups) as actors globally against HIV. He is Associate Editor for Social Science of the International Journal of Drug Policy and is or has recently been on the editorial boards of AIDS, JAIDS, AIDSscience, a Web venture for the American Association for the Advancement of Science, AIDS Education and Prevention, The Drug and Alcohol Professional, and Harm Reduction Journal. Honours include the International Rolleston Award of the International Harm Reduction Association (2009), the first Sociology AIDS Network Award for Career Contributions to the Sociology of HIV/AIDS (2007), and a Lifetime Contribution Award, Association of Black Sociologists (2005).

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How we plan and evaluate police activities and what we learn of it

Key words: regulation – role of law – public health – prevention against law violation

Type of presentation: oral

Since the beginning of its existence, human society ensures its own function through ethic, religious, social, and legal regulation systems; Progressive degradation of ethnic and religious regulations has shifted the written law to the position of a virtually exclusive regulation system in the European space. A normative approach to the written law then breaks its social regulatory function in contrast with the dynamism of the contemporary era; the written law protects the interests defined by the majority of society. Penal law is then the most powerful legal instrument of regulation within the society. It is prevention and protection of society against the gravest violations of law. This function is executed by penal law at the cost of massive entry into the private rights and liberties of individuals. The interest in public health requires its active protection within the society. As far as illegal drug abuse and illegal drug trafficking are concerned, the protection of society against the negative consequences of these phenomena stand over the individual rights of a person, as well as over their “individual right to dope himself”; The negative effects of problematic drug use are immense for the society. Social expenses brought by this form of illegal drugs activity include social disintegration, loss of economic productiveness, damages linked to secondary crime as well as costs for law enforcement are ex-

tremely high. Public health protection requires the elimination of problematic drug use; Development of human society has led to weakening of the natural socio-cultural roles of family, religion, and school. The originally limited role of written law came into absolutely new significance. Today it is de facto the only efficient form of regulation, a necessary precondition for the function and preservation of human society. Drug law enforcement does not confront protection of public health on any account; The form of regulation of behaviour of problematic drug users which can be dangers for society is beyond dispute a topic for discussion; Their level of addiction excludes their own will in regulation of their drug use. Without a doubt, the best solution is an effective treatment together with social intervention in such cases; Nevertheless, society needs a regulation mechanism for public health protection which is capable to force a problematic drug user to participate in this solution. Currently, the only regulation similar to this is the law. The problematic user must be actively involved in the resolution of the socially negative situation caused by their behaviour. Otherwise, they exclude themselves from human society. Human society has subsequently a manifest right to adequate reaction in the interest of protection of public health as well as of preservation of its own existence.

ELI GABEL

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The approach of Amsterdam

Key words: organised criminal groups – drug trafficking – customs – drug trail

Type of presentation: oral

As a trading nation the Netherlands is attractive to organised criminal groups. We are confronted with large scale trafficking of drugs. The traditional methods of law enforcement are insufficient to tackle the problems of drug trafficking. We are searching for other methods. For instance following the money trail instead of the drug trail is gaining importance. Thematic

and multi disciplinary approach are the latest methods. Working together with administration, customs and any other party that can help to remove barriers. 2 examples of multidisciplinary approach: 1. Projects related to serious organised crime groups of West African origin; 2. Project related to an area where serious organised crime groups invest their profits.

Mrs Eli Gabel is a public prosecutor at Public Prosecutors Office, Unit Amsterdam, the Netherlands. In the past 10 years she has been a judge and investigating judge at the Court of Amsterdam (Administrative, Criminal and Juvenile Sections). Since January 2010, she has been a project manager at Ypsilon. This project consists of a multidisciplinary

approach towards West African Criminal Groups in order to find out other ways of combatting criminality such as drug trade and trafficking by these groups. In this project she is working closely together with institutions like Eurojust and Europol, as well as with the Municipality of Amsterdam and with private organisations.

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GIULIA RELLINI

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Parsec – From research to action

Key words: territorial – social policies – social services – NGO – advocacy

Type of presentation: oral

Our objective is to analyse the specific territorial experience of the Parsec-System in Rome, in order to highlight its operating principles and to point out possible interaction and synergy patterns between public administration and non-governmental social services. Actually, the Parsec experience has shown how NGOs can give innovative boots in the field of social policies and services; The story of Parsecs framework started in the 1970s, with the establishment of the Italian Regions and their endorsement of social and medical matters. In the process of administrative decentralization, the existing NGOs started to give their contribution to the creation of local welfare, becoming bearers of the needs of the society. The Parsec Association started working in the IV Borough of the Municipality of Rome backed by its political experience and activity. The political demands and the advocacy engagement of its founders would determined the establishment and further widening of the Parsec-System, with coordination at regional, national, international level. The approach of the group was based on 5 pillars: Research: a need for a deep knowledge of the multiple aspects of the phenomenon; Action: strategy and action planning; Networking: building links and connections between public and non-governmental actors; Culture: circulation of knowledge at local, national and international levels; Advocacy: protection of law and fighting against discrimination; In the field of drugs consumption and addiction, the interaction between these 5 pillars (occasionally re-defined and re-adjusted) allowed the development of an effective system of services, adequate to the specific features of drug consumption at any given time. Ac-

tions are all based on the same idea: they come as completion and integration of public services, working in synergy; The first studies carried out by Parsec in the 70s were related to heroin consumers and to the local activities that were implemented to face the growing drug abuse. The engagement was to work within a network with Ser.T. (the help centre for drug addicted, linked to the Italian local health units). At the end of the 80s, issues related to drug addiction were weighed down by the HIV risk and the Parsec Association started to look for social answers to this question. In the 90s, it caught up the onset of new types of drug consumption among youngsters, such as party drugs, through networking (Parsec joined the national consortium on new drugs – CNND) and started to study this phenomenon, in order to avoid discrimination and penalisation of night-entertainment. At the same time, Parsec Association's attention to the world of youngsters and to new ways of life and consumption, allowed a deeper analysis of rave parties and other underground events, discovering new trends and substances, and developing suitable actions to help these new consumers (harm reduction); Parsec is now claiming for a diversified approach to the drug addiction phenomenon, which is not a mere matter of healthcare. On the contrary, it is necessary to establish a network that could understand consumers needs at every step of the phenomenon involvement: – Prevention; – Primary prevention; – Harm reduction; – Territorial services guidance; – First help and local action; – Social and working inclusion; Today, Parsec is facing the challenge of the so-called new drugs addiction (cocaine, primarily). In-the-field action is

going on and evolving, highlighting the need of prevention from legalized drugs addiction: alcohol, psycho-drugs, gambling.

Laura Giacomello is social researcher oriented at research in the field of social policy, and specifically of migration, drug abuse, youth, gender; management of local and national projects of social research; Apr 2009–Dec 2009 – Project manager of the “Lazio SiCura” project of social communication. The project aimed at disseminating information about safety in the Latium region in Italy. The project is even intended to collect information about the perception of security and safety of citizens; Sept 2008–Mar 2009 – Responsible for field research, Social Research about youth Participation in Italy; The project focus was the Youth participation in civil and political life in Italy. It involved qualitative

and quantitative research methods such as questionnaires, in depth interviews and focus groups; Apr–Jul 2008 – Researcher (in depth interviews with organization that help the poor by giving them food stocks. I even elaborated 6 case studies). Food Poverty in Italy. Qualitative and quantitative social research on food poverty, aimed at collecting information about poverty levels in the Italian population; Feb–June 2008 – Coordination of the staff of the field research in the city of Pontecagnano Faiano (Region of Campania); field activity and editing of the final report of the research on local welfare in the City of Pontecagnano Faiano; “Attivazione di processi di progettazione sociale e analisi delle opportunità del territorio nel Comune di Pontecagnano Faiano”. The Project aimed at analyzing local resources and social needs in the municipality of Pontecagnano Faiano.

AJAY GURUNG

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Formation of Positive Speaker Bureau (PSB) for reducing harm reduction strategies

*Key words: HIV/AIDS – IDUs – stigma – user advocacy
Type of presentation: poster*

Objectives: A group of energetic ex-drug users and HIV Positive started a rehabilitation and care and support centre in Pokhara, in the western region of Nepal. There is an estimated 2,000 PLHA across the region and 5,500 injecting drug users (IDUs) in the city. The objective of this project is to build the capacity of IDUs living with HIV/AIDS and to mobilize them to dispel the myth related to HIV/AIDS and Substance abuse. **Methods:** Serene Foundation Drug Treatment; Rehabilitation Centre and Community Support Group (CSG) started a training of trainers (TOT) program among their members on Public Speaking for the formation of Positive Speaker Bureau (PSB) to diminish the myths and misconceptions in society at large. After two weeks of basic course including public speaking and advocacy for their rights; the groups went to communities where they talked on the difference between HIV and AIDS with the possibility of being free from drug addiction. They shared their experiences that how they could live positively without using drugs as well as being HIV positive. **Results:** After formation of PSB and sharing their experiences with the community, people started to accept ex-drug users and PLHA as responsible members of society. Recovering drug users and PLHA show their positive image to reduce stigma

and discrimination towards them as they showed how a bad person (IDUs) became a responsible and accountable person in this society after getting drug free while society always ignored and isolated them as an outcast people. **Conclusions:** Our later results showed that the community members are interested in talking about drug addiction and its related harms, HIV/AIDS, prevention, intervention and wants to care and support positive people and IDUs.

Ajay Gurung's education is intermediate and currently he holds the post of Vice President of Community support Group Nepal. His working experience: A Comprehensive Package for IDUs, a joint program of Community Support Groups in Nepal and UNDP; Training/ Conference attended: 2001 – 8th BACNA International Recovering Convention, Khandala, Bombay, India; 2002 – Drug Treatment and AIDS Prevention Training (UNICEF) Pokhara, Nepal; 2004 National Leadership Training By and For Recovering Injecting Drug Users (IDUs) in Nepal (Policy Project Nepal) Pokhara, Nepal and Advocacy for Change (Policy Project Nepal) Pokhara, Nepal; 2005 1st Drug Abuse and Drug Lead HIV Conference at Kathmandu, Nepal and The first Asian Consultation on the Prevention of HIV related to Drug

use January 2008, Goa, India; 2008: People Living with HIV/AIDS Collaborative Fund Technical Review meeting, Somerset Lake Point, Sukhumvit 16, Sukhumit, Bangkok-Thailand; 2009: IHRA's 20th Harm Reduction International Conference at Imperial Queen's Park Hotel,

Sukhumit Road, Bangkok - Thailand; 2009: IHRA, One Day Harm Reduction Workshop at Hotel Royal, 36 Newton Road, Singapore; 2010, 21st International Harm Reduction Conference Liverpool, UK.

