

Democracy, Cities and Drugs Conference

New Challenges, New Solutions
Vienna
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Executive
Agency for
Health and
Consumers

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A conference for action

The legal framework of the European Union provides actors working on policies related to drugs a number of benchmarks. These offer the basis for a balanced approach between prevention and repression, and between public order, health and social development. This flexible framework allows the national States to adopt contrasting ranges of legislations, from repressive measures against drug use to the authorisation of small-scale traffic and the testing of remedial policies. At the level of a city, the heterogeneity is even greater. The response of the various services involved is highly variable, and the few studies on police and court practices show significant differences in suppressive responses. The same applies to health care or social welfare: the quality and number of tools and their geographical location creates a deep inequality of resources for citizens across Europe. This inequality breeds dangerous imbalances for the continuity of certain national policies, but more worryingly, it no longer corresponds to the degree of European integration that mobility has brought about in recent years.

As democratically elected figures, regardless of our religious, ethical and philosophical beliefs regarding our fellow citizens who use drugs, we have to ensure the common good, public interest, and a “better living together”. In compliance with the laws, we must find a *modus vivendi* that allows all citizens to feel that they are part of their community and their city!

Drug use has become inherent to our lifestyles, our production methods, and our leisure time. The number of products used to stimulate the imagination, amplify physical or mental capacities, increase fun and discover new pleasures increases every day. The use of these products should be controlled. Each person manages their health, and their balance within the community, their budget is a measure of their consumption. It is excessive consumption that worries us: excessive use, where a person is no longer able to limit themselves to reasonable use, and further jeopardises their chances of social integration into society, a community, or a group. Drug abuse triggers the attention and reaction of the public authorities.

Public order, social welfare and health are put in jeopardy by drug abuse. But social policy has never depended on people’s beliefs. In a national context, it is the



elected officials' duty to decide on the orientation of a policy to fight against drug trafficking, or to restrict drug use. But, at a local level, it is the elected officials' role to ensure the conditions that contribute to "living together". This is called pragmatism.

The sheer range of different situations and policies in the cities has led European cities to exchange local policies, and for cities with such a pragmatic approach to help cities lacking it. It was the aim of our programme "Democracy, cities and drugs" over the past four years and it is the focus of our conference in Vienna. The conference should represent more than a mere declaration, giving us the elements to set up a European cities drugs policy, combining pragmatism and realism, public order, health and personal development.

Michel Marcus
Executive Director
European Forum for Urban Security



The *Democracy, Cities & Drugs* project February 23rd

Presentation of results and outputs of the DC&D II project
by the thematic working groups and national platform managers

Susanne Schardt, Consultant, Realitäten Bureau, Germany

Martine Lacoste, “Young vagrants” working group, Vice-President of
Fédération Addiction, France

Cinzia Brentari, “Women & drugs” WG, consultant, Irefrea Italy

Stéphane Leclercq, “Safer Nightlife” WG, ABD

Thomas Legl, “Treatment challenge” WG, President of Euro-TC

Eric Schneider, “Health education” WG, Director of Acces13, France

Vanina Hallab, French Platform, Forum français pour la Sécurité urbaine

Viola Barbieri, Italian Platform, Forum Italiano per la Sicurezza Urbana

Nuno Oliveira, Portuguese Platform, Vice-President of Matosinhos’ Municipal
Council, Fórum Português para a Prevenção e Segurança Urbana

Doina Nita, Romanian Platform, Romanian National Drug Agency, Romania

The plenary session served as a first glance into the work and results of the different working groups. All groups developed guidelines on how to tackle “their” issue and interest of the participants in these is high. There was also a proposal to disseminate a summary of the results at higher political levels.

During the discussion all presenters expressed a need for multi-stakeholder collaborations that also include the target groups themselves, whose voices are seldom heard when it comes to drawing up policies. There was also a wide consensus that what works in one context may not work in another. Hence, flexibility and a clear knowledge of the actual situation are needed. Instead of ready-made solutions, tailor-made responses based on a common assessment and the latest quality standards should be applied. The working groups sought to provide state-of-the-art methods, approaches and tools but the actual implementation should be subject to a specific and individual assessment of the needs.



