Presentation

The Brazilian President, Luiz Inácio Lula da Silva, in his first Message to the National Congress in February 2003, emphasized the *"need to build a new national agenda for the reduction in drug demand focused on the integration of public sectorial policies with the National Antidrugs Policy, aiming at extending the reach of actions, optimizing the use of public resources and maximizing results for the society".*

The National Antidrugs Policy was implemented three years ago. Since its implementation, changes have taken place domestically and internationally affecting society in the scientific, economic and political field, among others.

Considering the importance of assuring that the National Antidrugs Policy properly meets the needs and aspirations of the Brazilian Society, the decision was taken to subject it to a realignment process.

The first step, to capitalize on the experience of other countries as an important input for the debate on the Policy, was the International Seminar "Public Policies on Drugs" held in Brasília on June 21st, 2004. Representatives from Canada, Italy, the Netherlands, Portugal, England, Sweden and Switzerland honestly presented a summary of the drug policies implemented by their respective countries, underlining both the progress made and the difficulties found. The countries that participated in the Seminar were chosen to provide a representative overview of various views found in the international community on how to deal with the drug issue.

With the significant participation of Brazilian experts on drugs, both from governmental and non-governmental organizations, both at the seminar venue or by teleconference, the International Seminar was very successful in encouraging the informed dialogue on alternatives for public policies on drugs.

Next, a series of six Regional Forums on Drugs was held comprehending all States and the Federal Distric. It should be stressed that these regional events were characterized as "society forums", since the Federal Government (through its Antidrugs National Department) was just the facilitator of these events and civil society, the protagonist.

The National Forum on Drugs, which will be held in Brasília from November 24th – 26th, 2004 will be the closing activity of this whole process. In this forum, contributions coming from every region will be presented in thematic workshops to prepare a proposal to realign the National Policy to be submitted to the President of the Republic.

We hope that the publication of the abstracts of the International Seminar "Public Policies on Drugs" will reach a wider audience, thus contributing to extend the dialogue and participation of society in the proposed realignement.

JORGE ARMANDO FELIX

Minister of State – Head of the Institutional Security Cabinet of the Presidency

President of the National Antidrug Council

Brazil

NATIONAL ANTIDRUGS POLICY IN BRAZIL

Paulo Roberto Yog de Miranda Uchoa – National Antidrugs Secretary:

Up to June 1998 there was no National Antidrugs Policy in Brazil. Brazil was considered a transit country and consequently, it was only at the meeting that took place in June 1998, on the occasion of the United Nations General Assembly, that Brazil joined the Directive Principles for Reducing Drug Demand in the World, and from that time on it was felt necessary to have a National Antidrugs Policy. The first step was taken in November 1998, with the 1st National Antidrugs Forum that took place in Brasilia. Through this National Forum, the first contributions began to be collected from society for what would become the National Antidrugs Policy. In December 2001, at the 2nd National Antidrugs Forum, the National Antidrugs Policy was approved.

On January 1, 2003, President Luis Inacio Lula da Silva, on taking office, maintained the National Antidrugs Policy, thus ensuring its continuity and application. On February 17, 2003, in his message to Congress, President Lula ordered the integration of public policies with the National Antidrugs Policy. In March 2003 there was a government seminar called "New Scenarios for the National Antidrugs Policy", attended by all agencies of the Republic at ministerial level that came and brought their contributions to this integration. On that occasion, a Collective Protocol of Intentions for Joint Actions in the National Antidrugs Policy was signed. Eleven Ministries signed this document. In November 2004, the 3rd National Forum on Drugs is to take place, where we will seek contributions from society for the realignment of the National Antidrugs Policy.

It should be mentioned that our National Antidrugs Policy is aligned with the message of the Government to the National Congress, with the Federal Constitution, as regards human rights and fundamental liberties of a State of Law, and it is also in consonance with the international commitments signed by the country, especially with the UN Conventions, beginning with the 1961 Convention

Our National Antidrugs Policy has objectives and guidelines. As to objectives, there are well-defined objectives to reduce offer and well-defined objectives to reduce drug demand. As regards objectives to reduce offer, we wish to point out a few:

1. repressing drug-related crimes, in the sense of increasing citizen safety;
2. fighting drug trafficking and related crimes, across the land, air and maritime borders;
3. fighting money laundering, as a way of strangulating the lucrative flow of this type of illegal activities, in drug trafficking. Lately Brazil has intensified the fight against money laundering; it has created a number of agencies that are working in increasingly close cooperation, and there is even a National Strategy on Money Laundering, with a view to hitting organized crime where it is most vulnerable, i.e. in the resources obtained through money laundering.

In order to achieve these objectives, with reduction of the offer, we have the following guidelines:

1. to encourage federal and state repression operations, always under the coordination of our Federal Police, without any kind of subordinate relationship, considering the principle of independence of the states, but integrated and coordinated by the Federal Polices;
2. to control and inspect the inputs that could be used to produce drugs. From this standpoint, Brazil has an outstanding position in the Inter American Committee to Fight Drug Abuse (CICAD - Comissão Interamericana de Combate ao Abuso de Drogas), which is an organ of the Organization of American States. Brazil leads the commission, and its task within CICAD is to coordinate work related to input control, both in the part concerning chemicals and in pharmaceuticals, which are the responsibility of the Federal Police and of the National Agency for Sanitary Surveillance (ANVISA – Agência Nacional de Vigilância Sanitária);
3. to prioritize drug-fighting actions for the domestic market, whether they are produced or not in the country;
4. to train specialized police agencies, at the federal and stain level, and encourage integration mechanisms. This has been done very intensively not only by the Federal Police, but also by the National Secretariat of Public Safety.

As regards demand, the objectives of our National Antidrugs Policy foresee:

1. to make Brazilian society aware of the threat of improper drug use. This improper use is the use of illicit drugs and the abuse of legal drugs;
2. to educate, teach, train and form agents in all social segments, for preventative action, based on scientific knowledge and within the framework of successful experiences. When we say "educate, teach and train", it is in the sense of performing actions before the drug acts. These are not simple isolated campaigns but articulated, systemic, integrated and permanent work so that we can really achieve all the other objectives;
3. to implement a network of assistance to individuals with disorders resulting from drug consumption. This word "network" even reminds us of the theme of our National Antidrugs Week, precisely within the concept that "together we are stronger", and also of that concept that "people depend on people", and we must work in a network, we must articulate our work;
4. to use methodological strictness in order to evaluate the different therapeutic initiatives, promoting those that achieve favourable results. We must not be afraid to advance, to modernize, naturally, with methodological strictness and promoting the therapeutic initiatives that will achieve favourable results. We cannot fear to accept different therapeutic initiatives;
5. finally, knowledge on drugs and the characteristics of their use among the Brazilian population should be brought together in a national coordinating organ, in a continuous and up-to-date manner, in order to provide a foundation for the development of programs and interventions oriented towards the reduction of demands and drug offer.

As prevention guidelines to reduce drug demand, we could have:

1. Information: the first step to prevent is to inform;
2. Training: teachers, community leaders, parents and religious leaders, etc. To train means to provide appropriate conditions, knowledge, prepare leaders to work at multiplying information on drugs and also to articulate planning and projects. Right now President Lula, at the Opening of the Antidrugs Week, launched our project to Train All Teachers in the Brazilian Public School System. We are going to begin by training 5,000 teachers at one thousand schools, in a pilot project, and then we will extend this to all of Brazil and to the Portuguese-language sister countries. President Lula also launched the Project for In-House Training, which is already ongoing, training all members of the In-House Accident Prevention Committees. Therefore, it is very important to train leaders in order to achieve the goal of education and information;
3. Partnerships and shared responsibilities. When we say partnership, we must be partners with the Legislative Power, the Judiciary Power, the Public Prosecutors' Office, and above all with society and its many different segments;

4. Decentralized actions: In fact, to decentralize is one of President Lula's guidelines. It is useless to try to order actions at municipal level from Brasilia. This decentralization is being performed via the State Councils and Municipal Councils. This is decentralization, through integrated, articulated work. We will certainly achieve good results working in partnerships with the community and organized society;
5. we are making a special effort with the populations at risk. We are performing a broad diagnosis of street children and adolescents. Indeed, the Ministry of Health has dedicated itself to the part concerning AIDS. All of you know the success achieved by Brazil worldwide, with its program to fight AIDS. We have been working in partnership with the Special Secretariat on Human Rights as regards sex abuse against children, child labour and drug use, with a view to the populations at risk.

As regards the guidelines related to treatment, recovery and social reinsertion to achieve the goals of demand reduction, we would have:

1. treatment, recovery and social reinsertion are part of a process which include different stages, but require a permanent effort and continuity. This is a recommendation and a guideline of our policy;
2. definition of minimum norms for institutions performing treatment, recovery and social reinsertion, whichever the action models. This is ongoing, it has already been done, it is already being reformulated by the Ministry of Health in partnership with society, which is essential in order to have credibility throughout our network;
3. to encourage the articulation of social and occupational reinsertion in a national care network, of a large range of interventions for treatment and recovery, including non-governmental organizations (NGOs). On Friday, this week, we will have the 1st Seminar Related to the Social Network, seeking to discuss the establishment of a social network of care for our users, with the participation of the Ministry of Social Development, the Ministry of Health, the Special Secretariat for Human Rights;
4. to establish procedures for the evaluation of all therapeutic and recovery interventions, based on common parameters, in order to allow the comparison of results. This is very important to allow us to make progress in this field.

As guidelines in the field of reduction of social and health harm, in order to attain those objectives of demand reduction, we have:

1. Brazil is to acknowledge the strategy of social and health harm reduction as a preventative intervention which does not create losses to other modalities and strategies for the reduction of demand. This is very important. Brazil is in full harmony, also at the international level, with the principles that guide harm reduction. We are on the eve of a Presidential Decree regulating this matter, which was prepared by the Office of Institutional Security, the Ministry of Health and the Ministry of Justice;
2. to define the quality of life and the individual and community well-being as criteria of success and effectiveness to choose the interventions and actions of harm reduction;
3. to support and promote the education, training and skill-building of professionals who work in activities related to harm reduction.

