



**Pompidou Group**  
Co-operation Group to Combat Drug Abuse  
and Illicit Trafficking in Drugs

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## **1st European Drug Prevention Forum**

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“Polydrug use: mixing different drugs –  
new trends in youth culture”

### **Proceedings**

Ekaterinburg, Russian Federation, 6 and 7 October 2004

Organised by the Pompidou Group  
(Co-operation Group to Combat Drug Abuse  
and Illicit Trafficking in Drugs)  
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## **Pompidou Group**

The Co-operation Group to Combat Drug Abuse and Illicit Trafficking in Drugs (Pompidou Group) is an intergovernmental body formed in 1971. Since 1980 it has carried out its activities within the framework of the Council of Europe. Thirty-five countries are now members of this European multidisciplinary forum which allows policy-makers, professionals and experts to exchange information and ideas on a whole range of drug misuse and trafficking problems. These countries are the following: Austria, Azerbaijan, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Romania, Russian Federation, San Marino, Slovakia, Slovenia, Spain, Sweden, Switzerland, Turkey, United-Kingdom. Its new mission adopted at the Ministerial Conference of Dublin in October 2003 is the promotion of dialogue and interaction between policy, practice and science with a special focus on the practical implementation of drug policies.



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## CONCLUSIONS AND FOLLOW-UP

The Forum was attended by 134 participants (experts, decision makers and young people) from 16 countries. For the first time in such an activity there was an equal balance between young people and other participants.

### **Conclusions from the Forum:**

The concept of a consultative forum involving young people shows that it is workable, feasible and productive. This type of activity has shown that a regular consultation process between young people and experts/decision makers can generate new insights and information of relevance to developing prevention policies.

During this Forum the young people highlighted that the following issues were of concern to them:

- Co-dependency is a significant problem for young people who have family members with a drug problem.
- Young people feel that they have not been given sufficient reasons why they should not take drugs.
- They feel that alcohol and cigarette commercials manipulate them into addictive behaviour and create a culture of substance use that also lures them into taking illegal drugs.
- Consequences of polydrug use are little known, particularly health effects, and the young people request more information.
- Healthy lifestyles have become more interesting for young people.
- Adults should be better role models, particularly parents.
- Healthy lifestyles are increasingly a concept of interest to young people but related activities must be appealing and take into account their wishes and needs.
- There was strong agreement among young people, despite diverging views on drug use, that the use of cannabis should not be criminalised.
- Young people find that the differentiation between legal and illegal drugs is not helpful and that this does not really influence their choices so much; health issues and other risks, such as the problem of developing a dependence or an addiction, when taking substances are more influencing their choices and are certainly of interest and concern to them.
- Young people feel that they are often given activities to occupy time rather than giving them real opportunities in life.
- Substances are used primarily for their specific effects or experimentation, rarely just for fun only.
- Young people do not find 'prevention' as a concept very appealing. They feel that approaches of support and empowerment would lead more effectively to the same results as sought under traditional prevention programmes.

- Young people want to be seen as a resource to overcome problems rather than the problem itself.

#### **Award ceremony European Prevention Prize 2004:**

The European Prevention Prize 2004 was awarded on the occasion of the 1<sup>st</sup> Prevention Forum in Ekaterinburg on 7 October 2004 to the three projects selected by the jury during their meeting in May 2004 in Hamburg: “Voilà” (Switzerland), “Be Aware” (Slovenia), “Young Leaders in the Community” (U.K.). The winners from Switzerland and the United Kingdom were participants in the Forum and received the awards, certificates and a letter from the Secretariat informing them of the cash prize of € 1,500.

The young people of the jury had prepared commendation speeches for each of the winning projects.

#### **Follow-up:**

The 2<sup>nd</sup> European Drug Prevention Forum is planned for 2006. On this occasion, the next European Prevention Prize will be awarded.

The deadline for applications is 31 October 2005 and application forms can be obtained from the Secretariat at the following address: [preventionprize2006@coe.int](mailto:preventionprize2006@coe.int)



## BACKGROUND

### **Why a “1<sup>ST</sup> European Drug Prevention Forum” and a “European Prevention Prize”?**

The Helsinki Conference on “targeted drug prevention – reaching young people in the community” organised by the Pompidou Group in cooperation with the Finnish Ministry of Social Affairs in November 2002 brought together practitioners, researchers, decision makers and young people as a first step towards establishing a direct dialogue between young people and professionals.

This conference proved that participation is a concept that has the strong potential to mobilise commitment of young people and create an environment where young people are prepared to take on responsibilities on their own accord. This underlines the potential that can be generated from discussion with young persons on an equal level with adults. In addition to providing information and allowing for non-personal forms of communication (help- and info-lines, internet communications/ chat rooms) the genuine face to face dialogue is indispensable. Different forms of communication taken together can significantly empower young people to show initiative and take on commitments. Consequently the positive experiences generated during this conference led the Pompidou Group to adopt activities that will reinforce and promote the concept of active youth participation in the planning, implementation and evaluation of drug prevention programmes.

Therefore, the holding of a European forum on drug prevention and the setting up of a European prevention prize was included in the Work Programme (2004-2006), adopted at the Pompidou Group Ministerial Conference in Dublin in October 2003. The holding of these two events was made possible thanks to voluntary financial contributions to the Pompidou Group budget by Norway and Switzerland.

The concept behind these activities is the concept of participation.

#### ***What do we mean by participation in developing prevention programmes?***

First, the concept is based on the fact that up to now, only a few prevention programmes have proved to be effective in communicating prevention messages to young people.

Only a few prevention concepts and methods developed and applied during the past 20 years actually showed any of the anticipated results. Any tangible results observed remained fragmented or limited in scope, time and target group. Among these are life skills training, peer group education, healthy lifestyles approach and police prevention work. Many expensive strategies, such as big media campaigns, proved to have little effect in communicating messages to the target groups.

Until today, three key groups of players determine the concepts, methods and policies in the prevention field: political decision makers, experts and practitioners.

As a new dimension the potential of young people in their capacity as “experts on youth” (knowing their own needs and desires best) should be mobilised and utilised in developing timely and more effective methods. So far the potential of young people to contribute to the development of prevention programmes has not been mobilised. Time has come now to encourage their active participation.

### ***The rights of young people in society***

The image and role of young persons in society has changed dramatically over the last years. For 3 centuries the child was object of protection, an image and role that is no longer valid. The young person has become a bearer of rights and a subject in the law as reflected in many recent political declarations and manifested legal instruments (European Convention on The Exercise of Children’s Rights, UN Convention on the Rights of the Child etc.). The child’s role evolved to that of a citizen at the beginning of the 21st century.

Consequently, the young people of today enjoy legal rights which guarantee their involvement in all matters that concern them. They have the legal rights for their views to be taken into account in all matters that affect their lives.

### ***Democratic citizenship***

The participation of young people is not only the consequent way of implementing young people’s rights as enshrined in various international conventions and recommendations. It is also lived democracy and education towards responsible citizenship.

In order to allow for this genuine potential to develop and generate new answers to old questions, the young people have to be well prepared, participate in the planning of their contributions and input and be involved in the follow-up.

### ***Additional therapeutic value***

Thanks to the findings of developmental psychology it is commonly accepted that many problems young people encounter are closely related to a lack of opportunities to acquire social experience. In particular, deficiencies in the areas of moral development, social behaviour and personal identity are clearly linked to environments that entice young people to adopt passive behaviour. An absence of possibilities for participation can already be a socio-cultural cause in itself for grave psychological and behavioural problems of young people, including violence, aggression, lack of responsibility, etc.

### ***A few words to summarise the importance of participation of young people***

Participation is not only the most prominent right enshrined in the UN Convention on the Rights of the Child but also an important prerequisite in creating a lasting learning process that allows values to be instilled in a young person.

An essential factor for the well-being and development of a child is the possibility to feel that he/she belongs to an environment that offers him/her realistic and sufficient ground for personal commitment.

Children's rights, and in particular that of the participation of young persons are not a threat to the adult world and its order. On the contrary, active participation is a right with added values: the preventive potential that will help them to become responsible and committed adults. The recuperative potential of participation will help young people to better handle their life situation and challenges, thus building up their resilience. In addition, participation constitutes a moral value that builds respect, solidarity and a sense of responsibility.

### ***1<sup>st</sup> European Drug Prevention Forum***

It was held on 6-7 October 2004 in the Congress Centre of the residence of the Governor of Sverdlovskaya Oblast in Ekaterinburg, in the Russian Federation. It was organised by the Pompidou Group in collaboration with the Department for Youth Affairs of Sverdlovskaya Oblast and the Russian Federal Ministry of Education. It brought together 134 participants (experts, decision makers and young people) from 16 European countries to discuss polydrug use and new trends in youth cultures. This forum engaged young people and adults in communication with each other in order to promote awareness on critical issues and to build partnerships in drug prevention.

Four working groups, each involving both young people and adults, discussed alcohol, illegal drugs, cannabis, tobacco, party drugs, the music scene and understanding youth culture and examined the facts, risks and methods of prevention.

### **“European Prevention Prize”**

The European Prevention Prize is a series of 3 prizes awarded to the best drug prevention programmes in Europe, involving young people in an active participatory way. The jury in 2004 consisted of 6 young people and was supported by an advisory panel of 3 experts on drug prevention. This cash prize will be awarded every two years.

The European Prevention Prize 2004 was awarded on the occasion of the 1<sup>st</sup> Prevention Forum in Ekaterinburg on 7 October 2004 to the three projects selected by the jury during their meeting in May 2004 in Hamburg: “Voilà” (Switzerland), “Be Aware” (Slovenia), “Young Leaders in the Community” (U.K.). The winners from Switzerland and the United Kingdom were participants in the Forum and received the awards, certificates and a letter from the Secretariat informing them of the cash prize of 1,500 €.



## **Welcome address by Eduard ROSSEL – the Governor of Sverdlovskaya Oblast**

Dear participants of the Forum, Dear Guests,

Let me welcome you at the border between Europe and Asia, in the heart of Russia – in Sverdlovskaya Oblast. Today I have the honour to open the First European Consultative Drug Prevention Forum, organised by the Pompidou Group of the Council of Europe in collaboration with the Department for Youth Affairs of Sverdlovskaya Oblast and the Russian Federal Ministry of Education.

It is very significant that the Forum, with participants from 16 European countries, **is being held for the first time in Sverdlovskaya Oblast**. It illustrates a high status of our region among other subjects of the Russian Federation. First of all, I want to give you a short introduction to Sverdlovskaya Oblast, the place where your working meeting is being held.

Sverdlovskaya Oblast is a major industrial region with a population of nearly 5 million people. It occupies the territory of 194,800 square km. The leading industries are: ferrous and non-ferrous metallurgy, heavy engineering, chemical industry, forest and timber industry, production of construction materials. The region has light industry, textile industry and agriculture. It is a large cultural, scientific and intellectual region of Russia.

In recent years the economy of the region has been experiencing a sustainable dynamic growth. Moreover, the rate of growth sometimes significantly exceeds the average rate of growth in other Russian regions. Thus, during 9 months of 2004 the growth of industrial production in the region has reached 113% (the overall Russian index has reached 107%). Especially quick is the rate of growth in ferrous and non-ferrous metallurgy, chemical and petrochemical industries. Metallurgic plants have increased production by 24% as compared to the first 6 months of 2003, the production of construction materials was increased by 9%, the number of completed house construction is 20% more than at the same period in 2003.

Sverdlovskaya Oblast has seen some growth in the actual incomes of people (18% growth only during the first 3 months of 2004), salary debt is decreasing. All pensions and benefits are paid out in full and on time.

Therefore, Sverdlovskaya Oblast, with its dynamically developing economy and growth of actual incomes of the population, is quite attractive for serious economic partners, as well as, regrettably, for the structures which are related to your sphere of activity.

Sverdlovskaya Oblast is situated in the centre of Russia, on the border of Europe and Asia. Having no borders with foreign countries and no raw materials for drug

production, our region has been holding the leading position during the last 3 years in illegal drug trafficking in the Asian part of Russia.

Drug dealers relate to Ekaterinburg, as well as to Moscow and Saint-Petersburg, as a market with high perspectives and as a bridgehead for drug trafficking on a European scale.

I can say without exaggeration that nearly 90 kilograms of narcotic and psychoactive substances, recovered by the regional law enforcement agencies during the last 9 months, is just the tip of the iceberg.

In conclusion, I would like to note that discussing such issues at the Forum shows a mutual aspiration of the parties involved to exchange information, to work out common communication norms in order to ensure human and civil rights.

I wish you good luck in your difficult task!

## **Welcome speech by Bob KEIZER – Chair of the Pompidou Group Permanent Correspondents**

Distinguished guests, ladies and gentlemen, dear colleagues,

It is with great pleasure that I welcome you to the 1<sup>st</sup> European Drug Prevention Forum here in the city of Ekaterinburg in the Russian Federation.