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Peer program of XTP, SANANIM NGO, Czech Republic

Key words: outreach – peer – XTP
Type of presentation: oral

Outreach work with IDUs has been in existence in the Czech Republic for 20 years. Typically, IDU health education and social assistance are carried out by professional outreach workers without drug careers and much less by peers. Moreover, there is not a UF in the Czech Republic. The present contribution shows the reasons for it. As for peer involvement, one exception is the peer program of XTP of SANANIM NGO based in Prague that has been using peers since 1997. Last year the program worked with 10 peers in the permanent team and 30 peers in the training and stabilization team. They distributed more than

160 000 needles in 10 000 contacts with IDUs. The presentation shows the phases of the XTP program development, describes its current state and search for suitable forms of peer education and change of behaviour by peer intervention. A difficult task is to help the peers in the program to achieve a long-term social stability, which is a prerequisite to their steady performance; Key variables: program goals, personality of peers in the context of their status on the drug scene, outreach workers vs. peer workers identity, requirements for workers, model of remunerations, efficiency.

Semi/open drug scene, police and specialised services. How to deal with a public nuisance? Is cooperation possible?

Key words: open drug scene – outreach services – police – cooperation
Type of presentation: oral

The open drug scene brings a lot of negative influences, such as the public sale of drugs and application of drugs, as well as property crime in order to “earn money for drugs”, or annoying the public through manifestations of intoxication by IDUs. The public and local politicians require that the police eliminate such scene. The work of outreach programmes and organisations aiming at the protection of public health and public safety actually results in visualisation of the drug scene; Is cooperation between the police, local governance and outreach programmes within a balanced approach actually possible? What are the benefits and risk of eliminating the open drug scene? What are the cooperative and systemic solutions and what are their risks?

Ales Herzog from 1998 has been working as an outreach worker with drug addicts and children on the streets. From 2007 he leads Outreach programs Sananim, which are focusing on IU drug users in Prague. The team has 12 outreach workers and 10 peer workers. He is a member of Czech association of streetwork.

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ZUZANA GURYČOVÁ

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Novel interventions for stimulant users

Key words: patterns of stimulant use – gelatine capsules – new stimulants – legal highs

Type of presentation: oral/workshop

Patterns of stimulant use vary extensively across Europe and take in scenes dominated by cocaine, crack, amphetamines, ecstasy and a growing number of further compounds sometimes marketed as 'legal highs'. This session will highlight several areas for intervention which are specific to certain drugs, show some degree of promise and merit further attention and evaluation. Examples include: a) the distribution of gelatine capsules as a tool to promote transitions to oral consumption among injecting users of pervitin/amphetamine type stimulants (see below); b) crack pipe distribution as a tool for engaging and reducing risks among crack users; and, c) early interventions to new 'legal' stimulant epidemics such as mephedrone, MDPV and naphthyrone that are distributed through Internet and other retailers; The workshop will then outline 'node link mapping': a technique that underpins evaluated programmes that have been extensively distributed and promoted across England by the National Treatment Agency – The International Treatment Effectiveness Project (ITEP) and Birmingham Treatment Effectiveness Initiative (BTEI). These support a psychosocial approach that has relevance to stimulant users irrespective of the specific drug used i.e. whether they use cocaine/amphetamines or other stimulants. Participants will gain some initial experience of using visual mapping tools to address stimulant-related problems and be guided towards resources that can support further learning; The workshop will aim to provide a 'taster menu' across a range of ideas rather than attempting to address any of these in great depth. It will conclude by encouraging reflection on ways that the ideas discussed in the session and, perhaps, other interventions identified by workshop participants can potentially contribute to effective responses to stimulant use in the settings in which we all work; Within the workshop, the distribution of gelatine capsules will be introduced. The peroral application of stimulants by the gelatine capsule is quite a new phenomenon. It is one of the least risky methods of use. In the Czech Republic gelatine capsules have been distributed to drug users in harm reduction programs since 2006. The aim of distribution is to reduce the frequency of injecting drugs by drug users.

Neil Hunt (MSc Social Research) is an Honorary Senior Research Associate at the University of Kent; Honorary Research Fellow at the London School of Hygiene and Tropical Medicine; and, Director of Research for the treatment agency KCA (UK). He also works as a freelance researcher and trainer. He developed the 'Break the Cycle' intervention to reduce injecting and is currently working as a consultant to UNICEF and advising on implementations of the programme in Canada and within Europe. Recent work has included: guidance on operating drug consumption rooms; an evaluation of the distribution of foil packs to promote transitions from injecting within needle and syringe programmes; work on the use of ultrasonography to reduce harms among femoral injectors; and, a review of user involvement and organising within harm reduction.

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Development of therapeutic communities for opiate addicts in Bosnia and Herzegovina and presentation of work of the Association PROI

Key words: drug addiction – recovering addicts – therapeutic community

Type of presentation: poster

In the beginning of sixties, Croatian professor Vladimir Hudolin created an innovative approach to treatment of alcohol addiction in the former Yugoslavia. The Club System for Treated Alcoholics, rooted in the AA movement, opened doors of psychiatric clinics and took patients out to the local community setting. It was a union of self-help and public support. Under his influence, a couple of year later, Dr. Himzo Polovina, director of the Sarajevo Psychiatric Clinic starts to run similar groups in Sarajevo. At that time he used term “therapeutic community” (TC) to describe methods in treatment of alcohol addiction where patients play a double role – therapist and patient; Until 1991, TC approach in Bosnia and Herzegovina (BH) was applied to threats of alcohol addiction and some of less severe mental disorders. In 1992 Catholic Sister Elvira Petrozzi arrived from Italy to Medjugorje (BH), with group of residents of her faith-based TC “Cenacolo”. It was a lone residential TC operated in BH in the period from 1992-2002; In 2002 and 2003 two new TCs were founded in BH. Their programs were imported from Italy (CEIS) and Croatia (Community Incontro). Most of their residents were from neighbouring countries. In May 2005, NGO “Association PROI” from Sarajevo established a first Bosnian grass-root TC based on Daytop model. This was a possible thanks to Association PROI director’s four months internship at Daytop USA in 2002. Currently, 20 residents undergo the 18 months residential treatment program. This is unique concept based TC which is entirely managed by recovered addicts. Development and operation of the program confronts a numerous obstacles, which includes financing, staffing, program monitoring and evaluation and non-existence/non implementation of a national drug strategy or adequate drug policy.

Daytop, New York, USA; Professional experience: 1994–1995: Founder and Vice President of “Bosnian Club”, Geneva, Swiss; Responsibilities in organizing and scheduling the work with the clients in the therapeutic community, including operating housing for 90 residents, running a self-help group, receiving and orienting new clients, counselling; 1998-2000: Therapeutic community “Cenacolo”, facilities in Vrbovec and Varazdin in Croatia, Medjugorje in Bosnia and Herzegovina; 2000-2001: Technical secretary and counsellor in the Parents Association Against Drug Abuse-Sarajevo, Bosnia and Herzegovina; 2002: Therapeutic community Daytop, - training in program development and management, New York, USA; 2001-2010: Founder and Board President of Association for Assisting Drug Addicts – UG PROI – Sarajevo, Bosnia and Herzegovina; 2003-2010: Different workshops and conferences in the NGO sector which are related to capacity of building, prevention and treatment of drug addiction and related harm (22 and 23 WFTC conferences, International Harm Reduction Conferences, Warsaw 2007, Barcelona 2008, Bangkok 2009, needles and syringes exchange programs, prevention of HIV/AIDS among vulnerable populations, public advocacy campaigns, policies and procedures, fundraising, financial management...); Present Position: Board president of the Association for Assisting Drug Addicts – UG PROI, Sarajevo, and Director of therapeutic community nearby Kakanj, Bosnia and Herzegovina; Last professional experience record: from January 2003 to September 2004 – Organization America’s Development Foundation-ADF, position: Coalition Building and OSAP Coordinator, (Orphans Support and Advocacy Program) within DemNet II Program funded by USAID.

Samir Ibisevic was born on 25th December 1964; Education: University of Stirling, Scotland; From 1979 to 1983: Degree(s) or Diploma(s) obtained Electrician for Telecommunications; 2002 Degree(s) or Diploma(s) obtained: Graduated from Four Month Internship at Daytop Int. for organizing and management of a therapeutic community. Institution at the Electro-technical college “Jaroslav Cerni”, Sarajevo, BiH; 2009–current: Degree(s) or Diploma(s) obtained an Undergraduate student in Addiction Study, Institution

DAREJAN (JANA) JAVAKHISHVILI

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Drug primary and secondary prevention in Georgia: Promoting integrated approach

Key words: primary and secondary prevention – creation of institutional mechanisms – strengthening – protective factors
Type of presentation: poster

Primary and secondary Drug prevention in Georgia was an unknown field in the Soviet past. After becoming independent, the so called State Drug Addiction Prophylaxis Program was in place since 1995, but due to the Soviet inertia, it was focused mainly on drug intoxication examination of the citizens performed randomly by police. Examination followed punishment was naively considered as the tool for both primary and secondary prevention. The situation changed since 2002, when the Southern Caucasus Anti Drug Program (funded by European Union, implemented by the United National Development Program) introduced new evidence based approaches to primary and secondary drug prevention in the country. Namely, prevention was defined as drug education, developing knowledge, skills and attitudes to resist drugs (1) and, targeted work on increasing protective factors and decreasing risk factors influencing child/adolescent and his psycho-emotional-cognitive-behavioural growth (2). To implement primary and secondary prevention in the school setting, a special methodological tool – a school internal drug policy approach was introduced to the professional community; In parallel, starting from 2002, till today, work is going on to create institutional mechanisms for provision of evidence based within primary and secondary prevention on a regular basis. This special integrated approach is promoted and lobbied at the Ministry of Education and Science of Georgia to create an “institutional chain” to respond to primary and secondary drug prevention related needs in the country. Namely, drug education for school teachers, administrations and psychologists, drug education for children (included into school curricula) and extra-curricular and community activities supported by the municipality are components of the integrated approach. Though for the moment there is no municipal drug policy in place. We choose as a starting point to work on a public school level; This work started with a needs assessment: focus groups were conducted in 10 public schools in Tbilisi, with participation of 150 school teachers, 80 parents and 150 teenagers in the age 13-17. The focus groups revealed that school teachers are not informed enough about drugs and believe that prevention is needed but should be done by parents. Neither parents were informed enough regarding drugs and like the teachers, believed that prevention should be performed by the

school. In contrast, teenagers had a lot of information on drugs (the types, names, effects, etc.) received from non-reliable sources and lacking right information on drug related risks; Based on the needs revealed, a school drug policy handbook for school administrations, teachers, psychologists and future psychologists was elaborated and published, which contains basic information on drugs and related risks as well as a manual on how to elaborate and put in place a school drug policy to promote primary and secondary drug prevention. The handbook was piloted in 30 schools of Tbilisi and accompanied by the relevant training for schools’ teachers and administrations. The presentation will describe the key points, lessons learned out of this work and corresponding policy implications.