As to the guidelines related to studies, research and evaluations to achieve those aims of demand reduction, we have:

1. to promote periodical and regular surveys on the consumption of legal and illicit drugs, encouraging regional research on specific populations. We already have a national, domiciliary survey that gives us the profile of drug consumption in Brazil. This year we will be performing a second National Domiciliary Survey, beginning in the second semester. There is an ongoing survey on street children and a survey of the middle school universe throughout Brazil. We are also performing a survey on the alcohol consumption patterns in this country. Alcohol is one of drugs that worry us most because of its abusive use;
2. to establish a systematic process to manage and evaluate this policy, so as to allow possible corrections. We are already working on this evaluation process, adapting the evaluation criteria performed by the Inter American Committee to Control Drug Abuse, trying to apply its multilateral evaluation mechanism internally in the country; this will enable a follow up of our policy;
3. to implement the Brazilian Observatory of Drug Information, which is already operating, with a few details that actually distinguish it from other international observatories, since the Brazilian Observatory, besides providing conditions of access to information and data on drugs, is also a tool that provides conditions to manage the National Drug System itself. For instance, the National Antidrugs Council is already able to discuss topics and even hold votes, by means of our Brazilian Observatory of Drug Information.

Finally, the 3rd National Forum on Drugs is to be held. The 1st National Forum on Drugs aimed to establish, to construct the policy; the 2nd National Forum on Drugs aimed to render the policy operational; and the 3rd Forum aims to realign the policy. Brazil is a very large country and in order to validate this National Forum, six Regional Forums will take place before it: a Regional Forum of the South Region, covering the states of Santa Catarina, Paraná and Rio Grande do Sul, with the support of the State Council of Santa Catarina; a Regional Forum of the Southeast Region covering the States of São Paulo, Minas Gerais, Rio de Janeiro and Espirito Santo; a Regional Forum of the Northeast Region, covering the states of Paraiba, Alagoas, Pernambuco, Sergipe and Bahia, with the support of the State Council of Bahia; a Regional Forum of the Northeast Region, covering the states of Maranhão, Ceará, Piauí and Rio Grande do Norte; a Forum of the North Region, covering the northern states, except for Tocantins, in Manaus, with the support of the State Council of Amazonas and, a Regional Forum covering the Midwest states, including the Federal District and Tocantins. We believe that, with this effort, we will be ready to hold the 3rd National Antidrugs Forum, in Brasilia, seeking to realign our policy.

Canada

NATIONAL POLICY ON DRUGS IN CANADA

Halina Cyr – Director of the Drug Demand Reduction Unit of Health Canada:

Canada has a population of about 30 millions. It is highly urbanized, but due to the size of its territory it has many isolated communities. The Canadian Government System is Federative, where constitutional rights and powers are shared between the Federal Government and the Municipal Governments. Therefore, in many programs, including the National Antidrugs Strategy, it is very important to establish lines of action and cooperation between the different jurisdictions.

The Canadian Drugs Strategy was launched for the first time in 1987 and it focused mainly on public education, treatment/rehabilitation and repression, especially against drivers who were not in full control of their mental and physical faculties. At that time the Canadian Center for Chemical Dependence was founded, which is a non-governmental organization that has a leading role which is of major importance and helps center focus on the national effort to reduce harm to health, social and economic harm associated with the consumption of problem drugs.

Phase 2 of our Antidrugs Strategy began in 1992. However, the investments were reduced and therefore several programs were cut. In 1997 the Canadians Antidrugs Strategy was reactivated, but in fact there were not enough funds for the demand reduction activities and the funds for repression were also reduced due to budget limitations.

The Canadian Antidrugs Strategy is founded on four pillars: prevention, treatment, harm reduction and repression. In a one-year period, three decisive reports were published which provided the information needed to renew the Canadian Antidrugs Strategy at the appropriate levels of funding. In the report presented by the Auditor General of Canada, there was a chapter entitled "Illicit Drugs – The Role of the Federal Government". A few Senate and Parliament reports were also published. All these reports said that the Antidrugs Strategy was going through a critical situation and they asked for immediate measures to face the drugs problem. They particularly demanded the following measures: a strengthened leadership, improvement in data collection, greater balance between supply and demand reduction activities, and greater emphasis on prevention, treatment and rehabilitation. We should highlight that all

these reports were submitted to a broad public consultation. In May 2003, the Federal Government announced the renewal of the Canadian Antidrugs Strategy

The strategy covers both legal and illicit drugs, including alcohol and prescription drugs. A balanced approach is used to fight both drug supply and demand.

In terms of the main objectives of the Canadian Antidrugs Strategy, it was established that they must all have performance indicators and they will be measured and reported regularly. Actually, the first report to be presented to Parliament and to the Canadian people will be next year. It will be a report on progress and implementation of the Antidrugs Strategy. The main objectives are: reduction of the prevalence of dependence on chemical substances that are harmful to health; reduction of the occurrence of contagious diseases related to chemical dependence, such as HIV/AIDS and hepatitis; increased alternative measures in Criminal Justice, such as compulsory treatment; reduction of the offer of legal drugs and facing new tendencies in emerging drugs; and, finally, the reduction of social, economic and health costs associated with drug consumption

The use of problem substances in Canada is considered mainly a health issue. That is why the Ministry of Health is the National Coordinator of the Canadian Antidrugs Strategy. Furthermore, the Ministry of Health inspects compliance with the UNO Conventions; it supervises the compliance with the Antidrugs and Chemical Dependence Law that is the key regulatory framework to control drugs and chemical dependence; it supervises testing the drugs seized; it is responsible for the fields of promotion, prevention, funding treatment, research and inspection.

The Department of Justice takes care of repression at the federal level, the regulatory framework and the Special Courts for Drug Dependents who are undergoing Treatment. Actually this is a function that it shares with the Ministry of Health. Public Safety and Preparation for Emergencies are really the main areas of coercive action and include repression of drugs, drug awareness programs, which are set up by the National Policy. Actually, the police play a proactive role, besides being responsible for following the offenders at the federal institutions and for border control. Finally, the Ministry of Foreign Relations of Canada coordinates international relations and provides support to antidrug organizations at the international level.

About 70% of the new funds are to be used to reduce demand. These resources are being focused on: leadership; knowledge generation; partnerships and interventions; and, finally, updating laws and antidrug policies. It is important to consider these four areas as a priority for investments at a federal level. In the case of partnerships and interventions, we have four major subcategories that we must take into account, which include: prevention, treatment, harm reduction and repression.

At this time we are trying to develop a national regulatory framework to face abusive drug use and chemical dependence in Canada. The Health Department of Canada, through the Canadian Center for Chemical Dependence, a non-governmental organization is asking whether some key partners would agree to commit themselves to long-term collaboration in order to face the problem of drug abuse and chemical dependence. The partnership between the Government and this NGO has a very effective format and has allowed a very frank discussion of this subject. The Department of Public Safety and Preparation for Emergencies is also involved in these public consultations, and it is also seeking subsidies from the different members of these sectors to collect greater contributions to the coercive antidrugs agenda.

Canada is interested in increasing participation in international organizations. Last year, Canada was elected Chair of the Inter American Committee for Drug Control (CICAD). Within the new Antidrugs Strategy, resources were made available to support international organizations such as the United Nations Office for Drugs and Crime (UNODC) and CICAD, as well as for projects related to the issue of drugs and chemical dependence. Canada prioritizes funding for projects that focus on prevention and reduction of demand, as well as on sharing competencies, particularly as regards the evidence-based evaluation and policies and practices.

One of the main areas in which Canada needs to invest is in monitoring, supervision and research. As part of the development of this regulatory framework, there will be a National Research Agenda that will provide subsidies to the national regulatory framework. Currently we are collecting data from various surveys on the subject. For instance, the Survey of Chemical Dependence in Canada will supply the first series of data on prevalence and the nature of the drugs used in Canada since 1984. We are also performing a survey to obtain data on prevalence in the northern region of Canada. The northern region of

Canada has many isolated communities and therefore we cannot use the same methodology. We are also developing other studies, such as a study on the extent and cost of the use of injected drugs and a survey on street youth.

In 1994, the cost of drug dependence in Canada was estimated at 9 billion dollars a year. A study will be performed to update this issue. Other studies are also being developed such as research on cannabis, comparing the data between cannabis and cigarette consumption, besides the connection between cannabis and drivers.

Partnerships and interventions are the target of financing for the New Antidrugs Strategy in Canada. We will be providing funding to specifically approach the four main pillars: intervention, treatment, harm reduction and repression. On a federal level we have set up a new program of contributions, which means that we have funding available for the communities to find solutions for drug abuse and chemical dependence. The idea is to work with other strategies, such as the strategy of crime prevention in the communities and the strategy of reducing the number of cases of HIV/AIDS and hepatitis.

Although we do not have much data on youth available in Canada, some data on drug prevalence, such as cannabis, for instance, show that it is really necessary to concentrate our efforts on the young. We will launch an educational campaign that will first focus on the use of cannabis, and later will be extended to other drugs. A key discovery, when we speak of the young, is that they are always interested in obtaining objective, precise information on drug use, and they also wish to develop appropriate capacities to deal with the drugs and manage to refuse them.

We are concentrating our efforts on fighting clandestine laboratories and cannabis plantations. At the same time we are implementing the drug testing service and increasing the criminal prosecution services.

The Canadian Royal Mounted Police received funds to improve drug identification, for professional training of police officers to identify people whose physical and mental faculties are drug-impaired, including drivers. We are working with our colleagues of the Canadian Health Service and the Mounted Police to raise drug awareness in the communities in order to improve coordination of this work throughout Canada.

The Canadian Health Service considers harm reduction as part of the continuous treatment, both at the level of health proper and at the social level. One of the main initiatives for harm reduction that we are implementing at this time is the Supervised Place for Injected Drugs in Vancouver. It was implemented as part of a research project and is one of the first places of this kind in North America.

As to treatment, in Canada the treatment and rehabilitation services are basically the responsibility of the states and municipalities. However, the Canadian Health Service makes some resources available in a counterpart system to the states and municipalities for treatment and rehabilitation of drug and alcohol dependents. These resources target mainly women and youths.