Firstly, I would like to take this opportunity to warmly thank the Governor of Sverdlovskaya Oblast, the Mayor of the City of Ekaterinburg and the federal authorities of the Russian Federation for all their efforts in hosting this event.

I am very pleased that this meeting is taking place here. The Russian Federation has been a member of the Pompidou Group since 1999 which means that it is a relatively new member. The Pompidou Group itself has been in existence since 1971 and, with 34 member states, it is one of the largest and oldest groups of the Council of Europe.

The Pompidou Group is a special and unique body. First of all because it deals with all aspects of drugs policy: justice, addiction treatment, ethics and human rights, research and prevention. Due to these diverse subject areas the Pompidou Group is a natural place for all sorts of different experts to meet and learn a great deal from each other.

Secondly, the Pompidou Group is unique because it deals with the content and quality of drugs policy and as little as possible with political differences. This gives it an important bridging function between countries.

Thirdly, the Pompidou Group is unique because due to this non-political and multi-disciplinary character, it can give leeway to creativity, an open exchange of views and the development of new concepts. In this way the Pompidou Group has, over the past 30 years, made an enormous contribution to the quality of European drugs policy. And it is a source of great delight to me that the Russian Federation is playing a full part in that process.

Last year the Pompidou Group adopted a new four-year work programme. At its core is the decision that the Pompidou Group will devote more attention in the next four year period to the practical feasibility of implementing policy; we are doing that because we believe that national drugs policies have so far been excessively influenced by theoretical approaches and by political wishes, and that too little attention has been paid to working in practice.

That also applies to drug prevention. Only a few drug prevention concepts and methods developed and applied during the past 20 years actually showed any of the anticipated results. Many results of prevention remained fragmented or limited. Expensive strategies, such as big media campaigns, proved to have limited effectiveness in communicating messages to the target groups.

Until today three key groups of players have determined the concepts, methods and policies in the prevention field: political decision makers, experts and practitioners. The most important group was actually missing, i.e. young people themselves.

This idea is being further developed by the Pompidou Group. The positive experiences generated during the 2002 Helsinki Conference “Targeted Drug Prevention – reaching young people in the community” led the Pompidou Group to adopt the idea of a

European Forum for Drug Prevention that will reinforce and promote the concept of active youth participation in the planning, implementation and evaluation of drug prevention programmes.

As a new dimension the potential of young people in their capacity as "experts on youth" should be mobilised and utilised in developing timely and more effective methods. We believe that this can significantly enhance the quality of work and provide better results. The European Drug Prevention Forum, which meets here today for the first time seeks exactly to do this.

The topic of the first meeting of the European Prevention Forum here in Ekaterinburg is Polydrug Use – a priority area for all European governments. You will receive more in-depth information about this phenomenon in the key-note speech by Richard Ives.

I am also very pleased to announce that for the first time the European Prevention Prizes will be awarded in 2004. This series of 3 prizes will be awarded to drug prevention programmes in Europe that involve young people in an active participatory way. The prizes will be awarded on the occasion of this Forum here in Ekaterinburg. The jury for the European Prevention Prize consists of 6 young people from across Europe and is supported by an advisory panel of 3 experts on drug prevention. We also see this prize as a means of promoting the participation of young people.

Ladies and Gentlemen, I have given this brief presentation about the Pompidou Group and the background of this new forum and the Prevention Prize because I hope to have made clear that this conference is not here to make all kinds of political statements or develop scientifically justified but unrealistic concepts. We are here so that we can listen to what is actually going on in practice, which specific problems and dilemmas arise in practice and what young people do and do not consider to be credible forms of prevention.

I would like to say specifically to the experts and to the young people: speak openly and honestly about what your experiences and opinions are. Speak freely and do not feel obliged to stick to the official policy line of your country.

And to the policy makers I say: listen carefully to these signals from people working on the ground and to the comments made by young people.

And to all of you I say: use this opportunity to get to know each other better and enjoy your stay and the Russian hospitality.

I am convinced that in this way, the two days of this 1<sup>st</sup> European Drug Prevention Forum will be a great success. Thank you!



# **Polydrug use – the use of drugs in combination by Richard IVES and Preetie GHELANIE, (Educari, United Kingdom)**

## **1. Introduction**

This report has been prepared to assist the Pompidou Group to deliberate on the issue of polydrug use. It is based on a survey of the research literature in English, conducted: (i) using internet searches; (ii) through contact with relevant colleagues in the drugs field; and (iii) by the use of the extensive resources of the UK *DrugScope* Library. Despite its brevity, it is fairly comprehensive as far as the English language material is concerned. The small number of references reflects the relatively small amount of attention given to this important topic.

## **2. Definitions**

The term, 'polydrug use' is used in this report to mean the use of more than one drug. It is preferred to the term 'drug combinations' because it is more commonly used in the English language literature on the topic.

What is polydrug use? Two significantly different categorisations are identified in the literature:

1. **time categories** - these categorisations define polydrug use in terms of the timeframe in which the drugs are used. Either simultaneous polydrug use (SPU) - the use of two or more substances on the same occasion; or the use of different drugs over a drug using 'career' - sometimes referred to as concurrent polydrug use (CPU).
2. **effect categories** - these categorisations define polydrug use in terms of the effects of mixing drugs. For example, where the mixture of drugs taken increases or decreases the effects of each drug, or where new effects are created by the combinations.

A third, less important, categorisation concerns how the drugs are combined (see Byqvist, 1999, page 197).

Multiple substance use complicates the understanding of dependence problems and their assessment and treatment in ways that have not been fully acknowledged (Gossop, 2001). Gossop raises a number of interesting questions about polydrug use. He points out that it is common in data monitoring systems to categorise drug problems according only to the 'main problem' being presented, and suggests that the assessment of dependence should be conducted more precisely and more comprehensively than is done in most current practice, in which polydrug dependence is, through lack of proper data and reporting, not fully considered in treatment and rehabilitation regimes. One response to his article is a suggestion (by Tucker, 2001) that behavioural economics is a useful theoretical framework for understanding the phenomena.

Also in response to Gossop, West, 2001 points out that a quarter of dependent cigarette smokers seen at his clinic also have 'diagnosable alcohol dependence or abuse', and that this group may be more difficult to treat.

This report focuses on simultaneous polydrug use, although it should be remembered that most drug users are polydrug users in the 'concurrent' sense, using more than one drug at some time. For example, a project in Vienna collected data from 346 respondents who had taken ecstasy at least once in their lives. Almost all (97%) had also tried cannabis, while 92 per cent had tried amphetamines and 70 per cent LSD (reported in Sleiman *et al* page 55). However, there is some indication from studies of the early years of ecstasy use that ecstasy users were *less* likely to use alcohol (Merchant and Macdonald, 1994, page 23). This may not be the case now, with more widespread ecstasy use.

Nevertheless, if alcohol and tobacco are included, most users are polydrug users, since these drugs are used by most users of illegal drugs, and conversely, many people with alcohol problems also use illegal drugs. For example, a USA study (Staines *et al* 2001) of a sample of 248 treatment-seeking alcoholics found that two-thirds (68%) reported using drugs in the past 90 days. They reported that although alcoholics often use other substances there is little systematic research on this. Polydrug users in their study rated their drug use as more problematic than their drinking. Ives, 1999 reported a strong association between the use of volatile substances (gases, glues, aerosols, etc) and the subsequent use of illegal drugs. Volatile substance misusers also reported very high levels of cigarette smoking.

### **Unwitting poly drug use**

The EMCDDA points out that some drug users may unwittingly be polydrug users, because tablets sold as 'ecstasy' in fact contain mixtures of drugs. For example, in France, two-thirds of a sample of 'ecstasy' tablets contained MDMA combined with other active ingredients — mostly medical drugs.

### **Overdose**

When drug users overdose, more than one drug is often involved. For example, a UK study found that 73 per cent of a group of 153 drug users experiencing non-fatal overdose had used more than one drug at the time. In fatal overdoses, at least one other drug or alcohol is involved in over 50 per cent of cases in the United Kingdom and up to 90 per cent in Ireland. Benzodiazepines, alcohol, methadone and cocaine are the substances most frequently combined with opiates and a common explanation for the overdose in question was that these combinations had caused it .

## **3. Prevalence**

Byqvist, 1999 found that polydrug use is more prevalent than in the past. Drug availability, cultural context and the so-called 'normalisation' of drug use are important factors here. Merchant and Macdonald, 1994 suggest that participants in so-called 'Rave' culture in the early 1990s in the UK 'knew a fair amount about the pharmacology of the drugs they chose to take and how to maximise the potential for a positive experience'. But they go on to quote a researcher on the dangers of mixing drugs: "the effects of any two drugs may be purely additive but unpredictable pharmacological interactions are always possible". They conclude by suggesting that: 'Perhaps the most dangerous element of the Rave culture that we encountered was "stacking" of various, often adulterated drugs in a risky pattern of polydrug use' (page 28).

Data from the EMCDDA are limited, but a report commissioned by the Austrian Federal Ministry of Social Security for the EMCDDA states that in a survey on drug use repeatedly conducted during an annual rock festival in Austria, among spectators

interviewed in 2001, about a third (35.5%) of drug users used three or more drugs. There was no major difference in the pattern of consumption observed in 2001 compared to the two previous years, and the report has no further information on changes in patterns of polydrug use, although there was an indication that the use of cocaine injected simultaneously with heroin was becoming more frequent.

In the UK, a large, long-term government study, the British Crime Survey (BCS), found that most young drug users restricted their drug use to a single drug. Twenty-five per cent of 16- to 29-year-olds in the Year 2000 Survey had tried an illegal drug in the previous year. Fifteen per cent had used just one drug type (possibly on various occasions) in the last year; the illegal drug used was, in most cases, cannabis. However, ten per cent had taken two or more different drugs. Of the group of users taking three or more drugs in the last year, the most common drugs used were: cannabis (used by 95% of this group), ecstasy (69%), amphetamine (62%) and cocaine (57%) (Ramsay et al 2001).

*Table 1: Percentage of respondents aged 16 to 29 using varying numbers of drugs*

	<b>No drugs</b>	<b>One drugs</b>	<b>Two drugs</b>	<b>Three plus</b>
Use in the last year	75	15	4	6
Use in the last month	84	11	3	2

(Source: 2000 BCS (weighted data). Table 2.2 in Ramsay et al 2001)

However, the BCS does not provide information on the use of more than one drug on a *single occasion*. For data on this, the national school surveys of the Schools Health Education Unit (SHEU), while not representative samples, are helpful.

The two tables show unpublished data from their 2002 survey. While few 13- to 14-year-olds (Year 8) had tried 'more than one type of drug on the same occasion', six per cent of female, and seven per cent of male, Year 10 pupils (aged 15 to 16) had done so. And almost a fifth (17% male, 19% female) of the older pupils (Year 10s) had taken drugs together with alcohol on the same occasion.

*Table 2: Have you ever taken more than one type of drug on the same occasion?*

	<b>No</b>	<b>Don't know</b>	<b>Yes</b>	<b>Valid responses</b>
Yr 8 Male	97%	1%	2%	5608
Yr 8 Female	97%	2%	1%	6193
Yr 10 Male	90%	3%	7%	5660
Yr 10 Female	91%	3%	6%	6254

Table 3: Have you ever taken drugs and alcohol on the same occasion?

	No	Don't know	Yes	Valid responses
Yr 8 Male	95%	1%	4%	6793
Yr 8 Female	96%	1%	3%	7342
Yr 10 Male	81%	2%	17%	6810
Yr 10 Female	79%	2%	19%	7302

Note: Year 8 pupils are aged 13 to 14, Year 10, 15 to 16 years (Source: David Regis, personal communication 2003)

### 3.1 Gender and ethnicity differences

The SHEU data indicate that marginally more Year 10 boys engaged in polydrug use than girls, but girls at this age appeared more likely to use alcohol together with drugs. However, the differences are small and probably not statistically significant. Nevertheless, Collins *et al* 1999 observed a consistent pattern of higher polydrug use amongst young males in West Coast USA (This study included alcohol in the measure of polydrug use). Byqvist, 1999 found higher levels of polydrug use among males in a Swedish sample.

Collins *et al* 1999 also found racial differences in their large sample. White and Mexican youth were more likely to be involved in polydrug use than their Asian-American and African-American counterparts. A USA study by Epstein *et al* focused on the role of ethnicity and gender in adolescent polydrug use of the three 'gateway' substances (cigarettes, alcohol and marijuana) during the three-year middle school period. Similarly, they reported less polydrug use among Asian and Black adolescents than among White and Hispanic youth. They suggest that this could be due to cultural or parenting factors.

### 3.2 Data from road users

A number of countries have roadside drug testing (some of them as part of the European Rosita study) For example, in one study in Belgium, among about 500 drivers who were tested for controlled drugs, 133 tested positive and about two-fifths (40%) of these tested positive for more than one drug (table 4).

Table 4 Number of substances found in 500 drivers tested positive for drugs in the Rosita-study (Belgium), 1999-2000

Number of drugs	%
1	59
2	31
3	9
4	1

Source: Table 18 in Siemens *et al* 2001 p.45. (More information about the European Rosita study is at: [www.rosita.org](http://www.rosita.org)).