Darejan (Jana) Javakhishvili’s education: 1979–1984 – Tbilisi State University, Faculty of Philosophy; Psychology, diploma of Psychologist. 1985-1986 – Post graduate exams in General Psychology, English Language and Philosophy, certified. 2003 and 2004 – Epidemiology training by EMCDDA REITOX Academy, Lisbon and Ankara. Certificate. Etc.; Ms. Javakhishvili has following professional Experience: Global Initiative on Psychiatry, manager and methodological supervisor of the project Mental Health and HIV-AIDS in South Caucasus, Central Asia and South East Europe, Research supervisor for Armenia, Azerbaijan and Georgia, 2006–2010. Drug Information /Prevention Expert (2007–2009) and National Focal Point on Drug Information (2003–2006), South Caucasus Anti Drug Program. Psychologist at the Foundation for Development of Human Resources, 1995–2006. Psychotherapist and researcher at Georgian Research Institute on Addiction, 1990-1995; She was an invited facilitator at The Third and the Second National Conferences of Georgian Harm Reduction Network, Tbilisi, February, 2010 and International Conference “Science, Compassion and Security: Towards a Pragmatic National Drug Policy”, October 2005, Tbilisi. Training for school teachers in primary drug prevention, organized by Ministry of Education and Science of Georgia, 2008–2009, Tbilisi.

THOMAS LEGL

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Treatment systems at a city level

Key words: common drug strategy – local problems – differences – Democracy Cities and Drugs projects

Type of presentation: oral

Within the EU increased efforts are being made for a common drug strategy, with a focus on an integrated, multidisciplinary and balanced approach to drugs combining demand and supply reduction. This strategy also features international cooperation and research, information and evaluation. Two action plans, one covering the period 2005-2008, and the other 2009-2012, have been set up. An evaluation of measures is planned in 2012. Concerning treatment there is still a significant gap between research findings and evaluation on one hand, and the reality of practical handling on the other. Strategies differ within member countries to a great extent. While aiming for common strategies, there is no question about the importance of specific answers to local problems. The DCD /Democracy Cities and Drugs projects 1 and 2 have raised the topic of local response on a city level, bringing together different stakeholders. Recent cooperation within the work package "Treatment Challenges" occurred between drug coordination units from the cities of Liege, Leipzig, Stuttgart, Vienna, and from the central Bohemian region. Differences in problem-perception, the focus of interventions and the general frameworks will be highlighted, and the first results of the work on common guidelines will be presented.

Dr. Thomas Legl, born 18. 6. 1959 has 30 years experience in the addiction field in treatment, prevention, research and international exchange. As psychologist and psychotherapist he has been director of treatment of Grüner Kreis, Austria's largest centre for the treatment of drug addicts for more than a decade. After a period as an International Consultant he is now one of the founders and has been executive director of Kur-und Gesundheitszentrum Knappenhof for the last six years; His work features the implantation of specific programmes for special target groups such as adolescents, mothers and children, dual diagnosis patients into the therapeutic setting; He has been president of the Vienna NGO Committee on Narcotic Drugs for many years with consultative status to the UN, is a board member of ICAA –International Council on Alcohol and Addictions and after many years in the board, president of Euro TC –European Centres of Drug Addiction; As expert he has been involved in numerous European projects, recently he is leading the Work Package "Treatment Challenges" for the DCD 2 – Democracy Cities and Drugs Project.

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The successful experience of the city Rada people's deputy in cooperating with NGOs to achieve harm reduction among IDUs

Key words: substitution therapy – drug abuse prevention
Type of presentation: oral

In 2003 a physician of Sociotherapy at the Kyiv City Narcological Hospital (medical director A. Vievsky), an injection drug user (IDU) and a lawyer created an NGO for IDUs in the Svyatoshyn district of Kyiv city. This action-group drafted the NGO Statute and developed operational principles and objectives, including their primary objective; to achieve harm reduction in Kyiv city, and particularly to increase the use of substitution therapy. These issues were set out in a letter to MP Volodymyr D. Bondarenko, with a request to support the NGO registration in the city district. It should be noted that: 1. The MP and his assistants responded promptly and the NGO was very soon registered in the district and received legal status. 2. The NGO received good backing from the MP in drafting the first projects. The letters of support were of critical importance in getting grants for the NGO. 3. One of the conditions for the project's activity was finding premises for the project team. Here the MP's assistance was of great use. The municipal utility office allocated the premises for working with IDU probationers, and for holding regular trainings for clients. As a result of this fruitful cooperation we have developed a 'trong NGO, substantially contributing to HIV/AIDS prophylactics and drug abuse prevention among young people. The NGO publishes "The Butterfly" newspaper and various preventive booklets. We take part in events such as Health Day, AIDS Day, Day against Drug Abuse, and a Memorial Day remembering victims of AIDS. For this reason we think that our operation experience will provide useful knowledge in former Soviet republics, where the similar projects are not adequately meeting the needs of communities.

Tetyana Loginova – education and experience: 1965–1971, Kiev Medical Institute, Kiev, Ukraine, Medical Doctor (M.D.); 1991–1999, Kiev Post Graduate Medical Academy, Kiev, Ukraine, specialist in infectious diseases; 1998 Kiev

Post Graduate Medical Academy, Kiev, Ukraine, course on HIV/AIDS care and treatment; 1972–1991 Kiev Epidemiological Department, head of regional Epidemiological Department; 1991–1998 Kiev Medical College N4Lecturer on the course "Infectious Diseases within the course of HIV/AIDS; 2004–2009, Kiev Postgraduate Medical Academy, Kiev, Ukraine, upgrade course on infectious diseases; Career: 1998–present: Head of the Department for HIV-infected patients (Injected Drug Users) at the Kiev Narcological Hospital Sociotherapy; Community service and other activities, 1998–present: Working with IDUs and building motivation to change behavior for a safer lifestyle; guiding HIV-positive patients from initial HIV positive diagnosis to insuring adherence to ARV treatment regime and healthy lifestyle; 2003–2006, Involvement as a trainer and lecturer in the project "Reducing the Risk of Occupational exposure to blood borne pathogens to nurses as the most vulnerable group of health care workers", in different rejoin (oblast) of Ukraine; 2003–present, established "Drop-in-Center", an NGO and clinic for HIV/AIDS vulnerable groups and for harm reduction; 1998 established the Center for Pre- and Post Testing Counseling, with free HIV/AIDS testing for vulnerable groups; 1997, chief of the information department under the UNDP project "Society's impact on AIDS"; 1996, founded and led a public center for self-assistance of HIV/AIDS and risk groups, named We Are With You, The first NGO for PLWA in Ukraine; 1991–1998, organized and led a student study group on HIV/AIDS prevention and healthy lifestyle promotion; Volunteering: 1991–1996, worked as a volunteer with a student team caring for AIDS patients in Lavra Hospital for HIV/AIDS patients in Kiev. 2003; Volunteer for "Medicines sans Frontiers"; Accreditations Accredited Physician of Infectious Diseases in Ukraine; Professional memberships Member of Infectious Diseases Society of Ukraine.

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Monitoring, evaluating and steering outpatient drug care facilities in the city of Hamburg

Key words: monitoring – drug care facilities – treatment data – steering

Type of presentation: oral

The city of Hamburg provides more than 45 state-aided but NGO-driven projects or facilities for drug and alcohol addicted clients, with more than 19000 registered treatment episodes in 2009 (data of low-threshold services are not included into that number). The outpatient aid given in Hamburg to drug and alcohol clients is outstanding, not only compared to other cities within Germany, but also within Europe. Since 1997 a monitoring system (BADO) has been in place in Hamburg, which collects standardized data on treatment and client characteristics, using an identifier to control different treatment episodes for the same person while guaranteeing a high level of personal data protection. The client data collected is far beyond the data for the Treatment Demand Index (TDI) or the German Core Dataset (KDS). NGOs and the funding administrations are equally represented at the BADO organization. The data collection, processing and analysis are carried out by third-party scientific institutes. The BADO Organization interprets and publishes its results annually. Moreover, it delivers requested analysis to various stakeholders of the drug care system, and therefore provides the basis for the evidence-based steering of aid for outpatient drug and alcohol clients. The process of establishing the BADO system in Hamburg will be presented, selected treatment-related outcome results highlighted, and BADO's use in steering various administrative bodies (as well as NGOs and treatment facilities) discussed.

Marcus-Sebastian Martens is a senior scientist at the University Hospital of Hamburg Clinic for Psychiatry, Center for Interdisciplinary Addiction Research (ZIS). He is a trained psychologist, neuropsychologist and psychotherapist. He has been working for 18 years in the field of drug addiction treatment. In 1992 he began working as a drug counselor at residential treatment rehabilitation facilities, mainly responsible for diagnostics, assessments and therapy. In 2001 he joined the Center for Interdisciplinary Addiction Research at the University of Hamburg as a scientist. His responsibilities in this role include monitoring and reporting on more than 400 drug treatment facilities in Germany. Through workshops and teaching he has trained the staff of drug care units in diagnostics, treatment approaches, documentation standards and data interpretation. Moreover, he has published research results in scientific journals, manuals and reports. He has been involved on a European level as an expert in various missions to Turkey, Cyprus and Poland. In 2008/2009 he was the European resident advisor to the Romanian Anti-Drug Agency. He is also the leader of the TREAT component within the Central Asia Drug Action Program (CADAP 5) of the European Union.