Our correctional institutions at the federal level make substitution treatment available, for instance with methadone. Additional funding was also made available for Special Courts for Drug Dependents who undergoing treatment. Recently, at least three of these Special Courts were created. Currently we only have one in Toronto and another in Vancouver. The purpose of these Special Courts is to connect the offenders who are submitting to treatment to a number of social services to ensure their long-term stability.

As to area of treatment, the part concerning Professional Education and labor skill-building is a major priority and it is being funded in this new Antidrugs Strategy. We are going to publish a paper on Treatment and Rehabilitation Drivers who Offend due to Physical or Mental Incapacity. We also have a Guide for Health Professionals on Dependence on Controlled Chemical Substances. This is part of an initiative of the Inter American Committee on Drug Control (CICAD). We will also be advancing in training workers within the Drugs and Alcohol Dependence Program.

Funds were allocated to ensure that the antidrugs policies respond to the demands and tendencies that are arising. Actually, the Law on Cannabis was reformed, and the sentencing for possession of small amounts of cannabis and sentencing for drug cultivation were modified. An Amendment was introduced relating to the drivers who are not in full physical and mental control as a result of drug use. However, because of the election, the analysis of all these measures was interrupted since they will no longer be in force at the end of the current

legislature. A new government takes over next week, and it will be up to this government to decide how it will deal with these antidrugs measures and policies.

The second point is that the Law on Controlled Drugs and Chemical Substances is a key law in Canada because it ensures that controlled substances will be available for medical treatment and for scientific and industrial purposes, and that their diversion to illicit uses will be minimized. It is being continually updated and undergoing some regulatory changes.

When we end the public consultations, we will be holding several meetings and round tables on the main thematic issues that will have been raised in the public consultations, such as: youth and alcohol; the major role of the federal government in awareness-building which could remove the stigma from the drug issue; and how to deal with challenges concerning the aboriginal populations. Thus, the themes are arising and we hope to gather them in the coming 6-8 months in order to develop the outline of a regulatory framework to be presented and discussed at a large forum in May next year.

Netherlands

NATIONAL ANTIDRUGS POLICY IN NETHERLANDS

Marcel de Kort – Deputy Head of the Drug Policies Unit at the Ministry of Health, Welfare and Sport in the Netherlands:

"The Dutch drugs policy is lenient. It is a *laissez-faire* policy. It is the policy of indifference. It is even a complete disaster, because all drugs are legal in Holland." I am only quoting some of the criticism leveled at our antidrugs policy by a few foreigners. It is true that in a way our approach is rather liberal. However, the characteristics that have been attributed to it, and that I have just mentioned, should be refuted. Our policy is liberal, but it is not a mess.

Holland lies between England and Germany. It is a very small country, and one of the most densely populated in the world. The population is about 16 millions, living in an area which is practically ? the size of the state of New York. Trade and transport have traditionally been the main industries. Holland is considered the gateway to Europe. The city of Rotterdam has the largest seaport in the world, where six million containers circulate every year. The Dutch are firm believers in individual liberty and in the separation between moral and religious issues and the State.

The Dutch population is known for its high sense of responsibility in the collective good. The country has a broad social system, and everyone has access to the education and health systems. Administration is decentralized by local authorities, and this also applied to the antidrugs policy.

For several reasons, Holland is very vulnerable to drug supply and demand. First of all, due to its geographic location and the importance of trade and transport. Secondly, it has an excellent level of organization, it is one of the most densely populated countries of the world, with an eminently urban population. The existence of drugs in this society is a reality. And the main objective is to prevent the use of drugs and reduce the risks associated with drugs, to the user himself, to the environment that surrounds him and to society at large.

Key principles of Dutch drugs policy

Protecting health is always the most important aspect to be considered. That is precisely the reason why the Ministry of Health is the ministry that coordinates the National

Antidrugs Policy. The three basic pillars of our policy – reducing demand, reducing offer and public order – are equally important. In this presentation, the main focus is on reducing demand, but this does not mean that reducing offer is less important, very much the opposite.

We distinguish between the different types of drug, based on the damages they cause. On the one hand, marihuana and on the other the drugs that carry unacceptable risks, such as cocaine and heroin. This legal distinction between marihuana and the other drugs dates from 1976. The review of the Drugs Law was based on a risk evaluation that took into account both risks to the individual and to society at large. Based on the result of this evaluation, a very clear difference was established between the damage caused by marihuana and by other substances such as cocaine and heroin. It was concluded that these differences should be reflected in the legislation and in antidrugs policy. Another conclusion was that the health risks caused by marihuana are much lower and substantial than the social risks connected to the criminal action against marihuana users. In other words, starting a criminal case against a young marihuana user causes much greater damage to this young person that the marihuana he smokes itself.

The second key principle is that the law establishes the difference based on the nature of the offense, for instance, the distinction between possession of small amounts of the drug for personal use, and possession of drugs for dealing. Possession of up to 30 grams of marihuana is a minor offense. Possession of more than 30 grams is an offense that can lead to a criminal case. Drug use is not forbidden. The sale of small amounts of marihuana in open places, such as the "coffee shops" is tolerated under restricted conditions. This tolerance is a typical tool of the Dutch antidrugs policy and is based on a general legal principle called "the expediency principle". This means that the Public Prosecutor may decide not to prosecute certain offenses in favor of the common interest. The sale of drugs on a small scale in the coffee houses is an offense from the legal standpoint. It is illegal. But under certain circumstances the offender is not charged. The conditions are as follows: the coffee shops cannot sell more than 5 grams of marihuana per transaction; they definitely may not sell hard drugs, such as cocaine and heroin; they cannot make any publicity for drugs; they may not cause any public disorder, both inside and outside the coffee shop; and, finally, young people under 18 years of age may not even enter a coffee shop. If the coffee shops do not comply with these rules they will be closed down.

Cannabis and coffee-shops

The sale is tolerated in order to separate the supply of hard drugs from soft drugs, in order to avoid marihuana users from being confronted with or exposed to more dangerous drugs that could be offered to them by the dealers. Secondly, to separate the drug scene. One of the greatest risks of a repressive criminal approach to marihuana consumption would be the development of an outlawing criminal subculture and even a deviant identity among marihuana users. The idea is that it is crucial to prevent marihuana users from being outlawed by society, or limited to certain social niches. By tolerating the coffee shops, one is protecting the cannabis users from heavy drugs and criminal subcultures. However, this does not mean that marihuana will be considered a harmless drug. It certainly is not, but an approach to this consumption as a crime is counterproductive.

The "coffee shops" policy is decentralized. The municipality may decide whether it will accept coffee shops or not. Only 100 of the 500 municipalities in Holland have one or more coffee shops, thus they represent only 20%. Currently there are 782 coffee shops in Holland, and most of them are located in large cities. Certainly the coffee shops are not allowed to sell alcoholic beverages, but this rule has not yet been fully implemented. Thus, in Amsterdam there are a few coffee shops that also sell alcoholic beverages. But we would like to be rid of this problem.

Many people think that the drugs are sold legally in Holland. Except for the small scale selling of marihuana at the coffee shops, combating any other form of drug production or sale is a high priority. The police and Customs officers regularly seize large amounts of drugs and cooperate in strict partnership with other countries in fighting drugs and organized crime. The penalties for drug trafficking are similar to those of other countries.

Harm reduction

As to the efforts to reduce demand, the idea is that preventing drug use is better than treating addiction. But the truth is that we cannot prevent all drug users from beginning to use drugs. Therefore, treating addiction is better than damage reduction and damage reduction is better than doing nothing at all. In some parts of the country, the HIV/AIDS rate is relatively high, and thanks to prevention it is extremely low in other places.

As to ecstasy, consumed on a relatively large scale at "raves", simple measures have been taken, such as limiting the number of people at these parties, controlling the temperature, making sure that there is enough drinking water for consumption free of charge. By means of these measures, the number of acute incidents due to ecstasy consumption was reduced by about 50%.

Currently preventative work is done via the Internet. The rave parties are announced on sites and these sites transmit a prevention campaign.

But there are even more dangerous drugs on the market that cause instant death. We know that these drugs exist, since pills are tested. Basically, the consumers may test their ecstasy pills at 25 dispensaries that provide care to drug users. This measure has two specific purposes. The first is to know what drugs are on the market; to know what drugs people are using and when there are extremely dangerous pills on the market warning campaigns take place. Furthermore, at these dispensaries people are informed regarding the dangers of drugs. This is a direct measure to inform the target group about the risks of ecstasy.

Results

Many people think that marihuana consumption is extremely high in Holland. It is not, it is around the average of other countries. The number of problem heroin consumers is relatively low, compared to other European countries. The number of drug-related deaths is low. It is related, for instance to the methadone treatment, and the HIV/AIDS rate among drug users is quite low, except in Amsterdam. And the age level of heroin users is relatively high and is rising year by year, which means there are almost no heroin users any more among the young. The mean age of heroin users in the Netherlands is 40 years. This is a problem, because it is unlikely that they will stop using drugs.

An innovative approach in drugs policy is important. Therefore we invest a lot in research to evaluate innovative approaches. For example, an experiment was performed using medical prescription of heroin, which was a great success. This experience will be expanded. The prescription of high doses of methadone is also being tried, which has also presented positive results, and there is still the experience of detoxifying with anesthetics.

This does not mean that the policy presented is a complete success or that all countries should follow this antidrugs policy. Drugs are here to stay; the problems caused by drugs change constantly, and there is no panacea to fight them. Holland is one of the largest ecstasy producers in the world. This is a huge problem and the solution must be achieved by applying the law.

Another problem is the increased use of cocaine and the combined use of drugs. For instance, some people mix cocaine, marihuana, alcohol, etc. This is really a serious problem, and the solution is primary prevention, harm reduction and monitoring. It is necessary to follow what is happening, to follow the drug use trends.

The third problem is the so-called "back door" of the "coffee shops". This means supplying drugs at the coffee shops. Many people think that this is a hypocritical situation, since the sale of small amounts of marihuana in the front part of the coffee shops is tolerated, but supplying drugs from the back is illegal and may be subject to criminal charges. We do not yet have an answer to this problem.