#### 4. Approaches to prevention

In his article on the conceptual issues essential to the understanding of multiple drug use, Clayton, 1986 explains that USA initiatives to tackle alcohol-related traffic fatalities are fragmented (focusing on law enforcement rather than on other control strategies such as restriction of alcohol advertising). He thinks, therefore, that it should not be surprising that no public policies exist concerning polydrug use (even though alcohol plays an integral role in most patterns of polydrug use). Because polydrug use is so varied and difficult to conceptualise, he concluded that existing public policies concerned with specific substances, or drug use in general will have to serve as the mechanisms through which the problems of polydrug use are attacked.

However, this is a pessimistic conclusion, and one that was articulated a number of years ago. Byqvist, 1999 suggests that polydrug misuse is increasing, and that the costs both to the individual and to society are large. Prevention early in the development of a drug 'career' is necessary; therefore one strategy would be to focus on the 'gateways' to drug use, and in particular on the inter-relationship between alcohol and other drugs. In a study of inner-city adolescents, Epstein *et al* found that high rates of polydrug use indicated that prevention intervention programmes that target multiple substances (rather than only smoking, for example) may be more efficient in reducing overall risk.

Collins *et al* 1999 identify the following predictors in their USA sample: 'a pro-drug environment'; 'problem behaviours'; 'drug-related cognition'; 'poor mental health'; and other demographic variables. Addressing these issues might assist in prevention.

Polydrug users are a diverse group and therefore a variety of treatment and prevention strategies are necessary. Any drug abuse treatment programme that hopes to have an impact on 'the pleasure seekers' must get them to re-examine their basic philosophy, remove their peer support for drug use, and provide alternatives that will meet their needs for excitement and adventure (Wright, 1985). The various reasons for polydrug use will need to be delineated.

Byqvist, 1999, for example, suggests that some users:

*'...desire to increase the effects of one drug with another, for example, to increase the pleasurable sensations and "get high". Another reason can be to counteract or modify certain effects, for example, to reduce anxiety. One reason is to cut down on their substance use, to "come down and rest up". A person can also take one drug to wake up and another to go to sleep. Yet another reason is that one drug may replace another drug that is not available (substitution). Some persons medicate themselves by replacing one drug with another. Adapting oneself to "normative" methods of using drugs has developed because the large supply of cannabis and alcohol makes it normal to use them together.'* (Byqvist, 1999, pages 212-3).

#### 5. Recommendations

Clearly, there is a need for more research on this topic, and a first step might be to identify a review article covering the European literature, or if one does not exist (and this brief study had failed to identify one), then such a survey should be commissioned. This review would identify the issues raised in this report, and others, in more detail and provide the basis for commissioning further research on the issue. In particular, the non-English language literature should be investigated. The EMCDDA might be encouraged to undertake such a study. If, as expected, such a review uncovered a number of issues that need addressing, then it would provide a basis for further work.

Given the connections between illegal drug use and alcohol and smoking, it makes sense to target all these substances together, rather than fund separate campaigns. As Clayton, 1986 puts it: 'Given what is known about the developmental nature of use of specific drugs ... of multiple drug use and abuse, the health promotion and disease prevention approach to reducing use of cigarettes and alcohol and other drugs may be the most efficacious prevention policy.... Drug use or multiple drug use is developmental. Effective early intervention will reduce the need for secondary and tertiary prevention efforts.' (Page 38)

Evidence of the greater difficulty that polydrug users have in quitting their use implies that more resources may need to be directed towards assistance for polydrug users.

Prevention of polydrug use is complex and no single strategy is likely to be effective. The EMCDDA-commissioned Austrian national report suggests that while polydrug use is not necessarily problematic use, particular responses may be required. They suggest a need for 24-hour crisis intervention services and substitution treatment.

A key to developing the 'political will' to action on polydrug use is to see that addressing drug issues in the broadest sense is likely to pay the biggest dividends. Prevention campaigns that focus on particular drugs (unless there are specific reasons for doing so) are unlikely to be as effective as campaigns that address drugs issues in the broadest sense. This means that tobacco and alcohol should be included, and indeed prioritised. It also means that lifestyle and health issues must be addressed.

As Tucker (2001), writing from a behavioural economics perspective, points out: '*Reducing (multiple) substance misuse can be promoted by enriching the environment with attractive non-drug alternatives and reducing delays to their availability, by increasing access to less harmful substances that function as substitutes and by reducing availability of (highly preferred) substances and other commodities that function as complements to their use. Reducing environmental availability without environmental enrichment, however, is likely to increase drug-seeking and related negative behaviour.*'

Life-chances for young people need to be improved and satisfactory alternatives to drugs – be they jobs, leisure activities or counselling services should be provided. This is a much broader agenda than simple drug prevention, but one that has more chance of success.

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Session A:  
FACTS, PREJUDICES AND  
OPINIONS

## **Presentation by Maria NOVIKOVA - Social Worker**

### ***Working Group 1: Alcohol and Illegal Drugs***

At the end of the 20<sup>th</sup> century the level of drug and alcohol use by young people in Russia became a social as well as a medical problem which had an effect of social practice and the practice of bringing up a young generation.

Drug and alcohol abuse greatly influences the reduction of the population's health. Drugs and alcohol do serious harm to a growing body and it is in this period when the formation of self-knowledge, life values, ideals, beliefs occurs and when the plans for future are determined. As a result, a young person has a socially nonchalant, anti-societal, immoral system of behaviour motives and values.

For thousand years people have followed the tradition of consuming alcoholic drinks. They drink with different aims except for this one: not a single alcohol user aims to become a drunkard or an alcoholic.

The word "alcohol" derives from the Arabic word "alkegol" meaning "narcotic". Its chemical formula is  $C_2H_5OH$  – ethyl alcohol (ethanol). Objective evaluation of the results of alcohol consumption has shown that not everybody who consumes alcohol becomes an alcoholic. But everybody pays for this "pleasure" with his or her own health, decrease in the ability to work and more often with the destruction of family, loss of love and respect of others.

We cannot say that tragic consequences of alcohol consumption were not known earlier. This is where the paradox lies: when people learned to produce alcoholic liquids and use them for different purposes, they soon realised that the emotions they cause could lead to trouble and illness. But the psychological nature of emotions lies in the desire to repeat the pleasure. Thus, an addiction to alcohol is formed.

Drugs are also known from the ancient times. In Ancient Egypt, Greece, Rome people knew opium, cannabis and other narcotic substances. The word "narcotics" derives from Greek "narke" meaning "stupor"; "narkotikos" meaning "leading to stupor". Nowadays drugs are understood to be strong natural or synthetic substances which paralyse the central nervous system and cause an artificial dream (euphoria). Drugs can also cause unusual behaviour and hallucinations.

Illegal drugs are psychoactive substances which are in legal terms recognized as narcotics and included into the list of narcotic substances by the Ministry of Health of the Russian Federation.

People began to talk about the phenomenon of drug abuse only in the 20<sup>th</sup> century. For a long time it was seen only as a medical disease. Therefore, drug addicts were treated only in medical institutions and were referred to as patients. Contemporary authors define drug abuse as a fatal habit or as an addiction which is seen as an attraction to constant consumption, in growing quantities, of narcotic substances. Therefore, the use of illegal drugs is seen as a social problem which is on a large-scale and of great social importance. Drug abuse is also seen, in the legal aspect, as a violation of the law. We can also speak about a cultural aspect. It is the culture of the 20<sup>th</sup> century when narcotism appeared, characterizing drug abuse as a negative social phenomenon. A social status of the "drug addict" also appeared at that time.

In contemporary society drugs and alcohol continue to spread. Despite all efforts in this field, we cannot stop the process. Drugs and alcohol find new victims. Teenagers, young people and now also children (5–6 years) and adults (after 30) have become involved in consumption.

In literature the issues of reasons, factors and forms of drug and alcohol abuse are viewed in detail; effects of drugs and alcohol on people, their consequence and methods of treatment are also studied, and even the experience of prevention work is mastered. But the use of illegal drugs and alcohol still continues to exist as a social phenomenon.

Alcohol and drugs have entered our life in such a way that society has stereotypes characterising the attitudes of people to their use. For example, alcohol is considered to increase self-confidence and give significance, joint drinking rallies people. Moreover, there exist drinking traditions to discuss business over a glass of beer, to cement new relations and to celebrate the results of business deals with alcohol, and, of course, no holiday is a holiday without alcohol. Young people are sure that socially disadvantaged people (homeless people, prostitutes, waifs etc.), in general, become alcoholics or drug addicts, but people from well-to-do families are not in danger.

There exists one more wide-spread stereotype: many well-known people use drugs and alcohol. This only helps them, especially creative persons. Television broadcasts interviews with actors, singers who say that they used drugs but by now have given up on them (underwent treatment). Here comes another stereotype: drug and alcohol abuse are easy to cure. There are contemporary movies which idealize drug use, a lot of movies have scenes of "drinking bouts" ("American Pie", "The Beach" etc.).

In life alcohol or drug intoxication lessens the responsibility for actions and often serves as a justification for committed actions. People with hangover syndromes usually are figures of pity and jokes are made of the merry time they spent. Tales about merry times spent by drinking alcohol occupy a special place in the stereotypes of intoxication perception. They are told in company and some of them become jokes and anecdotes.

Taking all this into consideration, we can conclude that illegal drugs and alcohol became an accepted and usual phenomenon in contemporary society. Levels of tolerance are raised and when these substances are not around, a feeling of "something-is-wrong" appears.

## **Report by Natalya KOTLYAR - Young participant in the forum**

During Session A about "Facts, prejudices, opinions" Working Group 1 on "Alcohol and illegal drugs" discussed several facts and commonly-held misconceptions related to the use and abuse of alcohol together with illegal drugs. The Group reached the following conclusions.

### **The facts are:**

- Mixing alcohol with cocaine or any other type of hard drug is possibly increasing the risk of a sudden death.
- Some consume alcohol in order to conceal the fact that they take drugs which makes people think that a person is drunk rather than "on drugs".
- Consuming alcohol in order to try to free oneself from drug addiction by simply switching from one drug to another leads to multiple addictions.
- Young people prefer to discuss alcohol and drug abuse related issues with their peers rather than with adults.

### **The prejudices and opinions are:**

- Alcohol is not a drug.
- Switching from drug abuse to alcohol abuse might free a person from drug addiction.
- Mixing alcohol and drugs increases the intensity and velocity of achieving euphoric effects.
- If a drug is being smoked, snorted or drunk instead of being injected, this will not lead to addiction.
- Occasional abuse of different types of drugs doesn't lead to addiction.

During Session B on "Identifying risk factors", Working Group 1 came to the following conclusions:

- There are many reasons why people start taking drugs or experimenting with them.
- The family has always played a very important role in a person's life, so sometimes certain situations connected to his/ family might make a person start taking drugs.
- To prevent their children from drug abuse some parents use threats, but prohibition without any explanation might be counter-productive.
- Not only family but also friends and the environment surrounding a person might force him/her to use drugs or start consuming them with alcohol.
- A person could also start taking drugs or mixing them with alcohol as a result of stress which he experiences at work or at school.
- Sometimes people experiment with drugs because they are looking for inspiration or some kind of new experiences and feelings.
- People may mix drugs with alcohol because they are not aware of the consequences.

During the last and perhaps the most important session, possible preventive measures were discussed. And Working Group 1 has decided that following measures could be effective:

- Firstly, young people are supposed to be provided with enough information to be aware of all the risks and consequences of polydrug use, however no pressure should be made because this could be counter-productive.

- Secondly, the person who is going to provide young people with the information should be either one of their peers (maybe a classmate etc.) or an adult person who they either know or respect or both.
- It is not only young people who should be aware of the facts, risks and consequences of polydrug use, but also their parents. This might help some parents to prevent their children from taking drugs.
- A very important comment was made by young people participating in the forum: "Parents should not threat us with horror stories about drug addicts, this would not help. They should just explain".
- Alternatives were also mentioned. Young people should have some alternatives to drug use. As one of the young participants said "Some of my friends tried drugs just because they had nothing to do..."

In general the discussions held during the forum have given positive results and it was very important that young people took an active part in the discussions.

## **Presentation by Anastasia PRIHODKO – Young participant in the forum**

### ***Working Group 2: Cannabis and Tobacco***

Nowadays in Russia and in particular in the Urals, one of the acute problems among young people is the use of drugs, tobacco and alcohol. We shall discuss the combined use of tobacco and marijuana.

Discussions about smoking hazards have a long history and no longer grab the attention of the listeners. Smokers continue to assume that smoking helps judgment and relieves stress. Children and teenagers smoke to relax, to show off, to calm themselves and to look older and independent. A man with a pipe looks very romantic, cigarettes enable women to assume elegant poses.

It has been some time now that doctors came to the conclusion that a cigarette smoker, as well as a cannabis smoker, is a drug addict. We can always be 100% sure that those who take cannabis began smoking with an ordinary cigarette.