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Estimating the size of the cannabis using population to evaluate drug policies: A comparison between different metropolitan areas in Italy

Key words: cannabis users – incidence – age first use
Type of presentation: oral

Applying capture-recapture methods, we estimate the size of the population of cannabis users in different metropolitan areas in Italy who are at risk of being registered for personal use of drugs according to the law presently enforced (<http://www.emcdda.europa.eu/html.cfm/index44943EN.html>). Since 2006 the quantity of drugs possessed has determined the threshold between personal possession and trafficking. This is the first attempt in Europe to apply capture-recapture techniques to this particular sub-population and, consequently, not only improve the knowledge of the Italian situation, but to provide the first step in trying to evaluate the impact of drug policies, in order to prevent initiation, and to plan possible intervention policies, specifically secondary prevention. Most problem drug-users started their career using cannabis, and around 10% of young cannabis users proceed to become problem drug users after an average of 2.5 years. It is therefore crucial to try to prevent this step, and to know how many cannabis users are at risk of being apprehended by the authorities (mainly street users). A single source capture-recapture model, the truncated Poisson model, was used, and Chao and Zelterman's estimators were obtained. Confidence intervals were obtained by the bootstrap approach. Males and females, divided by age and class, were treated separately, and the period 2005-2008 is covered. Studying the population through these years is of particular interest because of the change of law in 2006, which, from a statistical point of view, produced a modification in the "case definition"; Before the year 2006, possession of illicit drugs was prosecuted in accordance with the principle of mandatory prosecution, independently of the quantity of the substance. The hypothesis is that the new case definition produces a displacement of subjects from the consumers archive, to the dealers archive, and that this phenomenon is more pronounced in the main metropolitan areas. The data set has been provided by the Italian Ministry of the Interiors, and comprises several variables for each subject. The different subjects are

univocally identified, so that it is possible to count the number of captures in a specified period. The areas considered are Rome, Milan, Turin, Genoa, Bologna, Naples, Bari, Palermo and Cagliari, which comprise (in 2005) about 36% of the population in the age group 15-64. According to the estimates obtained for these areas for the same period, the cannabis users in these areas are around 44% of the total estimated for Italy. In the conclusion we will also focus on some challenges in interpreting the results, taking into account the analogous estimates of dealers and traffickers obtained using a different archive, but the same methodology. We will also focus on the challenges and the opportunities provided by using different archives and surveys. In particular we will use the General Population Survey, the School Population Survey and the Survey Among Low Threshold Clients for more in-depth examination and comparison. One of the most promising applications of the various analyses is the possibility of estimating the recent incidence of cannabis-use among young people on the basis of the estimated prevalence and the distribution of age at first use, estimated from various databases, and the stopping rate, estimated from the School Population Survey Data Set.

Flavia Mascioli – Associate Professor of Statistics, Department of Mathematics, University La Sapienza, Rome. Research interests: Applied statistics and statistical education.

Over the past years Professor Mascioli has focused her research on capture-recapture methods. Recently she published a paper together with Carla Rossi applying this technique based on a single source to estimate prevalence indicators in order to measure the size and dynamics of drug markets in Italy. Flavia Mascioli is the author of a number of publications on different topics, namely mathematical statistics, biostatistics, statistical education.

She teaches the undergraduate and postgraduate courses Statistics for Biologists, Topics in Applied Statistics, Statistical Theory and Methods, Clinical Biostatistics.

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How effective is street drug testing?

Key words: drug testing – criminalization – cost and effectiveness

Type of presentation: oral

Background: In Georgia about 50,000 people annually are detained by the police in the street and tested for drugs. Positive test results lead to high financial penalties or imprisonment. It has been argued that stopping and drug-testing thousands of people annually has a very limited influence on the level of drug use. **Research Questions:** a) How much did the state spend on random street drug testing and consecutive legal measures in 2008? b) What was the impact of random street testing for drug-users in terms of their drug career/use, and related disorders? c) What could be achieved if the funds specified in part a) had instead been spent on increasing of the availability of OST? **Methodology:** This is a semi-economic study using a combination of quantitative and qualitative techniques, surveys using assisted questionnaires, qualitative interviews and focus group discussions, expenditure calculations and economic modelling. **Results:** 43,029 drug tests were performed in 2008. 1605 people were sentenced to prison for repeated drug use. About \$16 million was paid in drug-related fines. In 84.5% of cases drug-use related fines were paid from sources other than legal income of the fined person (e.g., family, friends, loans, criminal activity). An average drug testing episode took 8.43 policeman/hour. Based on the most conservative, minimalistic calculations, the total annual cost of drug testing and consecutive legal procedures and measures constituted about 18 million GEL (\$11.2 million). Out of 491 people in our sample tested for drugs, 11% stopped using drugs, but the majority for no longer than 1 month and none for longer than 11 months. **Conclusions:** Study results show that the punishment and imprisonment of drug-users in Georgia has no or little influence on drug-related behaviour, and is a nonsensical waste of police resources. Punitive measures that have no analogue in developed democratic countries did not result in any measurable reduction of drug use, caused harmful criminalisation of 1,605 people, which is known to lead drug users into an involvement not only in “consensual” drug

crime, but also into criminal activities significantly more dangerous for public order; **Acknowledgment:** This study was supported by a grant from Open Society Georgia Foundation.

David Otiashvili: Education and degrees: PhD Study, Specialization – Health Psychology, the Center for Addictology, Psychiatric Clinic of the First Medical Faculty, Charles University in Prague, Czech Republic; 2007–present, Certificate of Graduate Study, Specialization – Public Health, Drug Abuse Research; 2003–2004, the Johns Hopkins University, Bloomberg School of Public Health, Baltimore, USA. Diploma of Qualification in Anesthesiology and Reanimation; 1999, Georgian State Medical Academy of After Diploma Education, Tbilisi, Georgia, Certificate of Intern Practice, Qualification – Psychiatrist; 1992–1993, Republican Psychiatric Hospital, Tbilisi, Georgia. MD Diploma, Qualification – Physician; 1984–1992 Tbilisi State Medical Institute, Tbilisi, Georgia; Work positions: Director, Addiction Research Center, Union Alternative Georgia, Tbilisi, Georgia, 2004-present; Senior Researcher, Georgian Research Institute on Addiction, Tbilisi, Georgia, 2004-2006; Doctor-Addictionist, Georgian Research Institute on Addiction, Tbilisi, Georgia, 1993–2003.

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Drug user motivation for application in the follow-up care after leaving custody

Key words: drug users – penitentiary – methods – handbook – follow-up therapeutic programme
Type of presentation: oral

In this paper, work methods used on drug users in penitentiary will be addressed, especially methods which proved to be effective in practice and which increased clients' motivation to resolve drug problems after leaving custody. A part of the presentation will be dedicated to a handbook "Shipmate's diary", created for clients to increase and maintain their interest in therapy. The handbook is based on a theoretical approach of motivational interviewing, as discussed by DiClemente and C.C.Prochaska. Findings will be illustrated by case reports from practice. In conclusions, used methods and their position in the overall care of clients in custody will be evaluated with the considerations of clients' specific needs.

Lidjija Pilat is a psychologist with 15 years of experience in refugees camps in the Czech Republic. Since 2007 she has been working in Sdružení Podané ruce, o.s. in the project Prison Drug and Ppost-Release Care. Her therapeutic education consist of the 5-years of psychotherapeutic training at the Prague Psychotherapeutic Faculty.

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Examples of adequate influence on changes in national policy on harm reduction programs in Moldovan prisons

Key words: drugs – policy – harm reduction – prisons
Type of presentation: oral

Moldova is one of the few countries that managed to achieve great success in HIV prophylaxis and preventing an AIDS epidemic. Starting 2005, Moldova has had a national program, including a legal framework for HR programs. HR programs in Moldova were initially implemented in prisons. The first pilot project started in 1999. The main problem was receiving permission to implement the pilot project in prisons, due to the absence of a legal framework covering HR practices. The program managed to get permission for anonymous research, aiming to establish the fact of drug use in prisons and availability of sterile instruments. It then presented the research results to the Director of the

Penitentiary Department, and received a permit to start the pilot project in the prison where research took place. After one year, due to the results, the program was allowed to open HR projects in other prisons, including needle exchange and condom distribution. The implemented HR practices proved to be efficient, resulting in significant decrease in new cases of HIV, HVC and HVB. The state had to admit the efficiency of HR practices. Because of this the National policy on HIV/AIDS prophylaxis was developed and approved. As experts in the domain, we note that many countries are willing to implement such projects, but lack the appropriate legal framework to do so. Our example in-

tends to show that the situation can be changed just by proving that the problem exists and providing solutions, thereby creating a strong argument to sustain HR programs.

Larisa Pintilei was born on 23th April 1967; Education: 1990-1991, State Medical University "N. Testemitsanu", postgraduate education, general medicine; 1984-1990 State Medical University "N. Testemitsanu", general medicine; Present position – Director of ONG "Innovative Projects in Prisons" and coordonator of the project "Harm reduction in prisons."; Professional experience: 1998-present, senior specialist, internist at the Medical Service of the Department of Penitentiary Institutions, Ministry of Justice, Republic of Moldova; 2002-present, project director "Harm reduction in prisons"; 2003-2004, Project Coordinator on "Overcoming stigmatization and discrimination of HIV-infected inmates in prisons of Moldova"; 1999-2004 Project Coordinator "Fighting HIV/AIDS in penitentiaries"; 2004-2006, project director "Harm reduction in prisons"; July 2005, Entered into the list of experts and consultants for the project

"Fighting HIV/AIDS in penitentiary," implemented in prisons in the ex-soviet countries; December 2005, Technical expert in projects for Prophylaxis HIV/AIDS in penitentiaries in Ukraine; October 2006, Slovenia Senior Trainer in the "Training for prevention of HIV/AIDS infection and instructing in the domain of harm reduction in prisons"; May 2007, Warsaw, Poland Major Session Speaker at the 18th International Conference on the Reduction of Drug Related Harm; October 2007, Egypt, technical expert in projects for Prophylaxis HIV/AIDS in penitentiaries from South African Cities; November 2007, Bucharest Technical expert in projects for Prophylaxis of HIV/AIDS in penitentiaries in Romanian Cities; December 2007, Technical expert in projects for Prophylaxis of HIV/AIDS in penitentiaries from cities in Azerbaijan; February 2008, Moscow Expert, Presenting the experience of MOLDOVA in preventing HIV/AIDS in penitentiaries; April 2009, Major Session Speaker at the 20th International Conference on the Harm Reduction, Thailand; June 2010, London Major Session Speaker at the 2nd European Conference "Drugs, Alcohol and Criminal Justice".