However, a few critical points were also mentioned during the discussion:

- Now that guidelines have been developed in the various fields, how are they going to be used? It would be interesting to evaluate how guidelines are being used and implemented and to publish good practices.
- It seems that in many areas repression against drug users is gaining ground again. How can we respond to this development and keep the balance between the legitimate rights of citizens to security and public order on the one hand and the civil and human rights of drug users -who are also citizens- on the other?

More info on the Democracy, Cities and Drugs II project



How to find ways to live together ? February 23rd

Michel Marcus, Executive Director of the European Forum for Urban Security

Martine Lacoste, Vice-President of Fédération Addiction, France

How to live together in societies where people are suffering from addictions?

Christian Laval, Assistant Manager of the National Monitoring Centre on Mental Health Practices, Doctor in Sociology, Centre Max Weber, Lyon, France

From uncertainties to creative actions...

The objective of this session was to address the issue of drug consumption, as contemplated by Efus and its partners, in the wider perspective of “living together”. By this, we mean the personal relationships existing among the inhabitants of a city and a society who live more or less happily in a common territory. We also mean to address another important aspect: the relation between citizens and their Authorities, be they local, national or even international.

How can we address the very complex relationship existing between an individual and The Rule? How is it understood and accepted? We can also ask the question the other way round. What rules are necessary in order to create a public living environment that is best adapted to each of us, and respects our individual differences and aspirations? In other words, how do we organise life in society?

One of the main issues at stake is the balance between what is actually done and what States promise to do. What can we learn from comparing practices and speeches? As we all know, they rarely coincide. Efus and other organisations must promote field practices and ensure their visibility: this is without a doubt both a challenge and a permanent task.

Over the past years, coexistence has become an interrogation: “Why can’t we live together?” We live in a society where a permanent tension opposes citizens and consumers. We have to give meaning to education and be aware that in the field of drugs, repression can never replace prevention. However, preventive



approaches need to be constantly adapted in order to deal efficiently with new consumption behaviours, such as the binge drinking phenomenon recently observed among young people.

It is also necessary to go back to basics. Hence, prevention strategies must include schemes that allow risk reduction and access to health care. This said, we need to keep in mind that some of the models we use in our approach to drug addicts and risk reduction were put in place more than 20 years ago. We must examine if they are still valid today.

[Read more...](#)

Presentation by Martine Lacoste



Bridging the gap between policy makers, researchers and practitioners

February 24th

Luciano Gamberini, PhD. Human Technology Lab, Dept. General Psychology, University of Padua, Italy

Doina Nita, Project Assistant, Romanian Anti Drug Agency, Romania

Valérie Paternotte, Health Department, French Community Commission, Brussels, Belgium

Bertrand Fincoeur, province of Liège, Belgium

Hans Gros, Drug Coordinator, city of Stuttgart, Germany

Matej Košir, Utrip Institute for Research and Development, Slovenia

Adam Zawadzki, DAAD Fellow, BASICS-Network, Diploma in Educational Sciences

Even though efforts are constantly made to find new and more efficient methods to approach the phenomenon of drug abuse, stakeholders often seem to have different interests at stake. For various reasons, scientific findings are often included with great delay in the daily practices of social workers. Worse even, the outcome of research projects and new social practices rarely make it in the overall political agenda, and remain ignored by decision-makers.

Because of this situation and the existing gap between knowledge and action, solutions are scattered and incoherent, and there is a lack of clear guidelines as to how to approach drug abuse. Indeed, solutions often seem to be inspired more by the moral prejudices of stakeholders and political institutions than by addicts' needs or by the current scientific knowledge. Interventions are implemented without coherence, and treatments are often unavailable, best practices are not widely shared, and there are significant differences among the various repression/tolerance systems. These factors increase the feeling of insecurity and are costly for the tax-payer. Also, they contribute to a general lack of confidence in public health systems.

The debates that took place during this session showed how researchers and local elected officials have diverging perceptions and expectations, among others



because their agendas are different. Politicians, NGOs and researchers have a different perception of time, and have to meet different types of deadlines. It is worth noting however that there are points of convergence in the agendas of researchers and field workers.