In Russia people begin to smoke at the age of 11. In 7-8 grades (12-13 year old) 10 out of 30 schoolchildren smoke on a regular basis, and in 9–10 grades (14-15 year old) already 15 out of 30 do the same. The first reason among many for smoking which is given by the teenagers themselves is that cigarettes have a soothing effect. Also reasons such as “a cigarette helps you to look older” and “a cigarette helps you to relax and show off” are almost equally popular with both sexes. Nowadays cigarette advertisements can be seen everywhere and even in public toilets. In glamorous magazines, on the metro and at every public transport stop there is a picture of a luxurious life, full of adventures, hidden in the aroma of cigarettes. This approach works especially well with teenagers who see cigarettes as a symbol of a glamorous adult life. They do not see the high price to be paid.

Everybody knows that smoking causes cancer but not everyone knows that it is also linked to diabetes? According to the American Diabetes Association, it is well-known that smokers with diabetes have a higher risk of complications. Smoking decreases the oxygen levels in the body tissues, causing heart attacks and strokes. Smoking increases cholesterol and fat levels and leads to an accumulation of fat on the artery walls which hampers blood circulation; as a result, blood vessels are damaged and become narrower, heart problems, infarctions and strokes occur. Smoking also narrows blood vessels, causing the development of haemorrhages on the eye bottom, arrhythmia, high blood pressure and increases sugar level in blood.

It is never too late to stop smoking and results can be quickly seen: after 20 minutes the pulse and blood pressure stabilizes, hands and legs become warmer due to better blood circulation; in 24 hours the body begins to get rid of carbon monoxide, lungs get rid of mucus and the risk of heart problems diminishes. In 48 hours the body begins to get rid of nicotine whilst smell and taste perception increases. In 72 hours breathing becomes easier, you feel a surge of energy. In 2–12 weeks your body becomes more mobile and after a year the risk of heart illnesses lessens two-fold.

But despite the advantages of a long life and good health, Russia has one of the highest numbers of smoking teenagers in the world. It is well-known that drug abuse is an illness of cities. The bigger the city, the more favourable the conditions for sale, use and production of drugs. Ekaterinburg is the capital of Sverdlovskaya Oblast with the

population of over one million. The geographical position, current demographic, social and economical situation in the city encouraged the spread of drug abuse among its citizens.

Undoubtedly, one of the most common and modern drugs is cannabis and its derivatives. *Cannabis sativa* is wide-spread wild growing hemp. Due to its psychoactive characteristics, cannabis has been used since ancient times in medical treatment and for attaining certain mental states as it is a euphoric and hallucinatory substance. *Marijuana* is the dried and chopped upper part of the plant with the leaves and flowers and it is here that the concentration of active substances is the highest. *Hashish* is a green, brown or black tar produced by the hemp during a certain period of vegetation. *Hashish oil* is a concentrated dark and sticky liquid extract from the plant material or cannabis tar.

Cannabis, like tobacco, is smoked and inhaled. One can usually smoke marijuana joints or regular cigarettes with hashish or hashish oil and sometimes using special pipes. Hashish oil is also added to conventional cigarettes. Cannabis can also be chewed, added to food for oral consumption or injected.

Due to a prolific growth of cannabis in the majority of countries situated in moderate and tropical zones, it is illegally cultivated and plant products made out of cannabis are produced. They go to Russia from Afghanistan through Kazakhstan and Georgia.

Initial levels of drug abuse in Sverdlovskaya Oblast were considerably lower than the overall Russian average. The increase in drug abuse began in 1993 and continued to increase until 2000 where it echoed the country-wide Russian tendency. In recent years there has been a tendency of drug abuse shifting away from cities to smaller towns and the countryside.

Nowadays there is a stable drug dealing infrastructure. Its basis is formed by immigrants from Central **Asia** and gypsies, who are united by national features. Gypsies are the most numerous group. They sell all kinds of drugs, both wholesale and retail. The second group of suppliers are Tajiks who, as a rule, live illegally and smuggle large shipments of drugs. Among others are Azerbaijan and Armenian groups.

Recently, in Sverdlovskaya Oblast there has been a discernible change in the drug market structure: continued use of opiates is marked by increased cannabis consumption. On the seizures list marijuana rates second after opiates. Marijuana was seized in very large quantities in 1998 (more than 0.5 tons) and in 2000. The first place is occupied by opiates (95%). Heroin occupies the third place.

On the whole, we can conclude that the Russian drug market is oriented towards drugs of plant origin and the European drug market is aimed at heroin. The characteristic feature of drug prices in Europe is a more remarkable growth of retail prices for cannabis and decrease in the price of heroin. Therefore, price analysis for the main kinds of drugs shows that there is a highly marked deficit of cannabis products in Sverdlovskaya Oblast and this resulted in the growth of retail and wholesale prices.

Cannabis is a universal drug. The majority of drug addicts consume it simultaneously with other "harder" substances, either alternating or simultaneously using them. Marijuana is a gateway drug to "harder" substances. The majority of drug addicts who currently consume hard drugs began with cannabis and marijuana. They usually smoked cigarettes initially too. That is why it was important to legally limit the spread of tobacco products and to prohibit the sale of cigarettes to young people - the result is a recent decrease in tobacco consumption.

The most decisive role was played by the “Limitation of tobacco consumption” law passed by the Russian Parliament – State Duma. The process of passing the law lasted for 3 years and was accompanied by a big public relations campaign which included the mass media and different NGOs. The law is there to prohibit the sale of tobacco products closer than 100 metres from educational institutions. As a result, the campaign was *no lens volens* joined by tobacco corporations which were against cigarette sales to children and young people. Definite results can be already seen. For example, the Russian airline company “Aeroflot” banned smoking on all flights irrespective of the flight time. However, this is still a small drop in the ocean of the problem. The law says that the government should develop a programme for combating tobacco smoking, but this does not even exist in a draft form.

Meanwhile, in May 2003 the WHO adopted the Convention on combating tobacco which was ratified by many countries, including Russia. In accordance with its demands a series of changes and additions were prepared for the existing law on the smoking ban.

These changes are:

- to bring into line with the Convention the norms of tar and nicotine content which are slightly exaggerated;
- the box design should be qualitatively changed – a warning about smoking hazards should occupy 40-50% of space on larger side of the box;
- an age limit should be set – it is illegal to sell cigarettes to persons younger than 21; an announcement of total prohibition of tobacco advertising with the exception of tobacco shops and editions.

If all this takes place then this will be a huge break-through in the combat against smoking.

In 1909 Russia joined 13 countries that took part in Shanghai Opium Committee. In 1911, the Committee prepared and conducted an International Conference in Hague. Twelve countries including Russia worked out a convention on drugs which provided measures for the reduction of opium production and sale. One of the tendencies when trying to solve the problem of illegal drug trafficking is to liberalize legislation on drugs. But so far such attempts have been unsuccessful.

Thus, at the 36<sup>th</sup> UN session on narcotic substances, a Swiss experiment which aimed to hand out heroin to drug-addicts was seriously criticized. Its negative consequences related to crime growth and drugs consumption made the government refuse to continue the campaign.

The decree of the Central Executive Committee (CEC) and the Council of Peoples’ Commissars (CPC) on 25 May 1928 banned the free circulation of cocaine, heroin and hashish in USSR. USSR also ratified the 1936 Geneva Convention and on 13 December 1964 it signed an International Multilateral Agreement on Narcotic Substances. Russia ratified a 1961 Unified Convention on Narcotic Substances, a 1971 Convention on Psychotropic Substances and a 1988 Convention on Combating Illegal Trafficking of Narcotic and Psychotropic Substances.

Despite existing bans and sanctions in the Russian legislation, a great number of young people still prefer to combine cannabis and tobacco. Firstly, it is connected to the myth that marijuana, being a soft drug, does not cause as serious an addiction as opiates, cocaine and others do. In this instance, cannabis is placed alongside cigarette.

Nicotine addiction is quite different from drug addiction. As time progresses a cannabis smoker will want to add to or prolong the pleasure with the help of other drugs.

Cannabis consumption takes place in a close circle. Almost nobody would take a hash bag from a stranger but taken from a friend it is seen as a kind present.

Fashion is one of the important factors of cannabis use. Advertising is a reflection of fashion trends, even when this advertising is implicit. Cigarette advertising is easier: it is legal and visible to everyone. Cannabis advertising is somewhat difficult and it is latent. But this is only for those who never were in the company of cannabis users. Advertising exists in certain music genres and is completely open in music videos. Fashion trends influence the user as certain youth groups will follow a certain fashion.

On the whole, the geographical position of Sverdlovskaya Oblast and its current demographic, social and economical characteristics encouraged the spread and abuse of narcotic substances and tobacco products. During the last 2-3 years an unequivocal decrease in the level of drug abuse is seen and confirmed by either direct indicators (statistics) or indirect ones (medical data). Drug abuse in Sverdlovskaya Oblast is an illness of the youth. A structural change in the drug market is in progress: a shift to "hard" drugs.

In light of these problems, I think that the strategies for successful work should be legislation and education, a creation of a coalition with mass media involvement. Promoting a healthy lifestyle among young people and a life without harmful habits should become the priority of the state inner policy. And it will be possible to retain and prolong good health and increase life expectancy and prevent social and economic losses of the society as a result of illnesses and premature deaths caused by smoking tobacco and using drugs.



## **Presentation by Wima FARZAN - Social Worker, *member of the Youth Express Network***

### ***Working Group 2: Cannabis and Tobacco***

#### **Tobacco and Cannabis**

I am a member of the Bureau of the Youth Express Network (commonly referred to as the YEN), which is active throughout Europe in seeking to prevent the exclusion of young people.

For the past two years I have been employed by a specialised centre to provide care for drug addicts. This officially registered centre, which is situated in a rural environment, caters for drug addicts seeking individual treatment and is authorised to accommodate nine residents of both sexes for a four-month period. The centre is in a renovated farmhouse near a medium-altitude mountain village in the East of France.

Today's subject does not directly concern my work in this centre for drug addicts or in the YEN but is of relevance to my work on the ground, which has taught me quite a bit about drug addiction and other forms of drug dependency.

The subjects we are looking at today are tobacco and cannabis. Both are considered to be drugs but one is legal and the other is not. Tobacco, like alcohol, is a legal drug while cannabis is illegal.

In preparing this talk, I tried to see how much information and how many books I could find on these two substances. It was very easy to find information on cannabis but very difficult to find any reliable documentation on tobacco. I suspect this is because cannabis is a prohibited substance.

There is, however, a direct link between tobacco consumption and the consumption of cannabis. In Europe, cannabis is most frequently rolled with tobacco into a cigarette. People who smoke cannabis therefore also smoke tobacco, whereas the opposite is not necessarily true.

Drugs have always existed and have been used in the various societies and civilisations.

I would first like to talk to you about tobacco and take a brief look at its history.

#### **Tobacco**

Tobacco was not the first substance ever to be smoked. In ancient times the Romans and Greeks inhaled the smoke produced by various herbs and leaves that they burned.

Tobacco as we know it today came into use after Christopher Columbus discovered America. American Indians used tobacco and inhaled the smoke. Tobacco was subsequently imported into Europe in the 15<sup>th</sup> century and was soon in use in Africa and Asia too.

The result was the beginning of a very lucrative trade, particularly for governments,

which levied various taxes on tobacco. The banker of Louis XVI, King of France, went as far as to say that tobacco was one of the best inventions ever as far as taxation was concerned.

It soon became very fashionable to smoke tobacco and it was believed to have certain benefits. "Smoking parties" were held in England and the men who attended them dressed elegantly in smoking jackets. Even children used tobacco. They took pipes filled with tobacco with them to school and during the breaks their teachers taught them how to smoke them properly. No reference was made to the ill effects of tobacco until the mid-nineteenth century and even then warnings were not taken too seriously.

The use of tobacco became increasingly widespread and the profits made from sales and the taxes levied on tobacco products increased but, for public health reasons, governments began to introduce laws on tobacco and to draw the public's attention to the dangers of smoking.

Nowadays, tobacco is one of the most lucrative industries in the world and there are hundreds of millions of smokers throughout the world, including some 15 million in France. Unfortunately the industry is responsible for some 5 million deaths every year, which means that tobacco producers, wholesalers and retailers have to find 5 million new customers every year.

Surveys have shown that there is very little risk of people who do not smoke before the age of 21 becoming smokers. The tobacco industry must therefore find its new customers among the younger generation.

All European countries have smoking laws, and increasingly high taxes have been introduced to dissuade young people from beginning to smoke. In France tobacco advertising is forbidden but the tobacco industry has found other ways of advertising, for example by organising parties in discotheques where free cigarettes are on offer. Others have gone into the fashion industry using the cigarette brand name.

## **Cannabis**

Cannabis, or to be more precise *Cannabis sativa/indica*, has been used for several thousand years in Asia, particularly China and Persia, and its use can even be traced back 4,000 years to ancient Egypt. In these different civilisations, cannabis was well-known for its therapeutic, religious and political uses and its consumption was part of a ritual.