Another problem is related to disturbances on the streets, caused by drug users and dealers. The answer is the compulsory treatment of chemical dependants by judicial order. There are shelters where social workers try to get people off the streets, giving them food, a place to sleep and medical care. This reduces the disturbances to public order and it is good for the health of chemical dependents. Finally, there are "user rooms". In Holland there are about 20 user rooms where people can consume hard drugs such as cocaine, heroin or whatever. Trained social workers are present in these user rooms and since these chemical dependents are not using drugs on the streets, this reduces de disturbances on the streets and it is good for public order.

The other problem is international criticism. This is a difficult question and the only possible answer is to exchange information and communicate. In Holland the problem of drugs is taken very seriously, but we have not managed to achieve a drug-free society. We have tried to implement effective measures for specific, concrete problems, in many cases at the local level. The results are quite positive. Our policy on the use of marihuana really has not increased the significant consumption of marihuana. The harm reduction policy is valid, effective and has

saved many lives. We face many problems precisely because the drug problem is dynamic. When you have an answer to a problem, another arises. Therefore we are always busy trying to find pragmatic responses for the chemical dependence problem. Thus, we need an antidrugs policy that will be pragmatic and flexible, with innovative solutions.

If you need any further written material related to drug use, you can access the site of the Mental Health and Addiction Institute of the Netherlands – TRIMBOS (*www.trimbos.nl*) and analyze our Annual Report on Drug Monitoring. In this report you will find data and estimates that will certainly be of interest to you.

United Kingdom

NATIONAL POLICY ON DRUGS IN THE UNITED KINGDOM

Trevor Crook – Head of the Crack and Drug Supply Interruption Section of the Strategic Drug Directory of the Home Office, United Kingdom:

It is estimated that 12% of the United Kingdom population have consumed illicit drugs at least once in the past year. Marihuana is by far the most used drug. Then come cocaine, ecstasy, amphetamines, crack and heroin. The crack, cocaine and heroin use rates are the lowest, but these drugs are precisely those that cause the greatest harm to health.

The user trends are generally stable although a small drop is detected in the use of ecstasy. The cocaine and crack market is more than mature. A few surveys have shown that the economic and social costs of illicit drug use in the United Kingdom are between the equivalent of 55 to 99 billion *reais* a year, and 99% of these costs refer to approximately 280,000 persons who are considered problem drug users. These users do not manage to hold jobs, they cannot establish effective ties to their family or friends and have a great impact on their community.

The first United Kingdom legislation that tried to control drugs was introduced in the beginning of the 20th century. In 1971, a more complete law was enacted. This law introduced the concept of classes of drugs: they are classified according to the perception of the damage they cause and according to the decision of the Committee of Experts who perform the evaluation and classification of the drugs and related issues. The Class A drugs are those that cause the greatest damage, including heroin, cocaine and crack. Class B covers drugs such as amphetamines and Class C includes marihuana.

In 1998, the United Kingdom government for the first time published a broad antidrugs strategy for the next 10 years. In 2002, this antidrugs strategy was reviewed and it essentially focuses on harm reduction, not only health harm but also crimes resulting from drug use, harm caused to the families of the users and all economic processes that have already been mentioned.

The focus on harm reduction is on those 280,000 problem users already mentioned, and the drugs that cause the greatest harm, such as heroin, cocaine and crack. But do not misinterpret this harm reduction approach. This is not an easy option. We still maintain our basic message that all drugs cause harm and that nobody should take drugs.

The United Kingdom is tough on traffickers and can also force people to submit to treatment.

Three lines of action are used:

First line of action – offer. Besides the amphetamines, which are manufactured in the United Kingdom, and a small amount of ecstasy, the other drugs are imported. The approach is to break down the drug supply chain at all its points, to interrupt offer, besides dismantling the criminal groups involved and seizing their drug stocks. As a part of this effort, there are 80 Antidrugs Liaison Offices located abroad, two of these Liaison Offices being in Brazil. In 2003, about 9.3 tons of cocaine, 9.4 tons of heroin was taken out of circulation and 121 gangs of traffickers were dismantled. The equivalent of about 5.5 millions of reais is seized every week. The direct aim is to make the United Kingdom be considered an environment that is hostile to drug trafficking. For this purpose the sentences for drug trafficking-related crimes have been raised.

Sentences for drug trafficking-related crimes are:

For supplying Class C drugs, the lowest category in the general classification of drugs, it is 14 years in prison.

For supplying Class A drugs, it is a life sentence.

The traffickers are sophisticated, and the Regulating Agencies are being reorganized to follow them and get ahead of them. For this, partnerships are being established with a few professionals who do not usually work in this field, such as accountants and legal experts, detectives and Information Service Officers.

Despite their success, only 20% of the total trafficking of drugs to the United Kingdom was interrupted. And it is also true that the prices of heroin and cocaine have shown a tendency to drop in the United Kingdom in the last 10 years. But the main purpose is to dismantle the trafficking and "clean" the streets, besides closing down the establishments where drugs are dealt and consumed, as well as to face to problems such as prostitution and begging, which are

frequently related to drug trafficking. The success of these measures will be judged asking the communities what changes they have perceived in the quality of life in the places where they live.

Second line of action – prevention. The objective is to prevent young people from becoming problem users in the future. This involves supplying them with data and estimates on the drugs and the harm they cause, but it goes much beyond this. The young people need the competence, knowledge and motivation to seek counselling and support when they need it. A direct campaign is being made, targeting young people and their parents, by radio, television and the printed media. This campaign is supported by a 24-hour phone service, 7 days a week. During the first year, over one million calls were made to this service requesting help.

But this alone is not enough. One must target those young people who are more vulnerable to drug use than others. What is done in these cases is to submit each youth in the category to a personal evaluation and refer them to the appropriate agency for intensive therapy. It is known that in these cases early intervention is of essence. The results are promising, because drug use among the young has remained stable in the United Kingdom since 1996.

Let us speak a bit about treatment: treatment works. The rates of successful treatment are higher than 2/3. For each R$1.00 spent on treatment, R$3.00 are saved in the Criminal Justice system. Furthermore, 57% of the young people who submit to treatment completed it successfully or are still submitting to it. Therefore it is important to have access, as fast as possible, to appropriate treatment. The aim is to reach 200,000 places in 2008. But volume alone is not enough: quality care is also necessary. The United Kingdom Government has established a National Treatment Agency, tasked specifically with supplying the data, besides performing evaluation and monitoring of quality standards.

The waiting lists for care are tending to drop, and intensive investments are still being made in this field. Last year, the equivalent to 2.76 million reais was spent on treatment. This year it is expected to spend the equivalent to 2.86 millions and next year the projections are for an amount corresponding to 3,159 million reais to be spent on treatment.

Third line of action – the community. The objective is to protect and strengthen the communities that are more vulnerable to drugs. The multiple drug users,

particularly in the United Kingdom, those using a combination of heroin and crack, present the highest rates of illegal income. They sometimes achieve an illegal income corresponding to R$132,000.00 a year. It was calculated that they have to steal goods to a value equivalent to R$550,000.00 a year to reach this level of income.

One of the goals is to invest heavily in reducing the rate of drug-related crimes, using every opportunity afforded by the Criminal Justice System to detain them and to force these problem users to submit to treatment. This strategy is developed at a local level, with integrated teams that use the "case study" approach to provide support and treatment at the first contact between the individual and the Criminal Justice System. It is a realistic approach that includes support for housing and a job. Thus, the cycle that begins with drug use, takes the user to prison, and as soon as he leaves prison return to using drugs is broken. This is a win-win opportunity. The offenders receive help through treatment and support; the communities are less threatened by criminal action; and the taxpayers save their money, reducing the costs of Criminal Justice. But this is not an easy option for the offenders, since, as part of their sentence they may be forced to submit to treatment. This is quite controversial since there are a few persons at the Treatment Agencies who believe that this is not a good foundation for committing to treatment. Actually the number of persons who submitted to treatment rose 40% in the first year. The total program will prevent about 1.5 million crimes in the United Kingdom and the social and economic benefits are estimated at an amount equivalent to 24 billion reais in the next eight years.

In 2002/03, an amount corresponding to 5.6 billion reais was spent on the antidrug strategy. Next year 8.2 billions will be spent. Each of these lines of action has a specific goal and a clear progress to be achieved. These goals are based on results, not simply on measurement of activities.

This strategy requires coordinated action between the different Government Departments, such as the Ministry of Health, Home Office, Ministry of Foreign Relations, Ministry of Education, etc. The last department to be established in the United Kingdom was the Home Office headed by the Home Secretary, whose function is very similar to that of the Prime Minister in Government. The Secretary regularly gets together with several Ministers of all areas who monitor the progress of the antidrugs strategy implementation and coordinates the work between the different departments involved. In addition the Prime Minister has shown the interest that he,

personally, has in the agenda of the Antidrugs Strategy, holding a meeting that brings together the Secretary, other Ministers and high-ranking civil servants every three months, in order to hear reports on the process. This ministerial commitment is an important factor driving the implementation of the antidrugs strategy.

The other crucial instruments are the 149 local partnerships that were established throughout the country. They are responsible for implementing local strategy. These are partnerships with the police, with the municipal governments, with the Health Services, with the volunteer sector and other sectors. All these partnerships are funded by the central government and operate in consonance with the regulatory framework of the National Antidrugs Strategy, identifying the local needs and serving these needs, either by providing services or by delegating powers to others to act in the local communities. It is precisely in these partnerships that tensions are inevitable in such a multifaceted antidrugs policy. Thus, the main difference between the Regulating Agency and the Treatment Agencies is that they are based mainly on these partnerships. When these partnerships manage to overcome the tensions, they become highly effective.

The United Kingdom confers a high priority on the Antidrugs Agenda. There is an antidrugs strategy which has already been implemented, considered correct for the United Kingdom and it is based on minimization of risks. This strategy is for the purpose of facing both the demand and the offer of drugs and it is supported by a substantial and increasing volume of resources.