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Peer-work and peer-involvement in Europe: Peer-fect practices from a grassroots perspective

*Key words: peer-work – peer-involvement – support
Type of presentation: oral*

The presentation will provide a general overview on peer-work and peer-involvement in Europe, building on the experience of various grass root organisations. The presentation is based on the work of the expert group on peer support within the European Network Correlation: www.correlation-net.org. One of the various work packages within the project is targeting the issues of peer-work and peer-involvement. The work, being carried out by a number of European experts, will finally result in an updated manual on peer-work, based on a previous version, which was compiled by the Trimbos Institute in 1994. The expert group on peer-support carried out a European-wide survey on peer-support to gather information on (best) practices and expertise all over Europe; The European survey on peer-support, and the expertise within the various partner organisations of Correlation gives useful and essential information on the current practice on a grassroots level. It

helps us to understand what is being done on a practical level, what is still missing and where the challenges are; Conclusion: To support and encourage the implementation of peer-work and peer-support it is essential to improve knowledge among service providers, peer workers and policy makers, and to create an enabling environment for peers. Cooperation between service providers, peer workers and researchers is essential in order to define and develop supportive mechanisms for peer-work initiatives.

Katrin Prins-Schiffer was born in 1969. Education and training: Dates 1990-1994: Study Social Work at the "Fachoberschule für Sozialwesen Esslingen", Germany; 2007: Master of Public Health Course: Strategic implementation in the Public Health, NSPOH 2008: Master of Public Health Course: Evidence based work in Public Health, NSPOH; 2008: Master of Public Health Course: Manage-

ment and guidance in the Public Health, NSPOH; 2008: Master of Public Health Course: Trends and developments in the public Health, NSPOH; Title of qualification awarded After following more courses (expected: 2010): Master of Public Health (MPH); Work experience: 1994–1996 Voluntary work at the project HAJ, targeting (female and transgender) street sex workers within the drop-in. 1995 / 1996 Project worker within the Foundation Mainline, Amsterdam – a health prevention organisation for drug users; Self-control project among cocaine drug users in Den Hague; Situation of young injection drug users in Amsterdam; 1996-1997 Social worker for male sex workers within the Foundation AMOC/DHV: social assistance, HIV- and STI-prevention, outreach, referrals,... 1997–2004 Project coordinator “European Network Male Prostitution (ENMP)”,

a European Network, focusing on service providers and HIV prevention projects (with partner organisations in more than 25 countries) within the field of male sex work (a project of Foundation AMOC/DHV) 2005-now Project coordinator Correlation Network, European Network Social Inclusion & Health, focusing on marginalized groups (e.g. drug users, sex workers), with no lacking access towards social and health services. Occupation or position held Project and policy coordinator Correlation Network - European Network Social Inclusion & Health, based at Foundation De Regenboog Groep in Amsterdam; Main activities and responsibilities: Project development; Coordination, monitoring and supervision of the project activities (Correlation Network); Manage project partners and communication within the project; Report on developments; Budget control.

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A comparison of the lifestyles of drug users

Key words: drugs – local government – life style – marketing
Type of presentation: poster

The present contribution is based on four surveys carried out in the last two years. The database has been managed and evaluated in comparison with data from other surveys from other countries. The most important finding of these databases is the analysis of the lifestyles of drug consumers. A major work has been planned to understand the risk of becoming addicted, according to specific lifestyles and environments. One of the goals of this contribution is to understand if living in a small town is lower-risk than living in a metropolitan area, and to describe the dynamic between supply and demand in the two environments. Consumption is the first variable to consider, then differences in pricing, because the hypothesis that traffickers may perpetrate violence is often valid. The market is not homogeneous everywhere, and three explanations could be taken in account: 1) The illicit drug industry leaves delivery to street dealers

and they are completely free to fix the prices, the quality of the drug they sell, with no connection with the true traffickers' strategy and without any precise logic network; 2) There illicit drug industry is weak which is not the situation in every town, either because a good public administration controls the area, or for other socio-cultural reasons; 3) There are people who do not want to use drugs because they wish to live a safe and healthy lifestyle. Tobacco, alcohol and drugs are almost inseparable for drug-users, especially for the youngest users. From the analyses, some suggestions will emerge which will allow better planning of prevention interventions in different situations, and to discover the conditions for the best practices.

Roberto Ricci was born on 25th December, 1953; Current position: Consultant and entrepreneur in the field of economics

and information technology; Career: December 2009–present, co-project manager of two surveys carried out on behalf of the Italian Department of Antidrug policy, the former on secondary school students (ESPAD) and the latter on the residents in therapeutic communities; September 2008–June 2010, co-project manager of the research project, financed by the Open Society Institute, “Illicit Drug Market and its Possible Regulation,” responsible for surveys and economic analysis; since 2007 he has worked on drugs market analysis, and has already conducted projects on prevention and regulation analysis; writer and co-writer of several speeches

in international workshops and an article and one book, “Act upon the Market to fight Illicit Drug Industry” (May, 2010), on drug market analysis; He founded IDM (Illicit Drug Market) Onlus in May 2010, an organisation for the development of policies against illicit industries and for education; he founded “Easy and Faster” s.r.l. in 2006, a company specializing in surveys and other applications of web based procedures; He has a solid background in the economic and statistic fields, with the participation in several projects regarding land economics and statistics.

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Estimating the size of the drug dealing population to describe the drug market: A comparison between different metropolitan areas in Italy

Key words: drug dealers – estimation – capture-recapture
Type of presentation: oral

We estimate the size of the population of street dealers constituting the labour force of the retail drug market in different metropolitan areas in Italy, by applying capture-recapture methods. The estimate is based on the Archive of the Central Direction of Criminal Police of the Ministry of the Interior and, specifically, on the database of subjects registered for breaching the drug law (art. 73). This is the first time that this population has been estimated using statistical models anywhere in the world. In particular, this is the first application of capture-recapture techniques to this particular population; a first step to evaluate the impact of enforcement drug policies. It therefore provides a very useful tool for planning more effective interventions. Most problem drug users become involved in dealing drugs, therefore it is important to try to prevent this step, or at least to help give these drug users an alternative to jail, with the aim of reintegrating them in the society; A single source capture-recapture model was applied. Chao and Zelterman's estimators were obtained. A bootstrap simulation to calculate the variance of the estimators was carried out, and the confidence interval was obtained. Males and fe-

males, divided by age and class, have been treated separately, and the years between 2005 and 2008 considered, in order to allow comparisons with the estimates of users obtained on the basis of the database of subjects registered for breaching the drugs law (art. 75). In some sense we can call these latter “street drug users”. Studying the population through these years results is particularly interesting, because of the change of law in 2006 which, from a statistical point of view, produced a modification in the “case definition.” Before 2006, possession of illicit drugs was prosecuted in accordance with the principle of mandatory prosecution, independently of the quantity of the substance. The hypothesis is that the new case-definition produces a displacement of subjects from the consumers archive (art. 75) to the dealers archive (art. 73), and that this phenomenon is wider in the main metropolitan areas. This is why we studied the biggest drug-user population (cannabis users) using a different database of the Ministry of the Interiors and presented the results in a different contribution. The data-set has been provided by the Italian Ministry of the Interiors and comprises several variables for each subjects. The dif-

ferent subjects are univocally identified, so that it is possible to count the number of captures in a specified period. The areas considered in this contribution are: Rome, Milan, Turin, Genoa, Bologna, Naples, Bari, Palermo and Cagliari which comprise (in 2005) about 36% of the population in the age group 15-64, but, according to the estimates obtained for these areas for the same period, cannabis users from these areas comprise about 44% of the total estimated for Italy. In the conclusion we will focus on some challenges in interpretation of the results. We will also focus on the challenges and the opportunities of using different archives and surveys. A by-product of the analyses is the description of the main trends in the retail market and the analysis of the correlation among these and the main trends in use. One focus will be poly-dealing, which is the other side of the coin of poly-use. This might also be due to the new law implemented in 2006, which will consider all illegal substances at the same level.

Carla Rossi's current position: Professor of Medical Statistics, University of Rome Tor Vergata; project manager of the research project, financed by the Open Society Institute: Illicit Drug Market and its Possible Regulation; member of the management board of the European Monitoring Center for Drugs and Drug Addiction (EMCDDA) as representative of the European Parliament; Career: Professor Rossi has had a long career in the field of statistics and illicit drug research, and has been involved in several groundbreaking projects that examine illicit drug markets, incidence and prevalence of drug use. Since 1981 she has held several academic positions, including Professor of Statistics at the University of Rome. She is the author of more than 150 scientific publications and monographs, and 40 educational papers and books on subjects including mathematical models for life sciences, biometry and biostatistics, mathematical models and statistical analysis for decision problems in social and health care policy and forensic sciences.