The psychoactive ingredient in cannabis is THC or tetrahydrocannabinol.

In the Middle Ages cannabis was widely used in Muslim civilisations as there was a religious ban on alcohol. At the end of the 18<sup>th</sup> century, on its return from its Egyptian expedition, Napoleon Bonaparte's army helped to spread the use of cannabis in France.

There are now 400,000 daily consumers of cannabis in France. Five per cent of them, i.e. 20,000 also use other drugs. Although the subjects that concern us today are tobacco and cannabis, it is worth noting that several million people in France regularly consume alcohol.

I should also point out that there is a steady increase in the THC content of the cannabis being used nowadays. Cannabis is now the illegal drug most frequently used,

particularly by young people, which is why it is a live issue. The need to review current legislation or introduce harsher penalties is being mooted and the desirability of tolerating the use of cannabis is being considered.

But is it possible to have laws on everything? Is it even desirable to have laws on everything? What do drugs represent for the individual? The question is undeniably an important one but the debate seems to be underpinned by panic rather than sound reasoning. Between those who are in favour of legislation and those who are in favour of a blanket ban there lies the question of the role played by cannabis in young people's lives. What leads teenagers to experiment with cannabis? What makes them turn to drugs?

The reasons cannot all be found in the substance itself. If we were to put everything down to the substance, we would be ignoring the real issues, particularly those relating to how our society functions: the development of individualism, the consumer society, excessive materialism, youth unemployment, our society's expectations with regard to performance, loss of certainty about the future, globalisation and the role money plays in our world.

In addition to the substance and the consequences of its consumption, it is important to take account of young people's social, school, family and working environment. By taking cannabis children or adolescents may be trying to draw attention to their problems, calling for help or attempting to hide their distress.

We are living in a world where practically everything must be done at great speed. Money is becoming increasingly important in human interchange and is even becoming THE sign of success.

Given these demands and the pressure exerted by our society or by school, adolescents who are going through a period in which they are seeking their way in life and trying to understand the world and forge their own personality can easily lose their bearings, if indeed they were able to find them to begin with. It is in exactly these circumstances that cannabis can gain a foothold.

The real problem arises when cannabis is used regularly. People who use it on a regular basis find themselves at a dead end. Regular use of cannabis is undoubtedly an indication of mental anguish but the regular use of cannabis to disguise mental anguish makes it all the more difficult to overcome the problems.

It may be that the failure to offer clear and reassuring answers in such times of doubt can cause some individuals distress, which the consumption of substances such as cannabis can help to mask.

Nowadays, more and more young people suffer in France from eating disorders. This applies mainly, but not only, to girls. Such behaviour, alternating between binge eating, when vast quantities of food are eaten, and anorexia, when almost nothing is eaten, concerns one in ten young people in France. Binge eating, which is considered to be an addictive type of behaviour, often goes hand in hand with the consumption of psycho-active drugs, including cannabis.

There is also a high attempted suicide rate in France. Every year 40,000 young people between 15 and 24 years of age try to commit suicide and 800 succeed. This shows how difficult it is for young people to find a place in our society, and that the only way some of them can express their malaise is by attempting to commit suicide or by taking drugs.

The regular consumption of cannabis can also have psychopathological consequences in the form of anxiety, delirium, paranoid behaviour, and so on.

That is why it is essential to give young people opportunities for dialogue and to express themselves. They need to be able to find an adult who is willing to listen to them when they are in difficulty.

We must take a look at the real problems relating to the functioning of our society. We need to recognise that the increasingly widespread use of cannabis, and of other drugs and medicines, reflects the problems facing today's society. We need to consider the malaise in our society, and especially among some of our young people. We need to recognise the importance of human relations and move beyond an approach which sees drug addiction merely in terms of the consumption of certain substances.

In a world of plastic and push buttons, we need to give people the opportunity to dream and a reason to love life.

# Report by Max-Martin LAUX – Young participant in the forum

## *Working Group 2: Cannabis and Tobacco*

### **Facts:**

The history of tobacco and cannabis is over 2000 years old. And in the last 20 years there has been a big increase in the number of people who are using tobacco and cannabis.

But most people who started to use cannabis when they were younger stopped smoking after they got older without any problems. Cannabis is a physical active substance. But it will not have many negative effects on your body when you do not mix it with tobacco. Also you cannot get physically addicted but 1 in 10 daily cannabis users will develop physical problems. It appears that the majority of cannabis users first started smoking cigarettes and drinking alcohol before they began cannabis use.

Cannabis use can have long term effects on your brain such as a decrease in the ability to concentrate or a loss of short term memory. Furthermore it can cause paranoia or schizophrenia.

But it is also a fact that smoking cannabis can help you to calm down and it may help to relieve stress or nervousness. Cannabis can be used for other things too, for example oil, ropes or cloth.

### **Prejudice and opinions:**

- Smoking cannabis is the first step towards a new drug career
- Smoking cannabis kills brain cells
- Smoking cannabis makes you stupid and lazy
- Smoking cannabis causes problems with communication
- Smoking cannabis is a way to show your parents that you have got a problem
- Smoking cannabis destroys your immune system

### **Risk factors:**

#### *Tobacco:*

- Higher risk developing lung cancer or heart attack
- In general the risk of illness is higher
- Tobacco is a toxic substance which can kill you

#### *Cannabis:*

- People who smoke cannabis and who are in a bad personal situation: like anger with parents, girl - or boy- friends or school can be more depressed when they are not smoking
- Smoking cannabis is a new trend in youth culture, so many people smoke because their friends or other people in school also smoke
- it can cause physical addiction but when smoked purely it does not kill you
- THC is a substance which has a negative effect on the nervous system

### **What can be done?**

- The most important thing is to respect each other. (The respect between a cannabis smoker and his teacher for example)
- We have to work together and share and discuss experiences in small groups

- We have to work with prevention and we don't just have to fight against drugs
- When a person really wants to consume you cannot forbid it
- People who smoke cannabis regularly don't believe all the negative facts about it
- The network between friends and family is important and really has to develop
- Parents have to be more involved in drug prevention projects
- Schools should provide afternoon programmes so young people have extra curricula activities without drugs (for example sport programmes or music concerts with songs which are not violent, aggressive or about drugs.)
- The walls between parents and children have to be broken down, for example by therapists, doctors or teachers in controlled groups which are working with parents and children.
- Working groups for parents of addicted children so that they can share experiences
- The language between adults, experts and young people must be as simple as possible so that the different sides can understand each other better
- It is very important not only to listen not only to experts and adults but also the young people who are willing to speak up.

## **Presentation by Svetlana SEMENO – Young participant in the forum**

### ***Working Group 3: Party Drugs and Music Scene***

#### **DRUG USE: SEQUELS AND CONSEQUENCES**

Club drugs are becoming increasingly popular among and easily accessible to young people. In night clubs “recreational” drug use exists. A person may normally be a non-drug user but in a club atmosphere may be unable to resist using the drugs available. A specific club drugs culture has appeared where people discuss specific subjects, eg. personal experiences and emotions following drug use, drug-related jokes, specific slang, music, hallucinations. Amphetamines are typical club drugs which give the user extra energy without depression or fatigue. Addiction may begin after a month of regular drug use (twice a week may be sufficient) and after 3 to 4 weeks, the user may become addicted.

Amphetamine is a polysynthetic version of ephedrine and is produced in powder form or capsules. Amphetamines are strong psychomotor stimulants which increase power, strength, self-assertion, activity and can engender euphoria which may last for several hours.

The effects of medium quantities of the drug are increased conversation, heightened aggression, rapid breath and heart beat, high blood pressure, poor appetite and obsessive, continued and awkward compoment. The effects of taking high quantities are shivering and sweating, parched throat, headache, paleness, poor eyesight, dizziness, irregular heart beat, shaking hands, poor coordination and exhaustion. Taken regularly, they may cause psychological addiction with withdrawal symptoms such as serious exhaustion, deep depression, paranoia, problematic sleep and thirst. These occur when amphetamine use is stopped for several days. One of the serious problems of “speed” users is exhaustion where the user does not want to sleep or eat despite the body actually needing to.

Stimulants are typical club drugs and are part of the clubbing ritual. They create an atmosphere of communication and unification where everybody is happy. The following morning the user’s body is dehydrated, there is a feeling of apathy and indifference.

#### **1. Stimulant users**

Stimulants activate and affect the motor and emotional sphere (ecstasy, amphetamines, marijuana etc.). Users often listen to “techno”, jungle, hard-core, trance and house music; mostly computer music with special effects and a fast tempo. “Stimulants” are club drugs used in a friendly atmosphere. After extended use a user may appear untidy and aged. Drug use is often a cyclic process – a period of heavy abuse followed by a period of abstinence. Periods of intensive ephedrine use (2-3 days) are characterised by a lack of appetite, insomnia, total exhaustion and weight loss. There then follows a period of abstinence during which the user feels sleepy, apathetic, depressed, nauseous and dizzy. Regular abuse can lead to the development of amphetamine psychosis. A person experiences “trips” which end in depression and exhaustion. Libido may be lowered and problems with heart, gastro-intestinal system, and also specific diseases related to drug injection: vein, blood diseases, infections spreading through dirty drug paraphernalia (AIDS, syphilis, hepatitis) may appear.

## 2. Hallucinogen users

Hallucinogen users consume psychedelics substances: LSD, psychedelic mushrooms, volatile substances. They prefer to listen to "progressive rock" such as Jimmy Hendrix, Emerson, Lake and Palmer and "psychedelic rock" like the Grateful Dead, early Pink Floyd and New Age music. The music is performed with "live" instruments (sometimes with technological sounds, for example, "Dead Can Dance" and the tempos are low to enable "tripping" both alone and in group.

Strangely, some people consider drug use a "healthy" activity and actively stand up for these popular held views amongst clubbers. According to the media, during the last decade dance culture and night clubs have become friendly towards "soft" drugs.

### **Reasons of drug use**

There have been many attempts to try and understand why people succumb to drug use. Drugs provide the opportunity for immersion into a completely new world where responsibilities and everyday tasks disappear and fulfil the desire to escape monotony. Danger has seldom stopped man from searching for these feelings. Many first descriptions of drug abuse can be found amongst such writers as De Quincy, Edgar Poe, Gautier, Baudelaire.

In stable families parents are often not able to provide enough attractions for their children and it is important for parents to understand they need to organise their free time, give support to their interests as well as feeding and clothing them. It is a well-known fact that the cultural level of a family can determine how serene and safe a home can feel for a child. This environment may produce more independent children with the life values of parents. They may be less likely to fall under the influence of current impressions and attractions offered by the "street" and "fashion". Many young people say: "My life is interesting and full of impressions, so I do not need drugs". Parents need to ask themselves if their children would say the same thing.

Many cases of drug use are united by the one common aim of a desire for fun. The quality of this pleasure depends upon the level of addiction. A search for a higher euphoric state may induce people to increase the dose, thus leading to an irreversible dependence on poisonous substances. Self-control becomes the only way to escape death should a person use drugs without any signs of physical dependency. It is important that a user is aware that drugs weaken intellectual, psychic and physical capabilities, negatively affect performances at school, college, or employment, may affect pregnancy, etc.) rather than being aware of the pleasures these drugs may offer. Adults have a major role to play in protecting their children against drug use.

### **Peers and fashion**

Not only street kids or college students may be tempted to use drugs. Today, many children from the so-called "happy" families use drugs because they are deified by fashion and youth culture. Fashion encourages more and more young people to use drugs though not all become addicts. In the history of contra-culture some drugs became movement symbols (marijuana in Rasta-movement, LSD in psychedelic and ecstasy in house-culture of ravers). Psychedelic drugs were the basis for an entire trend in modern music, literature and art that of psychedelia with its ability to activate the subconsciousness level of the brain.

The most fashionable drug of 90s was ecstasy. It arrived in London before spreading worldwide with the advent of house music. Ecstasy seemed to be something between



LSD and amphetamines and helped to combine contemplation and sensation with an increase in motor activity and high endurance, making it an “ideal” club or disco drug. Acid house music developed and acid house clubs prospered. After a victorious march around the world, ecstasy arrived to Russian clubs.

### **Psychological Factors**

Emotional disorders, depression and a need to balance moods can lead to drug use. The ability of sedative (calming) and psychedelic drugs to ease anxiety, depression, tension and irritation encourages their use as a means to combat depression. In its hard forms drug use is an expression of the desire for slow suicide. Initially the drug works and eliminates depression but after several uses it becomes its source. The intensity of depression highly increases, especially in younger people.

Psychologists and doctors can portray a general psychological picture of the typical addict personality: extremely sensible, problems with adaptation and coping with difficulties and uncomfortable in society. They do not have solid and definite social interests, future plans and assurance. They can be “extremely sensible” individuals, who feel disharmony and alienation in the world, they are highly critical of generally accepted and universally acknowledged authorities, they oppose themselves to the world and see it as a “crowd”, they are inclined to solitude and an introverted lifestyle. They can be shy believing that they are worthless.