Adam Zawadzki stated that even though research programmes are adapted to a specific framework and are based on facts, they can also evolve according to behaviours. The gap, he said, is not only due to a language issue but also to different professional and cultural codes and standards.

How does the gap create different expectations? According to Bertrand Fincoeur, elected officials expect an operational approach while researchers value their independence and aspire to see their research recognised and implemented. They speak the same language but the various stakeholders do not seem to understand each other and research works are not always read.

Matej Košir believes that researchers should present short, summarised version of their work to elected officials, written in an easily understandable style. They should highlight their most interesting conclusions and data, so as to catch the attention of their political audience and get their support. Participants in the working session all agree on that, and stress that more often than not, technicians working in local governing bodies prepare themselves such abstracts, thus becoming messengers between elected officials and scientific researchers.

Is it that any scientific approach is always difficult to implement? For most of the speakers, research must be adapted to social reality while keeping its objective of indicating future trends.

Read more...

Presentation by Adam Zawadzki



A main issue for urban security: drug traffic, impacts and responses

February 24th

Mylène Frappas, Drug Coordinator, city of Marseilles, France

Michel Kokoreff, Professor, University of Nancy II, France

The “business” in poor neighbourhoods, the example of French suburbs

Mario Lapp, Drug Text Foundation, Netherlands

Cannabis: market and politics

Nicola Singleton, Director of Policy & Research, UK Drug Policy Commission

Making an impact: refocusing drug-related enforcement activity on harms

Anne Coppel, Sociologist, France

Johnny Connolly, Researcher, Research Unit on Drugs and Alcohol, An Bord Taighde Slainte, Ireland

Adam Crawford, Professor of Criminology and Criminal Justice; Director of the Centre for Criminal Justice Studies, University of Leeds, United Kingdom

Conclusions by Johnny Connolly:

The four presentations we have heard have identified some key issues in relation to the organisation of illicit drug markets, their impact at a local level and how we do and should respond to them. Firstly, how we respond to drug-related crime and illicit drug markets is clearly constrained although not completely determined by the international legal framework and by conventions. We have heard how the Netherlands has sought to negotiate the tensions and problems created by this framework and the many public health successes which have derived from their approach. We have also learned that our responses to illicit drug markets need to be informed by a clear understanding as to how they work. There are many markets and numerous actors involved performing different roles. Not all markets are equally harmful and we need to disregard the many myths that surround drug markets. For example, many of those involved are small players. Often, dependent drug users are people who are caught up in a cycle of debt and who earn very little money from drug dealing. Also, we need to be mindful that the criminal justice response to drug markets can have unintended adverse consequences, for example where courts impose fines on drug offenders. This can lead them into debt which can contribute to their



involvement in drug dealing. We need also to be aware that illicit drug markets, particularly at a local level, can cause immense harms to individuals and communities, contributing to local fear and vulnerability.

Having said that, and although some may advocate drug legalisation or decriminalisation as the way forward, until such changes happen, we must develop what I refer to as pragmatic humanistic responses. The final speaker developed on the important theme of reorienting drug law enforcement to address harms through multi-stakeholder partnership approaches. New approaches to old challenges require us to embrace imaginative initiatives of this nature.

Conclusions by Anne Coppel:

1) “The business in poor neighbourhoods as a solution and a problem: the example of poor suburbs in France”, by Michel Kokoreff.

Little is known about the scope and organisation of traffic, but we know that this parallel, makeshift economy is not limited to drugs. Police interventions have multiplied in the past few years as traffic networks evolve constantly, generating tensions and fear. ‘Gang wars’ have more to do with political communication than with a sound policy agreed among all.

2) “Cannabis in the Netherlands, market and politics”, by Mario Lapp.

The creation of coffee shops has not solved the question of the status of the product. In the 90s, organised networks took control of production -since then, the rate of THC has been increased-, while the government intensified its fight against production. Today, there is a debate about “cannabis tourism”, and concerns are being voiced regarding security. The government is considering prohibiting the sale of cannabis to foreigners, but municipalities are worried because, they say, products that will not be sold in coffee shops will be sold in the streets. In the long run, it will be necessary to change international conventions but for now, they must be interpreted so as to efficiently protect health.