Italy

NATIONAL POLICY ON DRUGS IN ITALY

Vicenzo Boncoraio – Regional Antidrugs Director in Rome:

In any country we are being affected by delinquency, traditional or not, organized or not. We are all being affected by the great demand for drugs. I would like to stress a concept that had already been circulating for many years in this part of the world – the concept of shared responsibility.

We all have to fulfill our duties. In this sense I would like to transcribe a few words of the President of Italy: "The threat of drugs imposes incisive, broad action with coordination between governments, international organizations and police forces, on the activity of prevention and repression of illicit drug trafficking. We must repeat the commitment of institutions, associations, school and family, to reinforce a network of information and solidarity which will be able, on the one hand, to promote economic development in the countries from where the drug offer comes, and on the other hand, to sustain each possible initiative of education and recovery in favor of the young."

International and domestic narcotics trafficking have affected all countries, especially those in Europe, since the demand has never been saturated in these countries. Thus, at the beginning of the 1970s, we began to import basic morphine for the refining labs in Sicily; the drug route in the Balkans began; merchant ships started to come from Colombia. I am not going to talk much about these problems, since they pertain to repression, even though the problem of repression must be solved when we manage to solve the problem of prevention and recovery.

I am going to discuss the topics of prevention and recovery of drug dependents. These are very delicate issues, since they represent a constant challenge related to the domestic and international level of drug repression actions. These three areas – prevention, recovery and repression – qualify the whole drug-fighting system.

In Italy lawmakers have faced complicated, delicate topics related to the regulation of narcotics and psychoactive substances, and the prevention, cure and rehabilitation of drug dependents, and it is necessary to take an overall look at the many problems in the

sector, so that the same social agents and the same institutions that work in this field, with different functions and responsibilities, will continue to be protagonists.

We had a very important first law in 1990, which revoked the criminal sanctions on the drug consumers. In 1999 another law established the regional decentralization of a large part of the financial resources that were managed by the National Fund for Intervention in the Fight against Drugs. This law requalified the public services in the municipalities which we now call SERT- Territory Service (Serviço – Território).

These municipal public services, at the beginning of the 1970s, were responsible for the almost automatic distribution of methadone. Now they have been requalified, because there are teams of physicians and psychiatrists who support these offices that are distributed throughout Italy in a capillary manner, and do not have bureaucratic functions, because the drug problem is not a problem of bureaucracy, of opening or closing offices.

Another law was the recent Decree of May 31 of the current year. It is a Decree by the Vice-President of the Council of Ministers that instituted the National Department of Antidrugs Policies that is in charge of coordinating the policies to prevent, control and face dependency on alcohol and drugs. Summing up, we have two large organizations, one for repression and the other for prevention. The Central Department of Narcotics gathers the three police forces that have the duty of performing all repression operations. We also have the National Department that deals exclusively with prevention.

Thus, in Italy the topic of recovery is the task of the Regional System of Public Services of Drug Dependence, the SERTs, that are distributed throughout the country. As to organization, we have the Local Sanitary Agency (ASL), which has a general director in each state. These Local Sanitary Agencies are connected to the Ministry of Health and are responsible for supporting the work done by the SERTs and by all the associations and communities that take care of the rehabilitation and recovery of drug dependents. These Local Sanitary Agencies are also connected to the private social system, in its different forms – non-governmental organizations, care-providing entities, social cooperatives, therapeutic communities, referral centers, etc. Furthermore, they contribute with other forms of cooperation in other important sectors of public administration.

Furthermore, there is another aspect of recovery that is of interest to drug dependents who have been deprived of freedom because that are in the judicial, criminal or penitentiary system. In this case synergistic integration is required between the three components of the triangle –Justice, Security and Cure.

A first function is assigned to the Civilian Governor – the Mayor. In each of the 103 provinces that are distributed among the 20 regions of the country, there is a Civilian Governor – that is the Mayor. The 1990 law confers on the Civilian Governor the possibility of applying administrative penalties, such as suspending the driver's license, the weapons permit, the passport and any other document, including the visa in the case of foreigners. These sanctions are applicable to those who use or have narcotic substances. In the case of the drug user, he is required to submit to a therapeutic or rehabilitation program, in which case the Civilian Governor will have the case closed. On the other hand, if the person refuses to participate in the rehabilitation program after having accepted, i.e., if the person interrupts treatment without any justification, the Governor sends the case to the appropriate judicial authority.

Other functions have also been assigned to the penitentiary system and to the Local Sanitary Agency. The latter is responsible for prevention, cure and recovery of the drug user who is in prison. There are also some functions that are assigned to the ASL and some proceedings that we call " very summary", because they are very fast, since there is not need to carry out fact-finding procedures to search for evidence for sentencing. These proceedings obviously exclude all offenses that clearly lead to social outcry. They are very simple proceedings, and in these cases the 1990 Law very clearly states that no arrest can be ordered, except for extremely relevant restraining orders when the accused is a drug or alcohol dependent who is submitting to a therapeutic recovery program, and if the interruption of this program will harm the detoxification of the accused. Equally, these very summary proceedings also establish controls to check whether the person is still in the recovery program. The prison sentence can be revoked if the person is willing to submit to a recovery program in the Municipal Service – SERT, controlled by the Ministry of Health.

Other functions have also been assigned to the Local Sanitary Agency, to the Penitentiary Service and to the Center for Adult Social Service. In this case, there is a Judge Inspector who checks whether the person is really complying with the duties of the alternative

sentence. The Judge Inspector looks at the applicability of the benefits of the law and the alternative sentences, or whether the sentence will be suspended. In Italy, as in several other countries, a prisoner may shorten his time in prison but must submit to some forms of checks. The Judge Inspector is responsible for supervising these checks. The Judge Inspector, together with the ASL and the police must check the former prisoner and may give him a different sentence that does not oblige him to sleep in jail.

In Milan we performed an experience with a project we called "It is worthwhile being cured". This project was the first Italian initiative for pragmatic collaboration between police forces, treatment services and the Judge for Highly Summary Proceedings. This is a certified experience, which is aligned with the recommendations of the Pompidou Group – Drug, Prison and Society – of the Council of Europe. This experience was conceived in 1997, precisely to favor the drug user's access to treatment in order to prevent recidivism in crime, by using alternative sentences.

There is also another project that we call "TOPIC – Drug Dependence, Police and Minor Crime", in which the European Union assigned to the institutions of Milan, the ASL, and the Police Headquarters, the task of studying forms of collaboration to recover drug users by means of interactions and synergies which can be set up as soon as the drug user is taken into preventative custody, or kept in prison. Similar models of organization in other countries of the European Union were successively analyzed.

Another intervening agent in the action to recover drug dependents is the cooperation of non-profit organizations. The same 1990 law acknowledges the social service entities accredited by specific regional registers. These suggestions are in conformity with the basic models and principles specific to the therapeutic communities, and are distinguished by the proposal for recovery that is sometimes centered on psychological or pedagogical treatment, or on the religious character of the association.

In April of the current year, the Council of Ministers specifically delegated the drug-fighting functions to the Vice-President of the Council of Ministers. The next month, the National Department of Antidrugs Policies was instituted within the Presidency of the Council of Ministers. It is responsible for coordinating the policies to prevent, control and fight the

dissemination of alcohol and drug dependency. The Department specifically collaborates with the bodies that operate in the field of prevention, recovery and social reinsertion of drug users, it collects information and documents on chemical dependency, defining and updating the methodologies to prepare, evaluate and make available the information on chemical dependency. The Department works under the management of the National Committee to Coordinate Antidrug Actions, which was instituted within the Presidency of the Council of Ministers in order to guide and promote the general policy for prevention and intervention against the production and dissemination of narcotic substances.

Initially the administrative activities and management of the Department are to be developed as determined by the National Committee to Coordinate Antidrug Actions, instituted within the Presidency of the Council of Ministers according to the indications of the Vice-President of the Council of Ministers, responsible for this matter and according to the political priorities established in the Triennial Program of the Government concerning the fight against production, trafficking, supply and consumption of narcotic substances.

The annual goals of the Department are as follows: to promote information campaigns in order to disseminate knowledge on health damage related to the use of narcotic and psychotropic substances; to promote training in order to establish prevention and treatment methodologies in the public and private services; to promote cooperation with the European partners; to optimize financial resources, especially those referring to the analysis and evaluation of the results achieved; to update the National Program for interventions.

In the prevention sector, for which the National Department of Antidrugs Policy is the legislative reference, the are almost 600 public structures and 1500 in the private sector, which work to care for 150,000 chemical dependents in Italy, at this time, who are submitting to a therapeutic program.

The recent government dispositions mentioned above are to improve living and recovery conditions for drug users who are free or under arrest. It also must be made clear that the repression of criminals and traffickers must be severely pursued, possibly without reducing sentences.

There are three areas in which action must be taken against narcotic substance

use and trafficking: prevention, recovery and repression. It makes no sense to say which of them is most important. However, we must state that, without one of them, it is impossible to face the problem of drugs as a whole. About this, I wish to say that the world of information, school, university, sports, *techno-music* or *disco-music*, all of these worlds should be used to implement these campaigns against drugs at a national level. To recover means to give the individual back his dignity; it means to return freedom to a person who falls to the tragedy of drugs; it means to recover that person's personality and bring him back to society.

Portugal

NATIONAL POLICY ON DRUGS IN PORTUGAL

Fernando Negrão - President of the Portuguese Institute of Drugs and Drug-Dependence

Portugal has 13 maritime borders. This gives us an idea of the real importance of Portugal as a major transit point for drugs, both from the American and from the African Continent. When a country is a transit point for drugs, part of the drugs always stays in the country through which it passes.

To have an Idea of the source of the drugs consumed in Portugal, I would begin with *liamba* (cannabis), a drug that comes from Angola. And it does not come only by sea, it also comes by air. Hashish is from Morocco and usually enters Portugal by sea, on Spanish ships or by land, through Spain. Cocaine normally originates in Brazil. Heroin and ecstasy are from the Netherlands. This information is very important to make us realize the great importance of international police and judicial cooperation. It is essential to highlight this cooperation of the police or the judiciary system among the different countries, the different continents, because this is the only way in which we may, for instance, be able to follow the drug route. It is essential for the different polices and judicial authorities to become aware that the main thing is to know from where the drug comes and where it is going.