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How the law enforcement agencies of the Kyrgyz Republic are functioning

Key words: police – legal assistance – Adilet – legislation
Type of presentation: oral

The Kyrgyz Republic is one of the former Soviet states with a fixed, repressive drug policy. How it deals with drugs has been considered through criminal law tactics and accordingly drug users have been shown to the society as criminals rather than patients. But this policy could not effectively counter the spread of drug addiction and has been unsuccessful. Therefore, in the first quarter of 2010 in the Republics Center of Narcology 4179 drug users were officially registered in Bishkek city (the capital of the Kyrgyz Republic) which does not show the real situation with drug addiction. Moreover even now when a lot of drug addiction prevention and harm reduction programmes are functioning in the Government trends toward humanization of criminal drug policy there are far too many cases of repressive ways of working as drug users are the key targets for police activity. Calling for attention are intensifications with drug addiction and overcrowded prisons with injecting drug users as well as a growth of HIV cases in the country, the Government adopted several national programmes and concepts directed to drug addiction and HIV prevention. Simultaneously many NGOs were established to work for

mentioned objectives, one of them is the Legal Clinic “Adilet (which in kyrgyz means fairness)”. Protection of rights of people living with HIV (thereafter as PLHIV) and key populations at higher risk such as injecting drug users, sex workers, LGBT’s (groups) which is one of the leading directions of LC “Adilet” activity. The Bureau in the LC “Adilet” for protection of the rights of PLHIV and groups, is the first created Bureau in the post-soviet area with a well-educated staff and advanced equipment; The Bureau has more than 5 years of practical experience in protection of PLHIV and groups rights. During last 5 years the LC “Adilet” received excellent work experience with law enforcement agencies (police, prosecutor’s office and courts). Today advocates of LC “Adilet” (where I have also been involved for more than three years) created many court precedents, when their accused beneficiaries were released and did not bear an unmerited criminal liability. Early on many police officers often used illegal methods in working with drug users such as beating and receiving of testimonials on exchanging their guilt, now such cases are decreasing. Additionally the LC “Adilet” created the system of a “HOT LINE” affording ev-

ery beneficiary to be legally assisted anytime. Since 2002 the LC "Adilet": – provided more than 2000 individual legal consultations; – represented interests of more than 300 PLHIV as well as groups in law enforcement agencies; – conducted more than 50 trainings for stakeholders. Moreover the Bureau experience in this sphere allows LC "Adilet" personnel to participate in the legislation process, in particular, Kyrgyz Law on HIV/AIDS, Instructions for police in HIV and drug addiction prevention issues and other norms were worked out with the participation of the LC "Adilet". Systematically LC "Adilet" organizes trainings for representatives of law enforcement agencies, who are directly engaged with injecting drug users. Moreover some of trainings have been organized for police officers in the Kyrgyz southern largest cities – Osh, Jalalabat; Therefore this Bureau can be considered to be the main force in PLHIV and groups rights protection in the Kyrgyz Republic. Working with PLHIV and groups the Bureau makes contribution objectives directed to create a favourable legal environment for programmes on prevention of drug addiction and HIV.

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2009–present); project coordinator of the Nétral Ásian AIDS Control Droyect (CAAP); senior lawyer, NGO Legal Clinic "Adilet" (2008 till November of 2009); lawyer in the Bureau for protection the rights of PLHIV (people living with HIV/AIDS) and vulnerable groups (injecting drug users, sex workers, prisoners, LGBTs); the NGO Legal Clinic "Adilet" (2006 till 2008), License of Advocacy is available under # 2216; Internship in UNHCR Representation in Bishkek (from June 2005 till October 2005); Volunteer at the Youth Organization "Taza muun" specializing in HIV and drug using prevention among youth; Other activities: Eastern Europe and Central Asia AIDS Conference (EECAAC), 2009, Moscow (Russian Federation); IHRA's 20th International Conference "Harm Reduction and Human Rights", 2009, Bangkok (Thailand); The Meeting "Access to HCV diagnosis and treatment in Eastern Europe and Central Asia, organized by EHRN and OSI, 2009, Kiev (Ukraine); The Third Central Asian Forum of partners working on HIV counteraction organized by the Central Asian AIDS Control Project (CAAP), 2008, Almaty, The Republic of Kazakhstan; The First International School "Best Practices in the Care of HIV Infected Adolescents and Youth" organized by Baylor International Pediatric AIDS Initiative (BIPAI) and Infectious Diseases Hospital of Constanta, 2008, Constanta, Romania; The 19th International Summer School on Human Rights organized by Helsinki Foundation on Human rights, 2008, Warsaw-Miedzeszyn, Poland.

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Promile SMS: A universal and interactive tool for drink driving and alcohol abuse prevention

Key words: drink driving – alcohol abuse prevention
Type of presentation: poster

The Promile SMS service follows on from cognitive treatment theory, which supports small steps in self-monitoring of behaviour, and provides practical tips on how to stay in control, and to not keep within the bounds of the law, and generally accepted behavioural norms. The goal of the service is to prevent drink driving and to assist in (self) treatment by means of controlled drinking. Promile SMS is a tool

for calculating blood alcohol levels, and it works in the GSM and the WAP protocols. The service provides a socially invisible tool for the self-regulation of alcohol consumption. Traditional tools such as brochures, calculators, etc., can raise many unpleasant questions and comments. Those who wish to check their alcohol consumption without others knowing about can do so very simply and without any has-

sle, using a mobile phone; The Promile SMS service has worked in all GSM networks in the Czech Republic since 1st September 2005, and it is actively supported in the night-life setting (clubs, bars, restaurants, music festivals). An analysis of data from the service indicates that both the goals of the project have been fulfilled successfully. The indicators involve a high proportion of customers with BAC=0, who more commonly use the service in the morning and forenoon hours, and a high proportion of those who check their blood alcohol level while they are drinking. The localisation of content requires harmonisation with the laws of a given country, and information about the risks of BAC is then universal for most of the Euroamerican population.

Ms. Škařupová is an employee of the Czech National Monitoring Centre for Drugs and Drug Addiction (National Focal Point; NFP), and she is responsible for data analysis. Since Sept. 1, 2008, she is responsible for population and school surveys on attitudes towards drug use (indicator: drug use among the general population), incl. the team membership in the European School Survey Project on Alcohol and Other Drugs (ESPAD).

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Ten years of harm-reduction in prisons of Moldova: Successes and challenges

Key words: drugs – IDU – harm reduction – prisons
Type of presentation: oral

Prison is a risky environment, both for the prisoners and the staff. Transmission rates of HIV in prisons are much higher than in the society in general. It is known that 90% HIV infection is the result of injected drugs. That is why it is extremely important to provide prisoners with access to sterile tools; The first harm-reduction program in prisons of Moldova started in 1999. Object of the program: Prophylaxis of HIV/AIDS in prisons, including needle exchange among IDUs. Beneficiaries: 6840 inmates; 2630 staff members; 1020 IDUs in prisons; Methods: Harm reduction activities within 18 prisons of Moldova; Needle exchange for injectable drug users in 9 prisons; Providing the prisoners with condoms, razor blades, disinfectants; Advocacy for HIV positive and injectable drug users; Results: During the 10 years of the Harm-Reduction Program we achieved the following: broadening the Harm reduction activities including needle exchange in 9 prisons; reducing the number of newly detected HIV cases amongst injectable drug users; reducing the number of new cases of STDs and VHC; providing free access to disinfectants, condoms; Conclusions: The program, within the past 10 years of activity, have conclusively proved to be feasible, resulting in consid-

erable decrease the of spreading of HIV/AIDS in prisons; this programs imply reasonably small costs and are efficient, for the simple reason that it is much cheaper to provide a clean syringe than expensive ARV treatment; our experience has been recognized as the best example of combating HIV/AIDS transmission in prisons. IHRD wrote a book describing the project, containing recommendations for other countries on the implementation of such projects.

Veaceslav Toncoglaz was born on 29th April 1957. Education: He studied from 1973-1978 at the Technical University (or Chişinău, Faculty of Construction) with specialization in structural engineering; in 1984 at the Superior School of the Ministry of Internal Affairs, Moscow, specialization: law; conducted study visits from 1989-2007 in Russia, Ukraine, Estonia, Poland, Netherlands, Romania, Luxemburg, Belgium, Turkey, and Canada, exchanging experience in organizing the activity of the penitentiary system; Professional experience: 1978-1980, at the Construction Project Institute (or Chişinău) as structural engineer; 1980-1982, service in the Army, assistant commander of the company; 1982-1998, sector supervisor, head of the social and education service,

deputy chief of the penitentiary, chief of the penitentiary within the Department of Penitentiary Institutions of the Ministry of Justice of RM; 1998-2007, head of the general direction on educational activity and human resources. Vice-general director on educational activity, psychological and social assistance within the Department of Penitentiary Institutions of the Ministry of Justice of RM; 2007-present, consultant on the project "AIDS/HIV prophylaxis in penitentiaries"; November 2007, Bucharest Technical expert in projects for Prophylaxis HIV/AIDS in penitentiaries in Ro-

manian Cities; 3rd to 5th December 2007, technical expert in projects for prophylaxis of HIV/AIDS in penitentiaries in cities in Azerbaijan; May 2009, speaker at the First European Conference Drugs, Alcohol and Criminal Justice; October 2009, speaker at the European Conference on Health in Prisons; Other activities: Penal Reform Institute, NGO "Innovative projects in penitentiary institutions"; PNUD, International Society for Human Right's Protection, mission to Moldova, League for Protection of Human Rights as consultant and expert.

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Beliefs and attitudes towards treatment methods and anti-drug policies of addiction treatment providers in the Russian Federation

Key words: Russian anti-drug policies – drug treatment and rehabilitation – substitution therapy – harm reduction

Type of presentation: oral

Over the past 15 years drug abuse and addiction in the Russian Federation has reached epidemic proportions and has spawned a syndemic of infectious diseases including HIV, hepatitis B, hepatitis C, and tuberculosis. The only legal providers of drug treatment in Russia are state addiction treatment dispensaries and clinics, still using Soviet practices of drug treatment. Chief narcologists (addiction treatment specialists) are deeply involved in the control of anti-drug policies and drug-treatment related interventions and practices in their regions, and also act as influential experts for Russian government. The study presented here, the first to collect and analyze data from chief and junior narcologists, was undertaken to describe the practices, knowledge, beliefs, attitudes towards treatment methods and anti-drug policies of active addiction treatment specialists in urban areas of 10 Russian regions; Qualitative interviews were conducted with drug user treatment service providers (N=40) in Krasnoyarsk, Moscow Region, Pskov, Saint-Petersburg, Volgograd, Bryansk, Chelyabinsk, Magnitogorsk, Novgorod, and Orenburg. Study participants reported very poor outcomes of existing drug treatment practices (only 11.3% of their patients remain

drug-free for one year after treatment). Study participants identified major challenges in service provision for drug using the population, including lack of resources, rehabilitation programs, and social support. Narcologists (especially chief narcologists) showed negative attitudes toward substitution therapy and harm-reduction approaches: OST has been rated as the least effective treatment of all by chief narcologists' group. They also demonstrated ambivalent attitudes toward compulsory treatment and client registration; The results of our research showed that addiction treatment providers were engaged in cognitive dissonance; They rated the proven social effects of OST highly, while nevertheless refusing to admit positive effects of OST as a treatment. Although narcologists (including chief narcologists) widely recognized the failure of their current approaches, there seems to be little desire to explore alternatives, even when there is strong medical evidence and international support for these options. Better training in – and strong advocacy for – use of treatment methods with scientifically proved effectiveness is necessary on both a regional and local level.