3) “For a risk reduction strategy applied to security”, by Nicola Singleton.

Rather than focusing on the amount of drugs seized or the number of people arrested, we must focus on improving citizens’ quality of life. Since it is impossible to eliminate illegal markets, we must at least make sure we limit as much as possible their harmful effect. These are the principles that must guide



the intervention of law enforcement services. Priorities must be defined in relation to the impact of traffic on citizens.

This is a radical change of perspective, and it requires a long-term vision. It also requires we negotiate with those implied and reassess the missions and practices of the Police.

The three interventions have highlighted three major themes:

1) Establishing a diagnostic: Even though it is not always possible to evaluate the scope of traffic, it is possible to know what consequences it has on citizens. The effect and impact of the various types of traffic on cities and their inhabitants vary: they can be more or less violent and burdensome.

2) The priorities of repression services must be defined: This must be done with the cooperation of all involved partners, and with the objective of improving the quality of life of citizens. This in turn requires a reassessment of repressive practices. The fact that various services and urban agglomerations will have to negotiate what they consider priorities will improve communication among them.

3) Drug policies: International conventions define a general framework, but there is a certain degree of freedom in the way they are interpreted. A harms reduction approach requires to assess what type of actions work best to protect health. A similar approach can be applied to security: what actions contribute to effectively improve the security of citizens? Such a pragmatic approach can be implemented within any type of legislative framework. It can produce immediate results. It must also foster innovative responses, even if they are not entirely satisfactory.

Drug trafficking is a problem that is often considered insoluble. But at the end of the session, it was clear that defining priorities improves the efficiency of police services, while respecting civic rights.

Read more...

Interventions of Adam Crawford and Michel Kokoreff

Presentation of Mario Lapp

Presentation of Nicola Singleton



Migratory phenomena and intercultural factors in drug policy and interventions in Europe **February 25th**

Luciano Gamberini, PhD. Human Technology Lab., Dept. General Psychology, University of Padua, Italy

Eberhard Schatz, Project Coordinator, Correlation Network

Jane Fountain, University of Central Lancashire, Centre for Ethnicity and Health, United Kingdom

A community engagement model, method and results

Katia Duscherer and **Carlos Paulos**, CePT, Luxembourg

Lost in Translation - Risk reduction in the frontier area between Belgium, France, Germany and Luxembourg

Franco Corradini, Deputy Mayor of Reggio Emilia, in charge of social cohesion and safety, and vice-president of Efus

The experience of the Emilia-Romagna Region, Italy

Ramazan Salman Privat, Director of the Ethno-medical Centre of Hannover, Germany

With migrants for a migrants' model

Jane Fountain presented a community engagement model that challenges traditional research among immigrant and socially excluded communities. This presentation described a model of community engagement that radically challenges traditional research and consultation processes among socially excluded communities. The model was created to address the situation where health and social services (including drug services) and researchers claim to consult, represent, involve, empower or develop so-called 'hidden' or 'hard to reach' populations, but where these claims are too often unsubstantiated and the 'consultation' is superficial. Researchers and needs assessors are more likely to be 'parachuted' into a community, take the information they want from the target population and disappear to write a glossy report and academic papers: the target population have no further involvement in the project and have not benefitted.

The community engagement model is a means by which the health and social service needs of socially excluded groups can be better met by fair access,



experience and outcome. It was first applied to drug use amongst migrant communities in 2000, but has since expanded into other domains (such as mental health problems and violent extremism) and with other target communities. The presentation will outline some of the successes of projects that have used the model. A handout will provide references that more fully explain the model and some of the projects that have applied it.

The CePT presentation of a project implemented in the party scene in Luxembourg: MAG-Net Party project. This project was needed because there is a great mobility in the party scene in the frontier zones between Luxembourg, Belgium, France and Germany. Youngsters cross the borders to attend different events but are often unfamiliar with the region they go to, its language and regulations concerning legal/illegal drugs. Often, they are also unaware of the health and emergency services in other countries. This project is the result of a collaboration among five different institutions. They have tried to raise interest among party goers and to work with peers (students interested in the field).