Such people seek a more valuable existence in drugs. Artistic people may be often more implicated in the search for perceptual impressions with a desire to broaden their perceptual abilities, to open new meanings and properties, to change the world they live in, to create a world for themselves and to satisfy contemplation needs. People from artistic circles can be extremely sensible about their defencelessness in society and their unstable social position. Sometimes drug use is the cause of the premature deaths of artists, actors and musicians.

Another type of drug addict is the addict who lives at the bottom of a social structure. Psychiatrists find several typical features of “social immaturity” in these types of addicts: weak self-control, inability to foresee a situation, lack of critical attitude towards their behaviour, the feeling of “I-can-do-everything”, contempt for conventional moral values, hatred for “well-to-do” people and an increased desire for pleasure.

The likelihood of drug use may be higher during the teenage years when there is often an increased emotional vulnerability of weak self-knowledge and evaluation. Teenagers are inclined to perceive society as an enemy. Whilst a normal person may react to stress with activity and will adapt to an extreme situation, for weaker people psychic stress may result in depression and neurosis.

A high level of predisposition to drugs may hide behind the individual peculiarities of a child’s mental state. Children with inborn or acquired (as a result of disease) “sensitivity” to drugs and also children whose character features are extremely strong may become alcoholics and drug addicts. These examples are character accentuations.

### **Biological factors**

Different people react to toxic and biological influences in different ways. Not everybody falls ill when an epidemic starts and during mass poisonings some people remain healthy. People tolerate cold and hot weather differently. Not everybody experiences drug addiction. A lot of people try drugs but only few of them become

drug-addicts. However, some people who may be predisposed to a substance can become drug addicts.

According to research findings, a drug addict chooses the substance which can be related to his or her character. This result was affirmed by a noticeable regularity in the choice of different drugs. Epileptic psychopaths with depressed psychoses did not chose stimulants with enlivening psychic functions, but soporifics and tranquillizers that provided a sedative effect and which depressed psychic activity. Schizophrenics chose psychedelics that caused similar symptoms of loss and split of personality (just like schizophrenia). Patients attempt to use a substance where the effects are similar to their diseases. Therefore, some people argue that there is a specific biological predisposition to drug addiction.

Heredity is a characteristics of almost all addicts, 85% of young people who received treatment for drug addiction have an alcoholic addiction. Many addicts who began to use drugs in tender age deliberately preferred drugs to alcohol because alcohol was connected with bad memories about an alcoholic father.

However, on the basis of biological characteristics the possibility of drug use and a strong biological predisposition to narcotic substances cannot be identified.

## **Report by Heini AALTO - Young participant in the forum**

### ***Working group 4: Understanding Youth Culture***

A discussion took place about facts, prejudices, opinions and risk factors.

We did not recognise any specific party drugs. Depending on what kind of atmosphere they are engaged in and what purpose they are used for, all drugs from tobacco and alcohol to heroin can be used as party drugs so long as a drug enhances fun.

Currently, in many European countries the price of cocaine has decreased whilst its consumption has increased.

We also discussed harm reduction which is still a taboo in some countries. However it is important to teach how to consume drugs in a safe way. These were the most important facts which were discussed.

There were also things about which we were not sure and upon which we did not agree. For example, do people use drugs to feel more grown up, because of peer pressure, to gain more confidence or to have a new exiting experience and just to have fun.

In music one can find drug positive or drug negative lyrics. Positive lyrics may encourage someone to take drugs and negative lyrics may discourage them. Some people believe that house music goes hand in hand with drug use.

There are social, individual and drug related risk factors. Social risk factors are for example broken families, criminal networks and problems at school. Individual problems are for example the potency towards becoming a drug addict. Another problem is the lack of activities. There should be something else to do instead of going to parties because that activity is not what makes everyone happy.



## Session B:

### IDENTIFYING RISK FACTORS

#### **Presentation by Sergei BOGDANOV – Assistant of the Chair for Toxicology and Urgent Medical Assistance, Russian Federation**

##### ***Working Group 1: Alcohol and Illegal drugs***

For the period from 1998 to 2003, the prevalence of alcohol abuse has risen 4 times (from 8.0 to 33.0 per 100,000 population). For the same period of time the prevalence of drug abuse has decreased by almost 29 times (from 191.5 to 6.7 per 100,000 population). During the last 3 years there appeared a distinct increase of volatile substance abuse in this age group (increase by more than 2 times from 10.1 in 2000 to 24.1 in 2003).

In 2003 in Sverdlovskaya Oblast 2,335 deaths from alcohol abuse were reported (52.8 per 100,000 population). During the same year 136 deaths from drug abuse overdose were reported (3.1 per 100,000 population), including 58 cases (4.4 per 100,000 population) in Ekaterinburg. According to the data given by the Oblast Toxicology Centre, the reason for every 5<sup>th</sup> death from drugs poisoning (21.0 %) was a combined use of heroin and alcohol. For the first 6 months of 2004 there has been a reported increase of 90% of lethal poisonings related to drugs.

Due to the results of a pilot school project done in Ekaterinburg in 2003, among children of 15-16 (n=176):

- every 5<sup>th</sup> pupil smokes regularly the main alcoholic drink among teenagers is beer;
- teenagers know a lot about new types of drugs;
- 88% - tried alcohol, every 5<sup>th</sup> pupil was drunk at least once in his life;
- 92 % of schoolchildren never tried narcotic and other psychoactive substances;
- pupils at least once in life have tried: 48% - smoking; 3% - tranquilizers, 6% - marijuana, about 2% - ecstasy and solvents, 4% - combined use of alcohol and pills.

Defining risk factors

##### 1. Background factors

- a low level of somatic health of children (70% of teenagers have chronic pathologies);
- a low level of mental health (in 2001 in the Sverdlovskaya Oblast region 22,500 children and 6,500 teenagers were reported to have mental

illnesses; the number of mentally handicapped people among children is 3,500 people);

- a low level of social health among young people (for the beginning of 2002 in Sverdlovskaya Oblast there were:  
5,740 homeless children – 0.1% of the total population of the region;  
10,256 minors – registered with the Commission for Minors Affairs (0.2% of the total population of the region);  
316 young people were released from residential care institutions (GUIN);  
1,548 children are in prisons and colonies).

2. Inquisitive behaviour of teenagers (hedonistic outlook).
3. Youth fashion (constant change of priorities in youth environment: nowadays “hard drugs - are not cool, beer – is a life style, rave without pills – is not fun” etc., but what about tomorrow...?).
4. No information about high risks for life when combining drugs and alcohol.
5. A practice, wide-spread among drug users, of taking alcohol to stop drug withdrawal symptoms, which due to the phenomenon of “cross addiction” leads to a quick alcohol addiction of a drug user.
6. No information that a combined use of drugs and alcohol leads to the hardest form of polydrug addiction, which can be viewed as a non-curable case.

#### Prevention work

Primary prevention - a practical implementation of principles of healthy lifestyles. Contents: developing games, forming environmental values. The basic aim is to create a majority of positive thinking and acting citizens.

Secondary prevention - an implementation of juvenile technologies for working with at-risk teenagers (children who are under constant risk of alcohol and drug use). The basic aim is to return a child from the street into the family.

Tertiary prevention - prevention work with people addicted to drugs or alcohol:

- Prevention work with active drug and alcohol users includes harm reduction programmes (in particular, to prevent drug overdoses);
- Prevention work with users who are in toxicological centres after drug and alcohol poisoning;
- Prevention work with drug addicts who undergo treatment in specialised drug clinics;
- Work in AA and NA groups.

The basis is by 12-step programmes. The basic aim of tertiary prevention is to create a treatment subculture.

## **Presentation by Oleg VOTINTSEV – Specialist on prevention, Department for Youth Affairs, Russian Federation**

### ***Working Group 2: Cannabis and Tobacco***

Information on drug prevention including cannabis and tobacco in Sverdlovskaya Oblast and Russian Federation

The Department for Youth Affairs in Sverdlovskaya Oblast does everything possible to resolve the problem of drug abuse in the region. But unless all the social institutions involved, from the family to the Government do not join their efforts and agree on their interaction towards resolving this problem, the results will take a long time to appear.

Youth policy is one of the most high priority trends within state policy at both federal and regional levels. Youth Affairs structures in the municipalities of Sverdlovskaya Oblast are comprised of social-psychological assistance institutions and one of their tasks is drug prevention among children and young people. Specialists of social-psychological assistance institutions for young people have developed educational training programmes for teachers, social educators and psychologists in comprehensive schools. The activity of Social-Psychological Centres is closely related to the search for new technologies at work, allowing to organically enter the life of a young person, render timely assistance or just be around when needed.

Unfortunately, in many cases young people do not go to these institutions. Young people will not talk about their problems to a stranger and tend to share their problems with a friend or, less usually, with parents. Hence, the institutions have chosen a different strategy: not to wait for young people to come but rather go where young people are (eg schools and clubs). The models of this work are fully justifiable because young people get used to the specialist as a close person making it contact and confidence much easier.

Additionally, the Department for Youth Affairs interacts with NGOs involved in drug prevention and rehabilitation of drug addicted people and also renders financial and methodical assistance to them whenever possible.

During 2001-2004 there was a decrease in first-time cases of the disease by 23,9%. This can be accounted for by the following reasons:

- New medicines and medical technologies in some cases make "self-treatment" (without going to official medical structures) possible;
- Prevention work gradually changes the world outlook of young people and taking drugs (at least injecting) is not considered "prestigious" any more;
- Force interventions (involvement of police and NGOs) makes the minority of drug users give up drugs but, unfortunately, the majority loses faith in official structures and goes "underground";
- There is a change in the basic drug (from heroin to stimulants) and thus dependence takes longer to take hold;
- The change of drug affects the use (sniffing or smoking instead of injecting);
- "Elite drugs" make the age of first drug consumption higher and these adults (socially adapted and financially independent) whilst being addicts are able to control themselves for a long time without asking for medical help;

- gradual introduction of citizens to the existing legislation on drugs also serves as a limiting factor;
- The opportunity to go to private doctors reduces the number of first time users that go to state and municipal treatment centres and prevention institutions;
- In recent years some parts of the population have been disappointed in the effectiveness of treatment methods provided by drug prevention service.

In future, in the field of prevention and rehabilitation of drug addicted young people, the Department for Youth Affairs plans to do the following:

- Support and develop already existing rehabilitation centres;
- Develop and distribute new methods aimed at drug prevention in Sverdlovskaya Oblast. With this aim as its basis, the Municipal Institution «Centre for Social and Psychological Assistance to Children and Young People "FORPOST" (Ekaterinburg) created a Methodic Centre to train personnel for institutions of Youth Affairs in municipalities;
- Hold various prevention campaigns for young people in Sverdlovskaya Oblast;
- Interact with ministries and departments of Sverdlovskaya Oblast;
- Participate in regional targeted programmes;
- Participate in joint Council of Europe activities.

### **Analytical materials on the spread of drugs in Russian Federation and drug prevention**

Among the multitude of pressing problems which our society and state face under the conditions of further transformation of social and economic structure, the problem of drugs and addiction occupies one of the top places in the negative influence on the health of the nation, social stability, law and order, defence and, finally, national security. In his Federal Assembly address, the Russian President Vladimir Putin responded that the development of Russia is determined by not economic success alone, but – and not in last place – by the spiritual and physical health of the nation. In modern times, health protection has turned into a problem at state level.

The solution to any problem needs a thoroughly developed and clearly set approach and a certain policy and system. It is without a doubt that drug prevention is an important, integral, organic part in the protection of the spiritual and physical health of the Russian people. It is obvious that resolving this acute problem needs to take the form of state anti-drug policy, within which its specific content is defined, and also complex measures allowing to put a reliable barrier to the spread of drugs in our country, to save our citizens from this evil and to put young people in the first place.

- *Drug addiction among children and young people*

The problem of the spread of drugs among children and young people is especially acute today. Finding themselves under the influence of a long and gradually increasing situations of stress, young people and children are not ready to overcome them and suffer from the consequences. Children and young people become involved in drugs much faster than adults and the medical and social consequences are much more dire. Taking into account that the age range of the majority of drug addicts is under 30, we can safely state that the health of a significant part of young generation – the future of Russian nation – is under threat. The growth of drug abuse and volatile substance abuse touches upon younger age groups. When compared to adults, today's children



and young people know a lot more about drugs, their use, «joints», where to get them, people to buy from. The prevailing group is made up of young people from 14 to 21.

The complexity of this situation is that not long ago it was believed that drugs and volatile substances spread predominantly among children from socially disadvantaged families who were inclined to inactivity. This group was defined as "at risk" and it was dealt with by means of social and psychological support. However, it is a fact, that in the last 2-3 years the number of pupils from elite schools and colleges involved in the use of drugs is by 2-2,5 times higher than in regular comprehensive schools. The students of the 3 biggest educational institutions in the Urals (Ural Medical Academy, Ural Technical University and Ural State University) – the participants of a "Young people and drugs" sociological project unanimously marked inability of young people to occupy themselves and organise their free time as one of the most important reasons for taking drugs.