Dividing the problem of drugs between supply and demand, we must look at it from the viewpoint of supply, in the sense of diminishing the quantities of drugs entering the markets when continuing a policy of drug trafficking repression, be it in the small, medium-sized or large drug trafficking networks. This fight against the drug trafficking networks is decisive. And we must look at it from the viewpoint of demand, in order to reduce the number of those who seek the drug. It is in this convergence between reducing the amount of drug that comes onto the market and reducing the number of those who seek the drugs that we can and should attack the problem of drugs and drug-dependence.

According to Portuguese Law, throwing away a syringe is considered a crime and is punished with up to one year in prison. Because of this law, the number of users of injected drug has been diminishing, which is important also because of the HIV/AIDS phenomenon. In Portugal, increasingly, people infected with HIV/AIDS are not longer mainly the drug addicts, they

are now other groups, mainly heterosexuals. Linking drug dependence to AIDS is still a problem of being marginalized. Therefore the phenomenon of AIDS in Portugal, is separated in terms of structure and political organization.

Another type of crime is drug trafficking, which in Portugal is punished with a 4 to 12-year prison sentence. And if it involves a criminal association, the sentence goes from 5 to 25 years in prison. There are two other types of trafficking-related crime. One of them is the dealer-consumer, i.e., the one who deals in drugs in order to obtain the means to purchase drugs for his own consumption. This carries a sentence of 1 month to 3 years in prison. And there is another type of crime that is considered less serious trafficking, and carries a 1 to 5 – year prison sentence. It has to do with the quality of the drug, quantify of drug and therefore with circumstances that may lead to a more benevolent appreciation of the concrete situation of drug-trafficking. Another type of crime that, on an international level is also of major importance, involves the trafficking of chemical precursors, which, in Portugal carries up to 12 years in prison. On an international level, it is increasingly important to combat the trafficking of chemical precursors that should involve the pharmaceutical industry itself, or the chemicals-producing industry, since drugs can only be manufactured with the help of these products.

Portugal is the only country in the world that has decriminalized the consumption of all drugs, but their use is still punished. A drug-dependent person is referred to treatment structures. A person who is not drug-dependent can undergo a measure that may range from being denounced to the family to community services. In Portugal drug and drug-dependence have always been seen from the criminal viewpoint, up to a few years ago when consumption began to be seen from the viewpoint of health. Therefore, if consumption is seen from the clinical viewpoint, from the viewpoint of those who treat them, from the viewpoint of the disease, it would be impossible, nor would it make any sense, in terms of system coherence and logic, that consumption be considered a crime and punished as a crime.

The social representation of drug dependents is not yet the social representation of a sick person. Furthermore, the Health System itself rejects the drug dependent person, because he is a destabilizing element. The solution found was a sort of Special National Health Service, parallel to the common National Health Service. There are 48 Drug Dependent Care Centers (CAT – Centros de Atendimento ao Tóxico-Dependente) spread throughout the country.

The CATs receive, treat and refer to other structures. Within the State there are also therapeutic communities and detoxification units.

Committees for Dissuasion of Drug Dependence were established, formed by three elements, with training in the law and in psychology. They are the deciding parties (stakeholders, *decisores*). Then there is a team of people connected to the social areas, people connected to Psychology and, in some cases, physicians, especially in the large cities. This team performs a psychosocial appraisal of the individual who is going to be the object of a decision. After this evaluation they are referred to the treatment area when they are drug-dependent, or to taking measures when they are not drug-dependents.

There are three advantages to this system: stigmatization of drug-dependents has diminished; it is easier to detect which type of drugs is consumed in the country; it is much easier to 'give a fright" to a non-drug dependent as regards his consumption.

Obviously this system also has its defects. The connection with the police forces has been deficient, because no sensitization and information process was performed with the criminal police to explain the logic of this situation.

During the 1980s, beginning of the 1990s, Portugal did nothing about its drug consumers, so that it became the European Union country with the second largest number of problem consumers. And there is an item that is highly important. Portugal is one of the countries of the European Union in which a *cannabis* consumer went over fastest to heroin consumption. The reason for theses data was the absence of primary prevention, the lack of information, the lack of education about the consequences of drugs. At this time heroin is diminishing on the market, and the number of visits to continue treatment is increasing. Similarly to the Netherlands, the mean age of heroin consumers in Portugal is between 35 and 40 years of age. It is clearly aging population, and with this good news: that the number of first consumers is diminishing substantially. Nor for the picture that Europe has already started to present, the consumption of synthetic drugs, always associated to *cannabis*, or to cocaine.

At this time, on the Portuguese market, with the diminished inflow of heroin, cocaine that has always been considered the rich man's drug is being sold at lower prices than

heroin. As to cannabis, in general, 10% of the population has already experimented with it. Of young people aged from 6 to 10 years, 8% have already experimented, and between 10 and 17 years, 27%. Curiously, the main reason mentioned by young people who experimented with cannabis and did not evolve in the consumption of illicit drugs was that they thought about their health.

For the first time last year, the seizures of heroin have diminished and those of cannabis and synthetic drugs have increased substantially.

Portugal is facing a very serious problem concerning synthetic drug consumption, especially ecstasy. The use is not widespread throughout the countries, instead it is localized, in cities with the highest concentrations of university students, and with more tourists.

As to synthetic drugs, currently these drugs are trafficked with an accompanying discourse to attract young people. A discourse that is presented with counseling by advertising experts, under marketing rules found on the market. Usually this discourse to attract people involves seduction, sex and even feelings.

In brief, this is the overview of drugs in Portugal. To conclude I will present details about our organization. The political structure involves the Inter-Ministerial Coordination to Fight Drugs. There is an Inter-Ministerial Council chaired by the Prime Minister himself. This Council is constituted by the Ministry of Finances, by the Ministry of National Defense, with the specificity that the Ministry of National Defense was one of the first national structures to use an approach of prevention and treatment in drugs, by the Ministry of Foreign Affairs and the Portuguese Communities, by the Minister of Interior Administration and the Ministry of Justice. Also part of the Council is the Associate Minister of the Prime Minister, the Minister of Education, the Minister of Science and Higher Education, the Minister of Health, the Minister of Social Security and Labor, the Minister of Cities, Territorial Organization and the Environment, and the National Coordinator of the Fight against Drugs and Drug-Dependence. This Coordinator is also the president of the Institute of Drugs and Drug-Dependence. This is the technical answer – the existence of the Institute of Drugs and Drug-Dependence, which establishes the antidrug policies ranging from prevention to harm reduction.

"Preventing is better than treating; treating is better than doing harm reduction; harm reduction is better than doing nothing." This is a very important approach. If we could solve the problem with primary prevention only, we would all be happy, since we would not have to invest in treatment, because there would be no drug-dependents, nor would we have to spend the taxpayers' money. And it is a lot of money! But we have to go on to treatment because there are drug-dependent people. If we also only performed treatment, it would be great, because we would not have to go into an area that also causes some doubts, which is the harm reduction zone. But we must necessarily perform harm reduction. And performing harm reduction is to look at the problem of drugs and drug-dependence, and not to leave it at consumption. Drugs induce crime. Drugs induce the spread of contagious diseases. Therefore it is necessary to educate people who consume drugs. That is what it means to perform harm reduction.

The prevalent solution is that one must really perform primary prevention actions, but have some discretion in these actions so as not to alert a few young people to the existence of drugs and make them curious to consume them. We have a program where the Institute, together with the Municipal Council, calls the institutions of civil society that work mainly with young people, whether it be in the field of soccer, or music, or in the field of gymnastics, so that these institutions occasionally discuss drugs, with the technical and financial support of the Institute, and the financial support of the Municipal Administrations. This has led to very interesting results.

Concerning treatment, there has been some discussion on what substitution treatments are and what drug-free treatments are. There is an initial moment in which the substitution treatments may be indispensable, but never as an end, always as a means to drug-free treatments. It is equally important to highlight the connection that exists between the public offer and the social or private offer. The actions of NGOs, for instance, are essential in this work, in order to not let the structure of the State become too fat, and so as to give civil society the role as a protagonist that it should really have, especially in this field.

Sweden

NATIONAL POLICY ON DRUGS IN SWEDEN

Christina Gynnä Oguz – Associate Coordinator for the National Policy on Drugs:

We have only 9 million inhabitants. To give you an idea of the level of dependence on drugs in Sweden, I would compare it to what our colleague from the United Kingdom mentioned, that about 12% of the population experimented with drugs last year. In Sweden this percentage is 2% to 3%. Therefore we have a much smaller problem.

The National Action Plan of Sweden was endorsed by the Parliament in April two years ago. At the same time, the Government also appointed our first Coordinator of the National Antidrugs Policy, and he received the task of coordinating all actions against drugs on a national level, and of leading the process of Action Plan implementation. Within the government it is the Minister of Health who is responsible for coordinating this Action Plan among his colleagues. Our policy includes strengthening family ties and the relationship between parents and children. We believe that a good relationship between parents and children is very important to prevent drugs, crime, etc.

In the mid-1950's, at the same time that you had the great idea of building Brasilia, we began to have a few drug users in Sweden, about 100 users. In the mid-1960s this number increased to thousands of abusers and we began to face very complex problems, unheard of until that time. We did not have a broad antidrugs policy, and therefore we began to adopt repressive measures. The police and the prosecutors began an offensive to try to capture and prosecute all drug dealers.

We soon understood that repression alone would not solve the problem. The drug users feared to look for help, and this "hard line" began to be severely criticized. Therefore the need for treatment was considered of utmost importance. However, at that time there was no specialized treatment for drug users, and people who had drug dependence problems were either placed in institutions for alcoholics, or submitted to psychiatric treatment at institutions for the so-called "maladjusted juveniles", where they did not fit in.

Responding to this situation, a project to prescribe narcotics to drug users was implemented. The philosophy underlying this project was the idea now known as "harm

reduction". It was believed that by offering legally prescribed drugs, the medical and social conditions of the drug users would improve and they would not have to commit criminal activities to fund their dependence. This project only lasted two years. Actually the criminal activities did not decline among the program participants, except in the case of drug-related crimes. Furthermore, prescriptions were given very liberally, and since the patients could choose the drugs and the dose, there was a substantial diversion to the illegal market.