In the Italian city of Reggio Emilia, the integration policy towards immigrant communities is focused on social and health actions. Franco Corradini, Deputy Mayor of Reggio Emilia in charge of security, explained how street workers built a relationship of trust with migrants (Arab-speaking street mediators who operate in a neighbourhood with an important immigrant population).

The MiMi programme in Germany is a model of health prevention built for immigrant communities. The MiMi programme recruits, trains and supports individuals from immigrant communities so they can become cultural mediators. They act within their community to promote new ways of dealing with health and the body, different from traditional customs. The objective of this programme is to make the German health system more accessible to immigrants, increase their health literacy, and to empower immigrant communities by favouring their direct participation in the process.

Read more...

Presentation of the Lost in Translation Project (Katia Duscherer and Carlos Paulos)

Abstract of the Lost in Translation Project (Katia Duscherer and Carlos Paulos)

Presentation of Jane Fountain

Abstract of Jane Fountain

Presentation of Franco Corradini



E-Health Programme February 24th

Stéphane Leclercq, ABD-Energy Control, EU project manager of the DC&D II Safer Nightlife Empowerment & Wellbeing Implementation Project, Barcelona
Energy Control's E-health and new media outreach tools

Pjer Vriens, Intervention Developer, Department of Infectious Diseases, Rotterdam Public Health Service - Correlation network, E-health coordinator
E-health and Drugs: an introduction and presentation of a new social intervention tool for online outreach

Karl Kociper, Check-it, Vienna
Standards for on-line counselling

Internet offers unique opportunities for new methods and strategies to do effective online outreach work. New tools are being developed, filling the gap between prevention and treatment. Organisations also have to develop their own audio, video and new media products, evolving from traditional written documents to e-health and the Web 2.0. More attention will have to be devoted over the next few years on mobile phone contents and applications. New competencies are also required and classical counselling techniques have to be adapted. The e-health DC&D II workshop has shown some of the possibilities already available for practitioners at a reasonable cost.

Read more...

Presentation of Stéphane Leclercq

Presentation of Pjer Vriens

Presentation of Karl Kociper



What solutions for small cities?

February 24th

Susanne Schardt, Consultant, Realitäten Bureau, Germany

Hélène Martineau, Deputy Director at the French Monitoring Centre for Drugs and Drug Addictions (OFDT, according to the French acronym), France

Quantitative presentation of drug use and services in French regions. Overview of disparities

Roger Ferrer Montero, Coordinator, DRAC Project

Presentation of DRAC Project, a drug prevention and harms reduction programme launched by the Council of Osona, Spain

Bernard Rivailé, Deputy Mayor for Public Safety of the city of Lormont, France

The French situation and the role of municipalities in the field of prevention

Antonio Leone, Service for Projects and Communication, city of Cormano, Italy

Preventing use of legal and illegal drugs among youths. The experience of Cormano, a small town in a complex environment

This workshop was focused on the fact that drug services are mainly available in big cities although there are also high risk drug users in rural areas and small towns. Budgetary issues play an important role here as do the push and pull effects of towns located in the vicinity of large cities, such as Bordeaux (France) and Milan (Italy).

After presentations of the different approaches and the input of the French Monitoring Centre for Drugs and Drug Addictions (OFDT, according to the French acronym), discussions showed that smaller cities may serve as “laboratories for change” for two major reasons:

1. In smaller cities, policy makers are “closer to the issue” or, as one participant said: “There may not be so many studies in small cities, but there is a good sense of reality combined with a good understanding of possibilities.”
2. Bringing local actors together and really including all concerned groups is easier in small cities. That speeds up decision processes and allows for very flexible solutions.

However, one point needs to be stressed: as much as smaller city policy makers



are closer to the problems, this is true the other round too as they are under closer scrutiny from local citizens. Hence, problematic situations require to be tackled fast, and responses are often rather based on public opinion than real facts and figures.

Another important point highlighted during the debate is that small cities must not only form alliances within their community but also with other smaller communities around. This would allow for a more efficient use of public money, and ensure a common strategy in handling regional problems.