Mikhail Torban – Employment: 2003–2004, psychiatrist, City Mental Clinic, St.Petersburg, Russia; 2004–2006, narcologist, St.Petersburg Psychoneurological Scientific Research Institute Named after Bekhterev; 2006–present, research fellow at the Department of Addictions, St. Peters-

burg Psychoneurological Scientific Research Institute Named after Bekhterev. Current position: research fellow, Department of Addictions, St. Petersburg Psychoneurological Scientific Research Institute Named after Bekhterev.

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Good prison health: Better public health: Safer society

Key words: prison – harm reduction – human rights – declaration
Type of presentation: poster

The Northern Dimension Partnership in Public Health and Social Well-being (NDPHS) is a cooperative effort of eleven governments, the European Commission and eight international organizations. The NDPHS provides a forum for concerted action to tackle challenges to health and social wellbeing in the Northern Dimension area, and foremost in north-west Russia. Penal systems within the Northern Dimension area constitute a sector of society where severe health problems persist. The spreading of communicable diseases is especially prevalent within marginalized groups living under socially and economically distressing circumstances, members of which may subsequently enter the penal system. As there are clear links between social disparities, mental disorders, the use of illicit drugs, infectious diseases, and crime and imprisonment, there is a need to share experiences and expertise in the field of prison health. Recognizing this need the NDPHS Committee of Senior Representatives established the Expert Group on Prison Health (PH EG). The PH EG is comprised of high-level experts representing the partners. These experts are from national ministries and agencies of the partner countries, as well as various bodies within the health, social welfare and prison sectors. Last year the Prison Health Expert Group organized the NDPHS conference “Good prison health: Better public health: Safer society” in connection with the Partnership’s 6th Annual Conference, and it took place on 24th November 2009 in Oslo, Norway. The aim of the conference was to generate discussion about the health-needs and health-risks of prisoners before admission to prison, inside the establishment, and after release from the penal system. It also offered policy-makers an opportunity to improve the

current system, and enabled the examination of public safety issues from different perspectives, such as health, abuse, family, gender and community. To warrant further developments, several key aspects indispensable to future success were identified: Universal application of basic human rights and respect for the individual dignity of prisoners; Obeying the principle of equivalence in the provision of health care services; Establishment of harm-reduction and other preventive actions; The penal authorities should establish better follow-up systems for newly released offenders to ensure that their care is continued in the community; Finally, a draft “Declaration on the Principles of Cooperation between Prison Health and Public Health Services and Development of a Safer Society” was introduced and adopted. The participants agreed that the Declaration could be an important instrument to draw attention to the penitentiary health as an integral part of the public health system of any country. To that end it is necessary for prison health services – as well as public health services – to bear equal responsibility for health in prisons.

Zaza Tsereteli was born in Tbilisi, Georgia. Education: In 1988 he graduated Tbilisi State Medical University with the Honoured Diploma (M.D.); in 2000, he graduated from the International Courses of Health Development, at the Royal Tropical Medical Institute (KIT), Amsterdam-Netherlands; he has been awarded the degree of Masters of Public Health; Career: Currently Zaza Tsereteli is working as an International Technical Advisor for the two Expert Groups under the Northern Dimension Partnership on Health and Social wellbeing (NDPHS), The Expert Group on Alcohol and Sub-

stance Abuse and the Expert Group on Primary Health and Prison Health Systems. His experience is backed up by work with UNODC, TF of CBSS, AIHA, and UNICEF; he worked at UNODC as a Regional HIV/AIDS advisor for Ukraine and Moldova. He was responsible for providing ongoing technical guidance and policy advice particularly to the governments of Ukraine and Moldova on the UNODC HIV/AIDS key policy and programmatic areas; when working at NDPHS as an international technical advisor on HIV/AIDS he gave technical support and backup to the HIV/AIDS component of the Barents Euro-Arctic Area initiative as a director for the Multilateral-Multisectoral Program on HIV/AIDS; he also acted as an international technical advisor for Expert Group on HIV/AIDS for EU/NDPHS, which included 13 countries and 8 International organizations; at UNICEF Georgia Country Office he

was project officer in EPI/Disease Control; Expertise: Zaza Tsereteli has sixteen years of senior management experience in Eastern Europe and Baltic countries; he has extensive experience in heading and supporting projects focussed on Public Health prevention and intervention strategies; he has experience of working at high level with ministries and stakeholders alike; he is familiar with the international policies related to HIV, TB and Malaria and in designing and management of sector reform programmes in the field of health, including coordination the work of multiple stakeholders he is a member of International Society of Infectious diseases, member of the EU Think Tank on HIV/AIDS, member of the International AIDS Society, and member of the International Union Against Tuberculosis and Lung Disease.

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A case study in bottom-up drugs policy: the Swiss four-pillar strategy

Key words: Switzerland – injection-rooms – heroin assisted treatment – European Commission
Type of presentation: oral

Private initiatives, involving civil disobedience in a mainly repression-dominated conservative country, were the start of concrete harm-reduction approaches during the 1980s, when drug problems – open drug scenes, drug-related crime, increase of mortality etc – became out of hand. The first safe injection-room opened in Bern, and syringe and needle exchange started in Zurich as a response to a massive HIV epidemic, with the support of the Cantonal Medical Association. Threats of prosecution were ignored. The government of the city of Zurich wanted a new drug policy in line with the “Frankfurt resolution of European cities on drug policy”, and adopted the request to start heroin-assisted treatment for heroin addicts. Federal government reacted with mandate-experts in criminal law to explore the feasibility of harm reduction within national legislation, and, based on positive outcomes, adopted the “four-pillar strategy” proposed by the Zurich City Council, officially adding harm reduction to prevention, treatment and law enforcement. It encouraged an unprecedented number of innovative approaches under all pillars, including heroin-assisted treatment, and a rigorous evaluation of such innovations. While national stakeholders – political parties, police forces, professional associations – gradually

accepted and supported the new policy, the international response was at first predominantly negative, especially in neighbouring countries. UN agencies expressed their grave concern. However, when it came to setting up heroin assisted treatment, INCB allowed the importation of heroin; WHO organised a debate of the Expert Committee on Drug Dependence on request of CND in 1998, and mandated an international expert group to follow and evaluate the heroin clinics and research programme. It acknowledged the feasibility, safety and positive outcomes, but asked for randomised controlled trials in order to identify the value of using pharmaceutical heroin as a substitute for street heroin. This was the starting point for other countries to set up RCTs in the Netherlands, Germany, Spain, Canada and the UK. Belgium has a project pending, and in Denmark a heroin clinic has opened without repeating the research phase. They have all more or less followed the Swiss model of a comprehensive and well-controlled programme. All trials were extensively analysed and published, and a joint European state-of-the-art publication is on its way. Simultaneously, the four-pillar strategy has found increasing support, and the European Commission has adopted harm reduction as an integral part of drug policy in its drug action

plans. This process had its impact on the Swiss consolidation of strategy. After a number of national and local referenda, the latest national referendum in 2009 confirmed the strategy with a two-third majority of votes. It is now integrated into the Federal law on narcotics.

Prof. Uchtenhagen was born in 1928 in Basel; Studies in medicine, philosophy and social science at Zurich University, Ph.D. 1954, M.D. 1959. Specialisation in psychiatry and psychotherapy. From 1970 founder and head of the social psychiatric services at the Psychiatric University Hospital of Zurich. Undergraduate and postgraduate teaching at Zurich Medical School. 1977 Co-director of Psychiatric University Hospital, from 1992 full professor; Co-founder and first president of two professional associations (Swiss Association of Group Psychotherapy and Group Psychology, Swiss Association of Social Psychiatry).

From 1974 research projects in the fields of psychotherapy, psychiatry and drug dependence. Expert on national and international committees. Member of the Expert Panel on Drugs of the World Health Organisation. 1990-1995 Chairman of a multi-country COST project "Evaluation of Action against Drug Abuse in Europe" (European Commission). Board member of the European Association on Substance Abuse Research EASAR. For 20 years, Chairman of the Zu-

rich Commission on Drugs. For many years, member of the National expert commission for continued education of professionals working in the substance abuse field. Missions for World Health Organisation to various countries; numerous contributions to WHO expert meetings and reports since 1974. Co-organiser of yearly international congresses on substance dependence, in collaboration with the National Addiction Centre in London, the Amsterdam Institute of Addiction Research AIAR and the Centre for Interdisciplinary Addiction Research ZIS at Hamburg University. Co-editor of several scientific journals, co-founder of "European Addiction Research". Editor of a comprehensive handbook on Addiction Medicine (Urban & Fischer Munich). Reviewer for grant proposals, for national and international organisations and authorities.

Over 270 publications as first author. Founder and since 1995 President of the Addiction Research Institute, now Research Institute for Public Health and Addiction, a WHO collaborating Centre, affiliated with the Zurich University. Numerous research projects in epidemiology, prevention and treatment of substance dependence, including projects for World Health Organisation, the United Nations Organisation on Drugs and Crime UNODC, the European Commission, the Council of Europe, the Swiss National Government and others.

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Building a community consensus in Switzerland – the example of Zurich

Key words: community consensus – Zurich – drug policy implementation

Type of presentation: oral

An interactive debate with Dr. Thilo Beck, medical director of NGO ARUD; M.A. Michael Herzig, Coordinator of drug services in the City Administration; Major Felix Lengweiler, Special Services of the City Police; PD Dr. Uwe Serduelt, political scientist at Zurich University; Prof. Ambros Uchtenhagen (Moderator), Research Institute for Public Health and Addiction at Zurich University.