The failure of the repressive policy and the subsequent failure of the experience of liberal drug prescription ultimately led to implementing a broad antidrugs policy, which would combine prevention, treatment and control measures. These are the foundations of our current policy that was conceived at the time and widely debated for about 15 years. However, there was no balance. Occasionally the main focus was on reducing demand and on treatment and, periodically, the focus was on repression.

The critical moment for our policy was the HIV/AIDS epidemic. We identified the first HIV cases among drug users in 1985. The approach we developed to fight the HIV epidemic was a watershed in the Swedish antidrugs policy. After an intense debate, Parliament confirmed that the antidrugs policy should be restricted and humane. Furthermore, harm reduction should not become the main objective of our policy. The idea of a society free of illicit drugs was to be the main guideline. This meant to prevent HIV expansion by means of health services that would serve everyone and, consequently, prevent the spread of HIV among drug users.

For us a balanced approach does not simply mean that these three pillars – prevention, treatment and repression – should be equally strong. The challenge is to reach a broad, balanced and coordinated approach, by means of which the control of drug supply and reduction of drug demand will be mutually reinforced.

Our goal is not only to reduce the damages caused by abusive drug use, but also to fight permanently for a drugless life for the individual.

The different harm reduction measures are parts of a broad strategy to reduce drug demand. Our objective is to support sustainable change, making continuous treatment and rehabilitation available for drug users. In this sense the damage reduction programs play an

important role in a broad strategy for demand reduction. However, they should not be considered substitutes for other important activities to be developed in order to reduce the demand for illicit drugs.

According to the UN Conventions guidelines, we do not distinguish between "light" and "heavy" drugs. During the 1990s, there was a substantial increase in the use of amphetamine-type stimulants, the so-called ATS, among the European youth. In some countries the measures to reduce the illicit demand for this kind of drugs consisted mostly of counseling drug users about the danger of these substances and making drug tests available at places where ecstasy and other drugs were commonly used.

Although the intention underlying these policies may be good, we believe that they have serious counterproductive side effects, since they give rise to ambiguous messages and ultimately lead to great confusion, giving the impression that there is a safe way to use the ATS, which is not correct. With the growing number of ecstasy users and more investments in research, our knowledge of the adverse effects of ecstasy consumption has increased considerably. We now know that the regular and prolonged use of this drug may cause serious damage to the liver and brain.

The people who smoke marihuana nowadays may be exposed to much higher doses than in the 1960s and 1970s, due to the offer of cannabis with a high THC content. Furthermore, cannabis use patterns have changed, and now we have much more regular and frequent use than before. It has been proved that cannabis damages the learning capacity and the memory. Researchers have confirmed that the effects of cannabis on mental capacity are greater in children and adolescents because their brains are still developing and this may seriously affect their school performance in such a way that young cannabis users may never reach their full intellectual development. There are very strong indications of damage caused by cannabis. Should we cross our arms and witness the increase in the abusive use of cannabis among young people before we are 100% sure about the harm this drug may cause to your health in future? The position taken by Sweden is to maintain the restrictive guideline of our policy based on the UNO Conventions, until there is evidence that the substance is not harmful to health and not the other way round.

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We have tracked the use of tobacco, alcohol and illicit drugs among our 16-year olds since 1971. When we began to perform the annual school surveys, the prevalence of illicit drug use (especially cannabis) was 14%/ by investing seriously in primary prevention programs we manage to reduce this percentage to 3% in the 1980s. However, in Sweden, as in many other countries, drug use among the adolescents increased in the 1990s, although in our case this increase was much smaller than in most countries. The highest percentage of prevalence of illicit drug use among the adolescents in the 16-year old age groups was 10% in 2001. The numbers are going down for the third year in a row and the percentage is now 7%. This is a relatively low rate as compared to most European countries. The fact that we have managed to maintain the levels of drug use among the adolescents at relatively low levels is the result of the restrictive approach that we have implemented in all areas of our antidrugs policy.

Alcohol and tobacco use are also going down among the young Swedes.

In Sweden we have a strong tradition of citizens joining together in voluntary organizations to generate changes. The non-governmental sector and the local communities are key parties in the implementation of our National Antidrugs Plan.

Our mission is to implement and carry out a broad mobilization of society against drugs. In practically all of the 290 municipalities in Sweden we now have local coordinators and their main role is to coordinate prevention efforts in all sectors of the community, and also to mobilize local resources for this purpose. We train these coordinators and give them the tools required to develop their work.

We established a partnership with the Adult Education Movement, with trade unions, with sports associations and ethnic organizations. Through these civil society structures we were able to interact with thousands of young people throughout the country and also with other citizens. Every year we organize about 300,000 study circles about several topics through the Swedish educational organizations. About 2.5 million persons participate in this study circle for one year. If you take into account that our population is only 9 millions you will realize that we manage to reach many people using this strategy.

We are also building up a National Youth Network based on the model of the Global Youth Network of the United Nations. Students and youth leaders are trained to provide

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assistance to the local youth groups and develop local assessments, develop projects, raise funds, etc. These students who have been trained and the young leaders are at the disposal of any group or project, which the young people want to implement as regards drug prevention activities.

In the early 1990s a more favorable attitude to drugs developed, especially synthetic drugs and cannabis. This situation occurred particularly in youth groups at clubs and music festivals, which were very popular in summer. During the last two summers antidrug messages were disseminated. They were developed with the collaboration of these specific groups and were based on the results of qualitative research. The purpose of these campaigns is to strengthen those who do not consume drugs and influence those who are still in doubt as to whether they should or not experiment with drugs. The reasons we present to them not to consume drugs are not only reasons about preserving their health and well being, but also issues such as "peace on Earth", "global justice", etc. For instance, one of the reasons not to consume cocaine may be that we do not want to contribute to the exploitation of Latin American farmers. To some people it is easier to use such an argument than to say "I do not want to consume cocaine because I know that it is dangerous". Maybe for this person it is easier to take a position and say: "I do not want to contribute to this exploitation, so I don't use cocaine".

Recent studies on the customers and employees of some more popular bars and nightclubs in the largest cities in Sweden indicate relatively high levels of drug consumption in the nocturnal environments. Based on the results of a study performed in Stockholm, the owners of most of the bars and nightclubs agreed to implement an antidrugs policy. This policy has all three elements of our antidrugs strategy: prevention, treatment and control. These are some of the measures taken: modifying the bathrooms to make it difficult to use drugs at these places; drug testing of employees and managers, with the cooperation of the unions; offering counseling and treatment in cases in which problems of drug abuse were identified; training staff to identify people who are under the influence of drugs, preventing them from entering the place, etc.

In Sweden it is the local social services, i.e., the municipalities that are responsible for offering treatment. About 80% of the treatment is offered at non-residential locations and there is a vast range of modes of treatment available, including substitution treatment and free choice of drugs.

According to the Social Service Law, the treatment of drug dependents should be made available voluntarily. However, there are certain conditions under which it is possible to perform this treatment without an individual's consent. If a person is putting their physical and mental health at risk due to the use of alcohol or drugs, or is running a clear risk of ruining his life, or may inflict serious damages on himself or other persons around him, and does not agree with voluntary treatment, in this case the court may write an order for compulsory treatment. Less than 1.5% of all patients who are undergoing treatment are classified within the Compulsory Treatment Law.

We are trying to build new models of sustainable treatment for the future. Drug dependence generally means life-long vulnerability, but not everyone is aware that it is necessary for the community to offer drug users more than a limited number of treatment sessions.

This may be our most difficult cause: to change the people's perception concerning chemical dependence. For this purpose we must disseminate the most recent advances of neuroscience. We are also investing in research to find out which combinations of treatment and services provide the best results in individuals who have several problems at the same time. It is clear that a same treatment is not always effective for all individuals. Our goal is to make treatment available for all patients, including those with concurrent or morbid mental health problems.

Like the United Kingdom, we are basically a drug-importing country. The fact that drug use is a crime in Sweden constitutes an important tool for the police to identify drug users, especially young people, at an initial stage and inform the social services so that they can offer counseling and treatment. Active work is being performed on the streets, as well as in new environments, in order to prevent drugs from being sold and consumed more freely. For instance, the Swedish police is currently trying to plan measures in order to avoid the sale of illicit drugs on the Internet.

We are going to present our conclusions of a project for the purpose of mapping the way organized crime works when involved with drug trafficking, how they use the most recent technologies and the more flexible forms of organization. This is the knowledge we need in order to counterattack the crime networks. We are also trying to develop other innovative methods such

as working in partnership with the business sector, the Customs and the police, in order to find new ways to prevent transport companies from being used to smuggle drugs.

Our goals can be summarized in a few very simple sentences: more young people should say no to drugs; less people should be using drugs; more drug users should get help in order to have a drug and crime-free life; and the drug supply should be reduced.

In order for this to happen, we must try to get people involved in our fight against drugs. Political commitment at the highest level is essential, especially in a decentralized system such as in Sweden. It is important to establish clear goals and disseminate them among all who are part of the solution to this problem.

Appropriate resources – financial, human and institutional – and coordination are also crucial. It is not only a matter of money. We also have to make sure that we are doing the right thing. For this purpose we must invest in research and build ties among the scientific community, those who establish the policies and those who implement them.

Switzerland

NATIONAL POLICY ON DRUGS IN SWITZERLAND

Chung-Yol Lee – Federal Office of Public Health in Switzerland:

Switzerland is a very small country, located amidst the member-countries of the European Union, although not itself a member. Switzerland has about 7 million inhabitants and a political system that is based on consensus and consensus.

The seven Ministers who are part of the government are not elected by the people. They are elected by Parliament, which ensures at least one seat for each of the four political parties. Thus, the political reality of Switzerland is not centered on two major political forces – one in power and the other in the opposition – but on a multiparty system that tends to share power and influence.