At present, the situation with the spread of drugs among children and young people can be characterized as a critical one.

- *Activities of public authorities in combating the spread of drugs and addiction.*

Despite the fact that close attention to the problem of drugs is paid by Russian President, the exerted efforts of his envoys in Federal Okrugs, the Government and the Federal Assembly do not yet yield any tangible results. Among the most important reasons for insufficient effectiveness of anti-drug activities in the Russian Federation are the following: imperfect legislation on combating illicit drug trafficking, insufficient funding of drug prevention programmes, incoherent and unconcerted efforts of various public authorities and services and NGOs dealing with these kind of issues, lack of clear and systematic anti-drug propaganda.

Taking into account the ongoing drug expansion against Russia and the direst consequences of drugs epidemics, the ever-growing number of specialists insists on making the criminal responsibility for drug-related crimes tougher. First of all, for illegal sale of drugs, organizing and running drug dens and for making people (especially young people) take drugs. Making the criminal responsibility tougher for the sale of drugs fully corresponds to the international practices, insofar as in the majorities of European countries these type of crimes entail stricter terms of punishment than in Russia.

With the aim of further developing anti-drug legislation, the developing of draft Federal laws regulating legal relations in the field of drug prevention, anti-drug propaganda, identification of people who use drugs, treatment and social-psychological rehabilitation of drug addicted people is being completed at present.

- *Conclusions and proposals*

Adopting adequate and effective measures in combating drugs both at the federal and regional public authorities levels and the level of public initiative ask for an integrated approach to problem solution and, no doubt, touches upon various aspects – legislative, social, spiritual, medical, financial and economic.

It is obvious that it is impossible to solve the problem of the spread of drugs only with prohibitive measures. The most effective strategy is the early prevention of the use of legal and illegal drugs. In this connection, it is seen as necessary to formulate the algorithm of a problem solution, having identified the main directions, moving in which

would make the development of a system of optimal and effective drug prevention closer, both in distinct regions and in Russian Federation on the whole.

Significant reserves of making drug prevention and anti-drug combat stronger lie in the sphere of improving interdepartmental cooperation. At present the coordination of the actions of public authorities is carried out by a special Government Commission, the work of which could be more effective if it had a constantly working body.

In connection with the practical implementation in our country of a concept of judicial reform, it is quite essential to develop at the legislative level a whole range of issues related to the setting up of a system of justice for young people (juvenile justice) principally different from the existing practices, which would also include a specialised branch of law making and law implementing. The main task of such a system would be to secure the rights and legal interests of young people in Russia.

The organisation of prevention, treatment and rehabilitation of drug addicted people requires considerable improvement. In the first place, this concerns the activities of services of informational and consultative assistance and the development of social-psychological and, in particular, drug services. In this sphere, it is expedient to build a special infrastructure, solve organisational, material, technical and personnel problems of its functioning.

Targeted training and advanced training of all specialists working with children and young people is seen as highly important. They must:

- have the knowledge of actual building mechanisms of drug situations in families, in every educational institution both at local and regional levels;
- acquire clear notions and techniques of specific preventive technologies for building various forms of active psychological defence for children against trying and taking drugs;
- have clear notions of interaction in this problematic work with the specialists of other authorities dealing with anti-drug activities. It is necessary to "saturate" the environment of specialists with scientifically correct information, special topical literature, which will allow them to work and have no fear of difficult problems related to drugs.

It is necessary and urgent to work out real mechanisms of cooperation of the society and public authorities with families. It is highly important to organise the activity of parents themselves at the level of playground, school, community and municipality, in the form of support for such movements as "Parents against drugs", "School without drugs", "Clean community" etc. No less important is the parallel setting up of a wide network of consultative outlets. It is them who at professional level must provide for the needs of families in terms of primary assistance within the sphere of the problem, it is them who must be the primary and effective intermediaries between families and specialists.

It is important, through the methods of active enlightenment and targeted effective education, to find a worthy place for the Basics of Healthy Lifestyles, building simple values of joy and happiness from health within comprehensive educational programmes. It is important to build the need in a child to be healthy, teach him or her to avoid illnesses, know the dangers and ways to avoid them.

Drug prevention is an integral problem and it needs to be solved in the interconnection between prevention and young people. In this case, the task of prime importance is the setting up of a system of street social work including mobile groups of specialists aimed at identification of children's' groups, young people at the level of community who

organise the channels of communication of social institutions with youth subculture that develop social correction and rehabilitation programmes.

The practice shows that in those subjects of Russian Federation where sports prevention work is effectively organized including the communities, the level of drug abuse among young people is by 3-5 times lower. The experience of Bashkortostan, Tatarstan, Karelian and Chuvashia Republics, as well as Smolenskaya, Nizhegorodskaya, Sverdlovskaya, Kaluzhskaya and some other Oblasts.

The active advancing position of building healthy lifestyles in the broadest sense has to become one of the main strategic dimensions of drug prevention work. Physical culture and sports, fashion for sports lifestyle have to prevail in the system of values of modern young people in Russia. One of the possible solutions to the problem of the spread of drugs among young people proposed by NGOs is the development and implementation of new, specific for every situation, conceptually grounded programmes and approaches to drug prevention.

The lack of knowledge, skills and modern social adaptive strategies of behaviour among adults, parents and teachers, does not allow them render the necessary educational coercion, social and psychological support. Young people are alone and psychologically vulnerable due to the lack of connection with the older generation. Professional groups working with children and young people are also in need of a completely new approach of interaction with their target group. To teach them new forms of behaviour, build a stress-free personality able to independently, effectively and responsibly build his/her life, they need, firstly, to have the necessary qualities for that and to be able to demonstrate them in the process of professional interaction with young people, and secondly, to have the knowledge and skills for building the ability to effectively cope with life problems and to develop the stereotypes of healthy behaviour.

Traditional i.e. oriented towards pathology strategy of drug prevention is not sufficiently effective. Instead of constant assertions targeted at young people that "taking drugs is bad", "drugs are evil", it is important to offer young people a set of psychological tools helping to say "no" in a difficult situation and to find themselves an alternative activity. Positive prevention is oriented to the potential of health – using the resources of psyche and personality, supporting young people and helping them to study and develop themselves.

The strategic aim of positive prevention is to develop a psychologically healthy and holistically developed person able to independently cope with life problems with the help of drugs. In this connection, building the skills to make an independent choice and to say "no" to doubtful offers from peers must become important in the drug prevention work with young people.

## **“Understanding youth culture “by Lasse SIURALA – Director of Youth, City of Helsinki, Finland**

### ***Working group 4: Understanding youth culture***

#### **How to understand drug use?**

Normally drug use is understood as a relationship between the pharmacological properties of a *drug* and the knowledge, attitudes and personality of the *user*. To keep young people from experimenting with drugs or to reduce their drug use, educational measures on the effects of drugs are carried out. Drug use and its patterns are explained through the user's personality structures, psycho-social characteristics, and his or her 'state of mind'. Vulnerable young people at a certain age are those most likely to experiment with and use drugs.

This drug- and user-centred approach is however not enough to have a complete picture of the youth drug scene. A third factor must be added. The *cultural context* in which drugs are experimented and used has an essential effect on how drugs are used. Cultural and physical environments, norms, rituals, codes of control and 'cultural recipes', specific to a given cultural context, guide the use of drugs. The marijuana and cannabis use of the 60s and 70s cannot be understood without understanding the hippie culture of that period. The current use of ecstasy has to be understood in relation with the 'Party culture'. A third example could be 'recreational drug use'; young people who use cannabis at weekends for relaxation in a group of friends. These young people share a set of norms, values, life-styles, musical tastes, drug preferences, leisure activities etc and feel togetherness: they form a subculture where cannabis use is a means to make the difference and to reinforce their belonging in their community.

#### **Polydrug use and the cultural context**

According to recent research information, polydrug use is on the increase (see for example Ives and Ghelanie, 2004). The trend includes:

- mixing together different illegal drugs
- combining illegal drugs with alcohol
- alcohol or cannabis being the most preferred element in any of the combinations

This may be caused by many factors. The never ending search for new sensations and experiences characteristic of the so called post-modern youth was not satisfied with just alcohol as a stimulant so moved over to marijuana, cannabis, LSD, amphetamines, Ecstasy and, after all these substances had been tried, became interested in the different varieties of synthetic drugs and, indeed, in combining drugs. The drug producers have been very active in product development, marketing and the distribution of 'novelties'. Another factor is the concomitant spread and increasing differentiation of pop music genres and party cultures. The links between the development of popular music and drugs is ambitiously described in Harry Shapiro's book "Waiting for the man. The story of drugs and popular music" (London, 2003). A recent study in Finland (Salasuo, Mikko and Seppälä, Pauliina: Drug use within the Finnish club culture as marks of distinction. Contemporary Drug Problems, 2/2004) serves as a good illustration of polydrug use in music based drug cultures. The

interesting finding is that everything does not go with everything. The users are strict about what goes with what. In addition, there are codes on unacceptable drugs:

1. Dance cultures (trendy discos, clubs and raves):  
It is preferable to combine ecstasy, amphetamines, cocaine, GHB frequently with alcohol during partying or to use the following drugs in succession: ecstasy (while dancing) and amphetamines (to keep on moving towards the end of the night) and cannabis or heroin ('to come down' or 'chill out' during the next day). On the other hand, the following drugs are clearly stigmatised in this cultural context: opiates and tranquilizers.
2. Hip hop and reggae cultures  
The preferred combination is cannabis with alcohol, while other illegal drugs than cannabis are not tolerated.
3. Rock and metal cultures  
Alcohol is the prime substance and is often combined with some illegal drugs, but not heroin or amphetamines.

This example illustrates the importance of the cultural context in understanding drug use among young people. The cultural context defines the types of drugs to be used and not to be used, how the drugs are acquired, where they are used, how and with whom they are used, how you regulate the amounts consumed, what type of music fits in, how to behave under the influence of the substance, how to avoid negative side-effects and how to recover from their use.

### **Drug cultures as learning communities**

Contrary to common belief, substance use in drug cultures is not totally neglectful or chaotic. Drug using cultures have internal, often unofficial 'codes of conduct' or (as the researchers say) 'cultural recipes' which control and guide the drug use of the members of the culture. The interesting question is: what is the knowledge behind these codes and recipes? Where does it come from?

Firstly, knowledge comes from experience. When young people experiment with drugs and use them, they acquire knowledge on their effects, risks and on their proper use. As they are members of cultures, communication occurs between the participants: experiences are shared and discussed. The experiential knowledge develops and accumulates. One precondition for this process is the 'normalisation' of drug use. Drugs have become normal and accepted elements in the cultural contexts in which they are used. In some countries 'normalisation' has gone beyond user cultures. As a result, discussing drug use is not stigmatised even if the substances are illegal.

A second important source of information and a forum for exchanging views and experiences is the Internet. According to Mikkola and Seppälä ("Drugs in Internet and in Youth Cultures" Stakes, Helsinki, November, 2004 (in Finnish)) young people who use drugs have become very active Internet users. They participate in chats and other discussion forums, move fluently across drug related sites, establish their own web pages and form "communities of practice" on the net. They have access to a wide variety of very different (and conflicting) sources of information on which they reflect and which they link with their own experiential knowledge. As a result, many drug using youth cultures are not moving in the dark – even if they have missed some of the public campaigns against drugs – but instead have developed a noteworthy amount of knowledge on drugs.

To sum up, from the point of view of public prevention measures, experiential knowledge developed in drug using cultures should not be overlooked, even if some of it might not correspond to recent research or statistical information. It might even be possible that drug using cultures possess knowledge which the researchers or the public health authorities do not have. Furthermore, 'the official knowledge' on drugs, for example through public information campaigns, may not be able to 'kill' the user knowledge in a straightforward manner. Rather, there is an indication that, when the gap between user knowledge and 'official knowledge' is very wide, it might have detrimental effects on the legitimacy and credibility of public health education, treatment and drug policies in the eyes of those using or having experimented with drugs. Instead, *it would be in the mutual interest of both the youth drug cultures and the public health authorities and other prevention actors to involve themselves in a process of communication and co-operation.*

## **Communicating and co-operating with the drug cultures**

### Proposals

1. Running prevention programmes on all fronts of the drug scene:
  - (1) normal population: keeping youth out of drugs
  - (2) drug addicts: helping young drug addicts return to normal life and – very importantly -
  - (3) risk groups: 'keeping in touch', reducing harm and empowering integration into society
    - i. communicating and working with young people and youth cultures experimenting with and using drugs
    - ii. developing innovative methods to reach and empower at risk youths (13-19 year olds in particular) with strong emphasis on crediting non-formally acquired skills to facilitate their integration into society
2. Promoting 'two-way education' between drug using cultures and public health and social services. This is a challenge to drug research, youth, health and social work and NGOs
3. Co-operating with the cultural drug scene (organisers of discos, nightclubs and rave parties and representatives of drug cultures) to reduce harm related to drug use
4. Developing a strategy to communicate with drug experimenters, users, their cultures and communities on the Internet
5. Establishing partnerships with the health and social authorities, the civil society, the young people and the private sector to develop drug-free youth activities as alternatives to drug using cultures

Session C:  
PREVENTION – WHAT CAN  
WORK?