Read more...

Presentation of H el ene Martineau

Presentation of Roger Ferrer

Presentation of Antonio Leone



Women's needs and voices February 24th

Cinzia Brentari, Coordinator of the “Women and drugs” Working Group,
Consultant, Irefrea Italy

Rosario Mendes, Irefrea Portugal

Gender inequality: five reasons to drink differently

Pye Jakobsson, International Spokesperson, Rose Alliance, Sweden

Challenging the concept of “Hard to reach” communities

Cinzia Brentari is the coordinator of the “Women’s and Drugs” working group of the DC&D II project. The group drew up a set of guidelines on the problems that women face when using drugs, and in their lives in general.

The methodology consisted in working with different services in the cities and asking the following questions:

- Do you have services specifically aimed at women drug users?
- Do you collect data?
- Do you have specific guidelines on gender issues?

The working group then analysed the available data and results of research, guidelines and protocols. Their set of guidelines is available on the DC&D website.

Data:

- more men than women use drugs;
- violence among drug users is more frequent against women;
- more women than men face economic difficulties;
- women are more vulnerable than men to infections.

The session offered an interesting conclusion to three years of work. It allowed to analyse new trends in drug consumption among women in Europe, such as the emerging phenomenon of binge drinking among young girls (as is the case also among young men).



Participants also stressed the need to challenge the prejudice according to which women are “hard to reach”, and to adopt new ways of approaching substance users, first of all by taking into account their specific experience and situation.

Discussions with the floor included the need to go beyond the concept of special services for women and rather focus all services related to drugs and alcohol abuse on a gender basis.

Read more...

Presentation of Rosario Mendes



Local practices in urban coexistence February 24th

Vanina Hallab, Coordinator of the DC&D French Platform, French Forum for Urban Security, France

Carla Napolano, Project Manager, European Forum for Urban Security

Thomas Kattau, Administrator of the Pompidou Group, Council of Europe

Patricia Ros, Head of the Drug Unit of the City of Tarragona, Spain

Platform «Nits Q» in Tarragona. Quality Nights Project

Philippe Lagomanzini, Director of the Drogues et Société association, France

Drug use: prevention of social exclusion through interventions based on territories

Manon Reynders and Sophie Neuforge, Drugs Monitoring Centre of the city of Liège, Belgium

Experimental project of heroin assisted treatment. Integration into the city: the stakes

Dominique Meunier, Project Manager, Fédération Addiction, Paris

Karlheinz Cerny, Referent project expert, member of the board of directors of Fédération Addiction, manager at the Espace du Possible - ADNSEA, Lille.

Young vagrants, in European cities -use of drugs, alcohol and other psychoactive substances

Olivier Peyroux, Sociologist, Hors la rue, France

Addiction behaviours among migrant Roma communities

Eberhard Schatz, Project Coordinator of the Correlation Network, Amsterdam, Netherlands

How to support the inclusion of marginalised people into the local drug policies?

The fact that our societies include an increasingly diverse number of ethnic groups, particularly following the expansion of the Schengen zone and the increasing mobility in Europe, means that field workers need to acquire new skills in order to grasp immigrants' languages and social habits. Indeed, it is often difficult to reach immigrants or residents with a different ethnic background (than the rest of the population) when they are socially excluded and have problems of substance abuse. Staff lack skills and capacity to reach out. Also, people from these groups are often reluctant to ask for and receive help, including in emergency situations, because of a deeply-rooted fear of



any kind of state or official organisation. The general drive among health and other drug prevention professionals is to recruit more staff with different ethnic origin. Also, practitioners regularly call for more professional exchanges among countries and for direct working contacts among frontline professionals throughout Europe.

All the professionals and experts consulted for this research confirm that the difficulty to reach target groups with different ethnic and cultural backgrounds remains a major challenge. Among the key issues are: different mentality and social conventions, distinct culture and hierarchy, language and integration problems. Often the health status of these communities is poor, and their health problems remain untreated because they either have no adequate access to services or are suspicious of institutions. In many cultures, people keep their problems in the family and do not request outside contact and help. Due to strong family ties and suspicion of public services, very few contemplate residential care.