The antidrugs policy in Switzerland was not established or developed by some Council of Ministers or Committee. The process of constructing an antidrugs policy faced many divergent opinions and many controversies. Examining the facts that influenced establishing our antidrugs policy as it is currently today, the first thing we should highlight is debate and political support to this antidrugs policy. There is something very peculiar about Switzerland – the fact that we vote on many specific subjects. We can request a referendum about all the topics that are eligible for inclusion in our constitution. It is also possible to challenge a law bill that was passed by Parliament. All one has to do is collect 50,000 signatures and ask for a referendum about any law bill that has been voted by the Parliament. Swiss citizens vote at least four times a year on national issues and much more often on regional issues or community-related issues.

These democratic factors are determinant in the development of the antidrugs policy in Switzerland. In the 1990s , the voters were called to two referendums on drug issues. In one of them it was demanded that a repressive antidrugs policy be implemented, specifically to prevent the prescription of heroin, and that the types of treatment to be offered to drug-dependents be restricted and replaced by other treatments exclusively with a view to abstinence. This would have been the end of many programs that use methadone treatment and would certainly be the end of heroin prescriptions. More than 70% of the voters refused this proposal.

One year later, another proposal asked stating exactly the opposite. It basically suggested that all drugs should be made available, more or less freely, to anyone who wanted them. The person would only have to register at a medical service to receive a card, similar to a credit card, which would authorize that individual to purchase the drugs at a drugstore, and use them in any way they wanted. Once again, the Swiss people thought that they were going too far and again more than 70% of the voters voted against this proposal.

In 1999, a third referendum was called on heroin prescription. The Parliament sanctioned a law that authorized the heroin prescription to be made available regularly. Since at that point there was already research on this subject, and that type of treatment was no longer in an experimental phase, the law would have to be amended to continue prescribing heroin. A group of conservative politicians did not approve of this decision and called for a referendum. However, 54.5% of the voters were in favor of a heroin prescription.

Each of these votes was preceded by widespread public debate. As our former Minister of Health occasionally said, the Swiss people are among the populations with the best knowledge of drug issues, because they always have to vote.

A very important issue in the development of the antidrugs policy in Switzerland has been the open drug scenes. There were very heated debates on the issue, and many problems about these places. Thus they were finally closed. Today they no longer exist, but they are still a very important element in the debate on the antidrugs policy.

Communication is a very important part of the Swiss antidrugs policy. News was disseminated for many years about the drugs issue, and people wrote to the editors and there was an endless number of articles on the drug issue. The media was also highly influenced by the opinion of the researchers and professionals who were working in treatment or in harm reduction. All of this information had a strong influence on the population's perception of the problem, and strong local pressures occurred.

As anywhere else in the world, in Switzerland it was not the national government but the cities that were first confronted with the drug problems. The truth is that hundreds of drug users were coming to the cities and the municipal governments claimed that they did not have

the necessary tools, nor sufficient resources to deal with the problem of a whole region. They demanded that the national government allow them to try out new approaches to the drugs problem and, if necessary, amend the Antidrugs Law.

In the mid-1990s, the national authorities started to develop leadership. Currently this leadership is acknowledged and plays a major role in the implementation of the antidrugs policy. The main tasks of the federal administration are: to coordinate the activities; to make information available; to play a moderating role between the different opinions and to promote research and the evaluation of the drug issue. Above all, it is essential to have a clear commitment from the national government to implement these guidelines.

An important factor in this drug issue was the HIV/AIDS epidemic at the end of the 1980s. This epidemic was a crucial factor in the development of the antidrugs policy. It was shocking to find how drug users were affected by the virus. This was a determining factor, especially if we examine the programs that were set up in the field of harm reduction. Since the beginning of the 1990s, when the syringe exchange program came into being, the new HIV cases diagnosed has diminished slowly. Today intravenous drug users take no longer the major part of new HIV cases, but rather the heterosexuals. Not only the syringe exchange program but also the information campaigns leveled at intravenous drug users contributed to this positive development. In Switzerland the harm reduction policies definitely have an impact on HIV infections among drug users.

The first guideline of the Swiss antidrugs policy is consensus. It is very important to have consensus at the political level, consensus among the population and consensus among the different professionals involved. This means an exchange of arguments and opinions. Broad debates are required. But we also have to think seriously about what has been done and analyze the results of the actions that have been implemented. At the end, data and numbers ultimately change people's minds, not ideology. An evidence-based approach is important, but it is not enough.

The second factor is cooperation. It is not that difficult to establish cooperation among health care professionals and the people who work in the social sphere. The most important element to generate an environment of cooperation is to plan joint activities, which

create understanding of the needs and problems of the other side, and the integration of the different demands of these professionals.

The third point is pragmatism. We have to test new approaches, and if we see that they are not working, we have to interrupt them. There is no guarantee that a new approach will achieve good results. Therefore, if you are not prepared to take on a few risks, you will never implement an innovative project. As the years have gone by, we have learned to approach the topic of drugs very pragmatically and, as much as possible, leave all our dogmas and ideologies behind.

The next topic is the issue of evidence. We are systematically developing research projects that reassess the results of the guided therapies that we use. These projects include a large research study on the heroin prescription program, a national evaluation of the implementation of the Swiss antidrugs policy in the last 10 years, and several other smaller projects that are being continuously monitored and evaluated.

The last topic that I am going to discuss in this context is the issue of innovation. The first safe injection rooms were established at the end of the 1980s. The first syringe exchange program set up in the city of Zurich initially ran into heavy opposition. Prescribing heroin was definitely considered a very innovative and even rather daring approach, since there was much controversy about it.

The aim of our drug policy is to reduce the number of new users; to increase the number of persons who manage to overcome dependency; to reduce the negative impact of dependency on individuals and society; and we also want to fight criminality and organized crime. Protecting our society has become particularly relevant when we had open drug scenes. The bother and disturbance to the people who lived nearby and the shop owners in the area were unacceptable. The population has the right to feel protected. The children who go to school on foot should not have to witness how the drug users appear on the street, or how the dealers sell drugs to those users, and even how violent conflicts arise among the individuals who are part of the open drug scenes.

The strategy for the implementation of our antidrugs policy is an approach that includes four main pillars:

The first pillar is prevention. The promotion of health plays an important role in prevention. We promote the vital competencies, care for children with special needs and teach them how they can solve their conflicts. We work a lot with schools and also try to get the families involved. We consider that all school activities should be involved in health promotion, trying to make the approach as inclusive as possible and to have as main objective the specific focus on behavioral risks and not on the different types of drugs. Our Department also implements projects together with sports clubs. Several famous sportsmen, men and women, are involved in our projects, trying to create an awareness of the dangers of drugs in the sports world, in particular, with a view to training the coaches to manage drug consumption-related problems that may arise.

The next pillar is therapy and rehabilitation. The vast majority of treatments offered today are methadone-based. Over 70% of the drug users in Switzerland are undergoing treatment. The most recent evolution is heroin assisted treatment, which we do not consider a harm reduction approach. Our drug substitution treatments are administered by physicians and psychiatrists. To give you an idea of the threshold for heroin prescription, it should be mentioned that we have about 30,000 heroin dependents in Switzerland. We estimate that about 2/3 of these problem users of heavy drugs such as heroin and cocaine are submitted to some type of treatment. Although it has been the object of attention in the last few years, the prescription of heroin is only being used for approximately 1,200 users, which is less than 5% of the 30,000 heroin addicts in Switzerland.

Another pillar is harm reduction. The approaches to harm reduction have been developed since the end of the 1980s. The first large-scale harm reduction program was a syringe exchange project that began in 1986. A few years later, safe injection rooms were established. For us it is very important that the people be inserted in the social network. We also have so-called Contact Centers where the drug users can contact the system for help, very informally. At these centers they receive counseling, assistance and information, or else they can simply have a coffee and feel at ease

Repression and control were possibly the first attempts to avoid and reduce the drug problem. Control of the substances used to produce drugs, as well as fighting drug trafficking, organized crime and money laundering may contribute effectively to reducing the offer of illicit drugs. Switzerland cooperates closely with the international community, since the crime

related to drug use has a global dimension. Another important element is the so called "Referral Centers" where the drug users are kept for a while and then return home. Many drug users come to large cities because that is where they find the drugs. At one time, cities such as Bern and Zurich were confronted with more drug addicts that came from out of town than from drug-using residents of the city itself. So the police began to arrest the people who were using drugs on the streets and these users were sent to the Referral Centers. The identity of those users was checked, and they were cared for by the health service and treated with methadone if necessary. At the same time contact was made with the community, the city or the village where the user actually lived and help and treatment were requested for the dependent needing it.

In the early 1990s, the number of people using heavy drugs such as heroin and cocaine increased significantly. Since 1994 these figures have remained stable, and as to heroin consumption, they have even decreased slightly. On the other hand, we have a small increase in the use of cannabis, ecstasy, alcohol and tobacco. Several indicators were analyzed to estimate the total number of drug users. We took into account the number of treatments with methadone and all the other data available on treatment; the number of offenses against the law due to narcotics consumption; the health service data; and the number of deaths due to overdose.

We are trying to integrate the licit drugs into the antidrugs policy. Initially we were dealing only with illegal drugs. This is very important, especially as regards the messages we can impart to the young.

In Switzerland, the deaths reported by the police and when an autopsy is performed, are considered deaths by overdose. In 1992 we had the greatest number of drug-related deaths, with a total of 490 deaths a year. In 2003, we manage to lower this figure to 180 deaths, which is a 50% reduction, bringing the percentage to the 1980s level. We consider this to be the result of the implementation of harm reduction policies.

Finally, one of the most important results of the Swiss antidrugs policy is the change in the perception of the problem. A few very provocative statements can illustrate this conclusion, such as: "Drug dependence is not merely an issue of repression; it is a health issue", I believe that this statement will be supported by the vast majority of the population in Switzerland. "The drug problem cannot be solved; it can only be managed". "Ideology does not

help". "Face reality and seek pragmatic answers to the problems". There is a continuous struggle to ensure cooperation and a balanced approach. We have to find the point of balance between the interests of the population at large and the needs of the drug dependents. This is essential. It is not only a matter of measuring, implementing activities or projects that will make a difference. It is an ensemble of the results of all these actions.