The city of Zurich, known for its international banking and the exclusive shopping mall "Bahnhofstrasse", was excessively hit by an expanding drug market, and it initiated some of the policy changes in the early 1990s: harm reduction approaches, decentralised and low threshold services for drug users, new policing strategies. The policy imple-

mentation and its evolution over time are the focus of the debate.

After a short introduction, some of the leading questions will be: Which specific networks have enabled conceptualisation and political decisions? How has the city administration adapted national policy to local conditions? Did local politics influence national policies? How has the leading NGO responded to old and new challenges? What was and is the role of the media? What are the developments in policing strategy at the street level? Forms and problems of cooperation at the interface? Which role have had and have business circles and citizens associations? What comes next, and how does it fit into the national policy? What if it happened again 20 years later?

Michael Herzig was born in 1965. Education: Master Of Arts (History and Political Science), University of Bern, Switzerland, Executive Master Of Business Administration, University of St. Gallen, Switzerland; Profession: Director of Drug Services within the Zurich City Administration: Harm Reduction Facilities for Drug Users and Alcoholics, Medical Prescription of Heroin and Methadone, Outreach Work and Drug Testing, Working Programs Prevention and Harm Reduction for Sex Workers.

Felix Lengweiler was born in 1967 in Switzerland. Education and Qualifications: 1974-1980: Primary School, Frauenfeld, CH; 1980-1986: Cantonal School, Frauenfeld, CH, Matura Type B, University: 1987-1993: Master in Law (lic.iur.), University of Zurich, 2008-2009: Executive Master in International Negotiation and Policy-Making, Graduate Institute, Geneva; Professional Experience: 1994-1995: District Court of Mönchwil, CH, Trainee; 1995-1996: Lawyer's Office R. Strehler, Ettenhausen, CH, Trainee; 1997-2000: Federal Department of Defence, General Secretariat, Legal Services, Berne, Scientific Assistant; 2001-2002: Federal Department of Defence, General Secretariat, Staff Head of Department, Federal Council and Parliamentary Affairs, Berne, Scientific Advisor; 2003-2006: Federal Office for Migration, Asylum Procedures, Kreuzlingen, CH, head of section; 2007-2009: Zurich City Police, Commissariat Oerlikon, head of commissariat; 2009-today: Zurich City Police, Division "Focal Point", head of division.

Uwe Imre Serdült, C2D – Centre for Research on Direct Democracy, ZDA – Zentrum für Demokratie Aarau, University of Zurich, Switzerland, uwe.serdult@zda.uzh.ch.

Uwe Imre Serdült was born in 1967. Current Position: Vice-Director C2D (Wissenschaftlicher Abteilungsleiter); Researcher and Lecturer; Teaching (current core courses, teaching as a lecturer since 2001): Cantonal and Local Direct Democracy in Switzerland, University of Zurich, Fall 2011; The Swiss Political System, replacement of Prof.

Pascal Sciarini, University of Geneva, Spring 2010; Politics of the Internet: Governance, Policy-making and Democracy (with Fernando Mendez), Fall 2006; Networks in Political Science and Introduction to Social Network Analysis, since Summer 2003 Theories of Institutions and Institutional Change (with Fernando Mendez), since Summer 2002; Research Experience: 2009: Voting behaviour of e-voters in the Canton of Geneva; 2007-2010: The Swiss Decision-Making System in the 21st Century: institutions, power, conflict, funded by the Swiss National Science Foundation. 2006: Internet voting platforms; 2006-2009: Comparative study on the rules regarding the financing of referendum campaigns and access to the media prior to a referendum; 2004: Actor Process Event Scheme – Development of a Software-Tool for the Visualisation and Analysis of Political Decision-Making Processes. Further professional experience: Organizer of a conference series on Applications of Social Network Analysis – ASNA; Invited lectures in Latin America, Western Europe and Asia (in English, German, French). Professional services for executive committees, scientific journals, and academic conferences. Contract research and consulting for various public authorities and international organizations. Research stays: University of Pittsburgh, USA (1999/2000); Waseda University, Tokyo, Japan (2002/2003).

Thilo Beck was born on 5th April 1962. He is a psychiatrist and his current position is Medical Director of ARUD Zürich (Association for Risk Reduction in Use of Drugs) which covers four outpatient clinics for all substance use disorders, and a comprehensive psychiatric, psychotherapeutic, social and somatic (including antiviral) care, same as opioid maintenance treatment with methadone, buprenorphine, heroin and morphine, with cca 1000 patients in treatment. Mr Beck is involved in Evaluation and Research-Department; in HIV-STI outpatient clinic for MSM in cooperation with the Zürich AIDS Federation; and in Drug Information Center which is performing drug testing in cooperation with streetwork Zürich.

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Public Health vs. Public Safety? Do we need them balanced or complementing each other? Community cooperation is an option for practical local policy

*Key words: closed and opened drug scenes – good practice – public health – public safety
Type of presentation: oral*

The talk will cover practical experience in creating drugs policies on a local level, based on a philosophy of community cooperation. It will look at good practice, and ways for interlocutors to work together towards creating local communities that are safer in both public health and public safety areas. There are limits, as well as practical opportunities for both sides in working together, so it is necessary to critically assess all options. We will examine the differences of working in big cities and in smaller towns, differences in working with closed and open drugs scenes, and differences in working with different target groups. Finally, the talk will try to formulate the reality of community policy options where the decisions and practicality lies among the triangle of donors, public service providers and drugs users/dealers.

also Soros Foundation, Ministry of Counter Narcotics of Afghanistan, International Consultant, evaluator, trainer in Kabul, Afghanistan; since September 2003 – Mazarykova University, Faculty of Social Sciences, Lecturer in Brno, Czech Republic; March 2003 – Podane Ruce UK, Founder and Board member in London, UK; 2000 – Phare LIEN, Leo Amici, Consultant, trainer in Budapest; 1991–1996 – Sdružení Podane ruce, executive director and 1987–1991 – Nadace Podané ruce, Founder and director; He is a member of many international as well as Czech organisations.

Vobořil Jindřich was born on 29th September 1966. His present position: National Drug Co-ordinator, head of the National Drug Commission; EDUCATION: Institute of Systemic Therapy, Prague / 2003–2006 – Postgraduate Certificate on Systemic Psychotherapy (750 hours training); Greenwich College, London University, London, UK / 2000 – Certificate in Counselling Skills; John Moores University, Faculty of Applied Psychology, Liverpool, UK – MSc on Drug Use and Addiction; John Moores University, Faculty of Applied Psychology, Liverpool, UK / 2000–2001 – Pg. Dip on Drug Use and Addiction; University of J.E. Purkyně in Olomouc, Theological Faculty, CZ / 1997–1998 – Masters degree in Education and Youth Work; University of J.E. Purkyně in Olomouc, Theological Faculty, CZ / 1995–1997 – Bc in Education and Youth Work; Professional experience: From June 2010 – Government of the Czech Republic, National Drug Co-ordinator, head of the National Drug Commission; since 1996 to June 2010 – Sdružení Podane ruce, Chief Executive, July 2009 – Conseil Sante, international consultant/trainer in Peru, Bolivia, Ecuador; June 2009 – European Commission in Luxembourg, international consultant/evaluator; November 2208 – Conseil Sante in Colombia, International consultant/trainer; April–May 2007 – European Commission, International Consultant in Afghanistan; Jan 2007 – Charles University, Medical Faculty, Lecturer in Prague; 2005, 2006 – Sdruzeni Podane ruce, European Commission, Trainer, consultant, evaluator and

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Estimation of the drug trade in the Czech Republic

Key words: drug trade – national accounts – GDP
Type of presentation: oral

The estimation of drug trade in the Czech Republic was made from the demand side, which is based on drug consumption. The first step is based on the estimation of drug users and their consumption in quantities (grams, pieces) by the main drugs used in the Czech Republic (cannabis drugs, pervitin, cocaine, ecstasy, LSD, heroin). The next step is the estimation of where the drugs are coming from (domestic production, import, export of domestic production) with use of drug purities. The final estimate is the use of drug prices (wholesale, retail) and the conversion of phys-

ical indicators into financial indicators, which are possible to use in the system of national accounts (production, intermediate consumption, export/import, final consumption of households, trade margin). It is then possible to estimate the value added, which is comparable figure with GDP. If the drug trade will be included in the national accounts (from 2011), then value added from drug trade in the Czech Republic will be 0.2% of GDP. A specific calculation was made for the region Prague.

Public expenditures on drug policy in the Czech Republic

Key words: public expenditures – drug policy
Type of presentation: poster

Economic analysis of public expenditure is part of the Annual Report of the Drug Situation in the Czech Republic. Reports for the years 2002-2008 are now available, and are divided by several views. The first division is by financial providers. Public expenditure on drug policy in the Czech Republic comes from the state and local (regional and municipal) budgets. The Government Council for Drug Policy Coordination approves subsidies, which are provided by the Office of the Government of the Czech Republic for support of projects. Selected ministries have a Drug Policy Programme in their own budgets (Ministry of Education, Ministry of Defence, Ministry of Health, Ministry of Justice, Ministry of Finance). The expenditure of the National Drug Headquarters is included in the budget of Ministry of Interiors. The projects are on a central and regional level. Other regional projects are supported from the regional and municipal budgets. All the data is divided into the 14 regions of the Czech Republic by location of service provider (beneficiary of subsidies). The second division of the public expenditure is made by service categories: primary prevention, harm reduction, treatment, aftercare, law enforcement, coordination and others.

Jiri Vopravil was born in 1968. Education: Degree in Economic Statistics on the Prague University of Economics; doctoral thesis on the estimation of drug trade as a part of non-observed economy. Career: Since 1996 employed by the Czech Statistical Office; cooperation with EMCDDA National Focal Point in the Czech Republic, and with the Center for Addictology at the Department of Psychiatry of the 1st Faculty of Medicine, Charles University in Prague and General Teaching Hospital in Prague; several publications and conference presentations on themes of economic aspects of the drugs trade and public expenditures on drug policy.