This said, a number of projects have emerged in the context of the Democracy, Cities and Drugs project that appear to successfully reach vulnerable groups, including those from different ethnic and highly marginalised backgrounds. From a policy perspective, these projects are all based on a public health approach, with an overall objective that is relevant not only to the targeted groups but also to society at large. This approach is much more effective than others based on ideology and supported only by a fraction of society. In terms of implementation and management, all these projects adopt a hands-on and client-centred approach. They are not so much focused on institutional interests than on pragmatic solutions answering to customers' needs. This is a guarantee of success and of a sound use of resources. They all share as well the overall objective of social inclusion and integration.

Target groups, beneficiaries and activities vary greatly. Some address risky behaviour among mainstream youths engaged in youth culture activities such as night-clubbing and other leisure. Others provide support to marginalised and excluded groups and offer services and assistance aimed at integration.



The working methods adopted by these projects also vary greatly. Some are more traditionally service-oriented (client/provider approach), while others are based on peer work. All of them, however, share the objective of involving users and consulting their target-groups about the definition and implementation of activities.

Another common characteristic is networking with different stakeholders in the field and also at a distance through internet, training sessions and meetings with colleagues of other regions and countries.

One of the most interesting achievements of these projects is that they all have been able to successfully cooperate with the relevant stakeholders and to secure the commitment and support of political officials. This is not an easy task, and our experience shows that many projects fail because they lack that kind of support. The strength of these partnerships, which are key to the sustainability of these projects, needs to be confirmed in the long run. Equally interesting will be to see if political leaders will learn from these projects, and ensure their dissemination.

Read more...

Abstract of M. Reynders and S. Neuforge



How to validate your work February 24th

Steps to evaluate a local drug policy

Fernando Mendes, Responsible of the Democracy, Cities & Drugs project evaluation, Irefrea Portugal

Matej Košir, Utrip Institute for Research and Development, Slovenia

The complexity of responses to the problem of addiction is also reflected in our cities and in the options we need to contemplate. However it is possible to develop strategies to improve the evaluation of our interventions. In this sense a local evaluation programme must provide:

- a systematic review and constant improvement of environmental health services programmes (drug demand reduction programmes - prevention, harms reduction and treatment);
- the use of evaluation instruments that also need to be regularly reviewed;
- core programme consistency (maintain a local network associating Justice, health services and social services);
- reinforced public health objectives;
- public health outcomes that are upheld and constantly improved;
- sharing the best aspects of the programme;
- a communication policy;
- a careful planning and allocation of resources;
- the search for best practices.

Read more...

Powerpoint presentation of this workshop



Presentation of the the Prague Declaration on the principles of effective local drug policies February 25th

Pavel Bém, former Mayor of Prague

Kasia Malinowska-Sempruch, Director, Global Drug Policy Program, OSI

Tomas Zabransky, Head for Research and Development, Centre for Addictology, Czech Republic

Christine Köhler Azara, Berlin Drug Commissioner, Germany

The Prague declaration was presented by Pavel Bem, former Mayor of Prague.

The Prague Declaration is a statement of representatives of municipal governments, decision makers responsible for local and municipal drug policies, workers in the field of drug prevention, regulation, treatment, and harms reduction, and researchers in the field of drugs. It was prepared in Prague for the *Urban Drug Policies in the Globalised World* conference (September 30th - October 2nd, 2010), and is open to signature by anyone interested in urban, municipal and local drug policy at www.praguedeclaration.com.

Mr Bem spoke also about the local drug policy implemented in the city of Prague. He presented the various benefits of this type of action, including a low proportion of “hidden” drug addicts among the population, a low mortality rate, a low prevalence of HIV among problematic drug users, manageable morbidity rates, manageable dynamics, acceptable economic and social costs.

“The constant and improving information flows between the local, national, and international levels of drug policies through a common voice is one of the challenges of the future,” he said.

Kasia Sempruch of the Open Society Institute (OSI) highlighted the success of national harms reduction policies undertaken in Portugal and Switzerland.

“We consider that Efus is an interesting network because it takes policies out of their local and national context and shares them throughout its network. The local level is particularly interesting because this is where we can clearly understand what works and what not,” she said.



Read more...

Presentation of P. Bem on the Prague Declaration
Presentation of P. Bem on the case of the City of Prague
Presentation of C. Köhler Azara



Democracy, Cities and Drugs resolution and conclusions

Drug trafficking and consumption are phenomena that are deeply part of our cities' public spaces. As elected representatives in charge of the common good, we have to face this reality, and make sure we limit its harmful effect on people, families and the general public.

Thus, any approach has to be based not on ideology but on realism and the analysis of facts, more specifically on the results of the scientific assessment requested by the European Commission [1].

A certain consensus already exists in this matter. We can see it in the Saragossa Manifesto (2006), the Vienna Declaration (2010), and the Prague Declaration (2010) which state some principles and recommendations that we would like to recall here.

The issues of security and public health should not be seen as two opposed notions, but rather as complementary and interdependent. We must make sure that the basic human rights of people suffering from severe distress due to drug consumption are guaranteed. Indeed, these distresses have to be considered above all as diseases.

It has become clear that mostly repressive policies against users have proven to be inefficient. They only intensify the stigmatisation of drug users, and put them and their community more at risk. The priorities of such policies are the fight against drug trafficking, in particular at an international level, and the organisation of the market. But the drug users are not part of it.

It is known that local policies have the most direct effect on any situation linked to drugs. Also, local authorities play a key-role in gathering information and implementing innovative solutions. It is the responsibility of local authorities to promote favourable conditions for coexistence among people, allowing each individual to assert him/herself as a citizen, and contribute to building social cohesion. This also concerns drug users.

Local policies must be part of a precise national and international framework,



while adapted to each specific local situation. Local authorities must have the means and freedom to experiment innovative responses. Public financing must allow a good balance between the need to reduce the offer, the demand and the damages.

International conventions must also take into account this necessary balance. They must be re-assessed in light of the previously mentioned scientific evaluation requested by the European Commission, given their failure both in terms of public security and public health. Realism and pragmatism must match individuals' fundamental rights and freedom.

In reference to the above-mentioned texts and following the Democracy, Cities and Drugs project, European cities members of the European Forum for Urban Security and the project partners have agreed on the following principles:

1. Partnerships and cooperation must be reinforced, once and again, so that everyone (including drug users) may contribute to a common approach;
2. Fostering a global debate on a controlled decriminalisation of these health issues that are drug consumption and in particular the addiction to psychotropic substances;
3. Repressive means must be targeted more clearly towards markets control, especially international ones, which means recognising drug trafficking, and the underground economy linked to it, as one of the most destructive factors against social cohesion and coexistence in our cities;
4. Cooperation and dialogue between the scientific, political and technical arenas must be constantly favoured and strengthened;
5. The task of local officials when it comes to adapting treatments offered to the actual needs of affected citizens must be facilitated;
6. Any prevention or therapeutic approach must focus more specifically on women. Vulnerable groups must also benefit from specific and adapted policies;

7. Therapeutic monitoring has to be considered as an effective alternative to imprisonment. But it has to be seen that adapted treatments also have to be offered to the inmates.

8. Any national or international policy must take into account the fact that drug trafficking and consumption does not only affect large cities but also small and medium ones that, throughout Europe, are currently struggling to tackle these issues, and are prejudiced by flagrant inequalities in terms of financial means and health capacities.

[1] <http://zaragoza2006.fesu.org/>

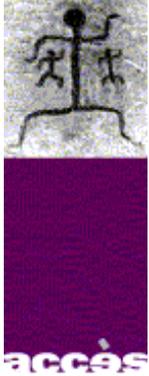
[2] <http://www.viennadeclaration.com/>

[3] <http://www.praguedeclaration.com/>

[4] *European Commission report: the world drugs problem, ten years on, March 2009*

[1] *Reuter, Peter (RAND) and Trautmann, Franz (Trimbos Institute) (Editors) : A report on Global Illicit Drugs Markets 1998- 200, European Communities, 2009*

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