**Presentation by Olga FEDOROVA – Deputy Director for  
Science, Rehabilitation centre OTRADA**

***Working Group 1: Alcohol and Illegal Drugs***

**Analysing the effectiveness of alcohol and illegal drugs prevention strategies**

Frequent consumption of alcoholic drinks and nicotine is viewed by society as a harmless hobby and is even socially encouraged. For example, many adults and young people have a less negative attitude towards alcohol than towards illegal drugs. The phrase "it's better to let them drink vodka than to take drugs" has become popular among parents, children and young people. However, drug prevention workers regard alcoholic drinks and nicotine as factors that increase the risk of illegal drug use and believe that combating drug abuse should begin with alcohol and tobacco prevention.

Young people start to experiment with alcohol and nicotine at an early age, often before they are 10 years old. Illegal drugs are encountered and perhaps taken for the first time during the teenage years. The majority of those who try illegal drugs have already used nicotine and alcohol (smoking cannabis and tobacco is widespread). It is very rare that a young person is addicted only to illegal drugs. Experience shows that after using alcohol and nicotine young people are more likely to try illegal drugs. During youth parties, the use of illegal drugs often happens due to increased alcohol consumption.

These factors illustrate that it is probably more effective to start working with alcohol and tobacco prevention because the probability of using illegal drugs in many cases is related to the use of nicotine and alcohol. Alcohol prevention strategies are being thoroughly studied. The most effective strategies are those which regulate the physical accessibility of alcohol (taxation of alcohol sales; regulation of minimum legal age for purchasing alcoholic drinks; government monopoly on retail sales; reduction of hours and days of sale, sale outlets; different level of accessibility related to the alcohol strength), and also measures controlling alcohol consumption by drivers (fixing the limits of alcohol concentration in blood and control).

The research results on alcohol prevention strategies show that mobilising the population in communities, the propaganda of alcohol limitation and trainings for bar, cafe and restaurant personnel have at least some influence on alcohol consumption and related harm reduction.

The following alcohol prevention strategies which received wide currency in schools, colleges and other educational institutions are regarded as ineffective:

- Scare tactics. The specialists thought that this would help to prevent young people from taking narcotic substances. According to the opinion of many parents and teachers, fear is an effective weapon against drugs. In fact, parents who were driven by fear for their children transferred their attitude strategy onto their children. However, it becomes evident that despite active scare tactics the number of teenagers using drugs does not decrease. Young people develop their own attitude towards drugs: what they fear now will be different from what they will fear in 5-7 years time. However, drugs experts and class supervisors relate to the zone of further development of young people. As a result, there is a certain misunderstanding between children and adults and the perception of the information given by adults as being false.
- Information. This approach is based on the following psychological model: knowledge – attitude – decision making. The followers of this approach thought that the increase in knowledge about the consequences of narcotic substances abuse would lead to negative attitudes towards their use which, in turn, would lead to a behavioural change in teenagers. Specialists believed that children start to smoke tobacco, take alcohol and drugs because they are not aware of the consequences and danger for their health and life. The hope for effectiveness of the method of informing children about harms of drugs proved to be wrong. Experiences in many countries showed that information about drugs usually aroused interest in drugs among children, not the desire to refuse them. Research also showed that the “knowledge” approach is not always able to effectively influence subsequent drug use, for drug use is not necessarily a result of carefully planned behaviour. Another important point is that young people have their own credible information, different from the information provided by adults. The youth has its own fixed definitions of “drug abuse” and “drugs” that, as a rule, do not coincide with the ones given by adults. Though, if the information comes from a source which this target group regards as reliable, providing information without scare tactics component can be a part of a wider approach.
- Teaching to resist. This approach presupposes teaching young people to resist negative influences, first of all from peers who push young people into taking drugs. Within this approach the applied methods of peer pressure to make others take drugs are analysed in detail. The negative pressure is done in such a way as to give to the “victim” only 2 choices: either subdue or admit to their your own cowardice. In the training process, young people are taught to discern these non-verbal techniques and offer various methods of resistance. Teaching to resist is one of the variants of local approach programmes aimed at developing various traits of personality, for example, “Developing communication”, “Developing cognitive sphere”, “Teaching to manage your emotions”. These programmes are often implemented in the course of 1-2 months and it is difficult to evaluate their effectiveness. Public “Say NO to drugs” campaigns have very limited results. Authoritative and patronising ways of providing information and advice to young people very often discredits adults in the minds of young people.

Drug prevention strategies for young people listed below have a higher potential:

- Peer education. Young people get information about drugs initially from their friends. Results of research give us grounds to assume that talking to friends about “interesting and dangerous” topics is a personal need for a young person. Knowing the psychological peculiarities of young people (young person's opinion has some



authority, onset of independence, active experimenting) allowed for the development of programmes in which preventive classes are run by specially trained peer leaders. This model has 2 stages: at the first stage the leaders are selected and intensively trained; at the second stage, leaders in their turn train their peers. They spread social knowledge using a social language of young people, facilitate programmes and support the new behaviour inventory. Peer education approach has gained wide currency among other prevention programmes. Young people who have information and are trusted by adults are able to reach the category of young people that would otherwise not come in contact with specialists.

- Participation of young people. There are interesting programmes for children and young people where they can show their initiative, competence and make independent choices. In fact, such activities presuppose that young people together with adults evaluate the situation related to drugs, carry out planning, implementation and evaluation of intervention. The participation of young people is a process with the help of which young people are able to influence decisions and resources and also share control over them. This means that young people do not accept ready-made drug prevention attitudes and beliefs but rather form them for themselves during their activities. With the help of young people making key decisions on most important issues the services become more relevant to their needs. The difficulty with this approach is that some adults are not prepared to accept the opinions of young people and work with them.
- Teaching life skills. At the moment, a prevention strategy of social learning rates among the most promising and effective strategies all over the world. In England, the USA and some other countries, various training programmes and manuals were developed with the aim of primary prevention of alcohol and drug abuse among children and young people. The experience shows that the most effective prevention programmes in schools in the US, England and some other countries have been the ones in which drug prevention among schoolchildren was based on teaching life skills to children and young people. The authors of this approach proceed from the fact that it is essential to build behavioural skills needed for self-defence against risks, problem solution in relations between people, skill to look for and find the support. The WHO defines life skills as *a capacity of adaptive and positive behaviour allowing a person to effectively cope with difficulties of everyday life*. The aim in teaching life skills to children and young people – is to prepare them for future life and successful adaptation into a teenage and an adult environment.
- Working with parents and their participation in prevention issues. Such approach is a long-term one and rather effective but very difficult, firstly because of the lack of desire on behalf of parents to participate in prevention activities. Parents think that schools must deal with drug prevention. There are even some passive reactions on behalf of parents to the problem of drugs among young people. It is quite notable that various "Parents against drugs" NGOs have only those on staff whose children are already addicted to drugs. Secondly, there is a lessening of authority and importance of parents. Many young people learned about drugs from their friends and not from parents. There is also no experience in talking about such things with relatives. It is a quite popular opinion that parents are not able to influence the decision of their child to take drugs. First of all, due to a refusal to participate in the upbringing of children for various reasons and a lack of information about drugs among adults (children are better informed than their parents). This approach is conducive to strengthening the authority and importance of parents, increasing their self-respect and encouraging respect for them on behalf of their children. Alcohol prevention work with parents (it is necessary to introduce parents not only to the influence of alcohol and nicotine on child's body but also to the prevention of

alcohol and tobacco use) should be based depending on the age of the child but the final result of this activity should be the participation of parents in drug prevention work.

- Strengthening interdepartmental cooperation. The problem of alcohol and tobacco abuse is of a complex character and that is why its solution can yield positive results only in case its implementation is done with the efforts of not only various specialists but of all the subjects of the activity. The principle of a system presupposes cooperation of all the agencies: there needs to be a lot of tough interlayer links between the subjects of social policy in resolving the issues of drug prevention. Uniting all the efforts of the community at the governmental and local levels will allow to reduce the use of substances that are «gateways» to drugs among young people. This is a long-term approach and rather effective but there are difficulties with its implementation.
- Developing effective communication techniques: developing posters, videos, video games, and web sites that use images related to the modern cultural contexts of young people and are able to direct them to the target groups. The use of such channels in solving the issues of drug prevention is considered to be a progressive trend in the activities of specialists, as the target audience is reached comparatively easily because of the interest towards the means of communication on behalf of young people. Quite important are the projects aimed at the setting up a network of on-line information, support and training both for young people and their parents. The aim of such projects is to set up more interactive structures of support, consisting of referral services and on-line exchange of arising problems and difficulties.
- Proposing an alternative activity. Providing attractive alternatives of leisure activities can be a key aspect for young people when organizing their free time as senseless leisure time is a leading risk factor of alcohol misuse by young people. It is important to develop the activities of hobby groups, sections, clubs, other organisations for children and young people so that young people are able to choose an activity themselves. Due to the psychological peculiarities of their age, it is important to develop collective forms of leisure activities for young people. It needs to be noted that young people display most interest not in intellectual activities but sports (sports groups and societies, sports competitions, survival camps etc.).

In drug prevention it is essential to develop such approaches that play a relevant and positive role in changing the situation for the better. Many of the above-mentioned approaches in combination with each other will yield a higher potential for sustainable and long-term results in drug prevention of alcohol and drug abuse.

# **Report by Eugenia KOSHKINA – Chief of Department of Epidemiology National Research Center on Addictions, Ministry of Public Health of Russian Federation**

## ***Working Group 2: Cannabis and Tobacco***

It seems that cannabis and tobacco use is most common amongst young people under the age of 20 years. After using these psychoactive substances (PAS) they switch to other PAS. However, one can observe that cannabis use precedes tobacco use. Marijuana acts like a new experience of drug use among friends – for the company.

It is preferable to give accurate information to young people as they often do not trust the information they get from adults.

Nowadays in western countries, in Russia and in other CIS countries a consumer society is pushing everything through advertising, including the use of legal PAS (alcohol and tobacco). It is important to listen to the opinion of young people and to discuss problems of tobacco use.

France has 20 million smokers (one third of the total population). The aim of the tobacco industry is to promote smoking by those under 21 years, though it is illegal to sell tobacco products to people under 16 years. Since the tobacco prices are high, young people smoke less tobacco and start consuming marijuana instead.

Young participants noted that society pressurises young people, eg the following slogan: "Career and money – are the main things in life". But young people disagree with this and do not know how to react.

Young people want to try everything themselves, they want to communicate freely, to find a place for communication and to feel free from adult pressure. Young people believe that cannabis helps them to achieve this.

In Switzerland there are many programmes for parents, teachers and pupils, but parents often do not want to participate. There are many peer education programmes. Specialists identify at risk groups and refer cannabis users to these groups.

Prevention programmes are being actively implemented in Russia. They were represented by young people from Ekaterinburg and Kurgan (school prevention work which involves pupils, teachers and parents).

In Italy programmes include master classes for children and parents, as 90% of all adult problems begin in childhood. Conflicts in families and an absence of dialogue lie at the base. Therefore, it is important to work with parents.

In Ekaterinburg's educational institutions students revealed their reasons for starting drug use: an aspiration to achieve new sensations, a low ability to cope with stress, dependence on friends, moving from village to city, problems of first contacts, low conflict endurance, lack of self-confidence and low self-esteem. All these factors are considered in programme development.

A representative from Turkey believed that the main prevention model is peer education, for prevention programmes do not often work because of a minimal amount

of youth involvement if they are implemented by adults. Young people should be trained as experts.

A representative from Norway questioned how adults could judge young people if they themselves had never consumed alcohol, smoked cigarettes or used drugs. Young people use cannabis because of the high price of cigarettes and alcohol. Everywhere drugs are divided into "hard" and "soft" and the attitude of young people towards them is the same: you must not use "hard" drugs but you can use "soft" drugs. And young people believe that this settles their public consciousness. In Norway there is an opposition between adults and young people. Therefore, we should work on the problem by involving all age groups.

Opinions were expressed about the necessity of working with a young family to build a healthy lifestyle which will have a positive influence on the health of children. Young people should be involved in youth movements and leisure activities should be developed.

Prevention work involves policy, sharing common ideas and efforts and learning from experience and this should be carried out with the active participation of young people.

It is necessary to change the image of marijuana as it is presented as a soft drug. IT should be stressed that cannabis may be a first step to other drugs; in popular literature and cinema cannabis has less medical and social consequences than tobacco. It is only talked about in terms of its legalisation.

The participants from this section proposed the following slogans:

1. We do not need any PAS for life; we should make the world sober.
2. Smoking cannabis and tobacco is an addiction.
3. Prevention is health, security and perspectives.
4. Beliefs that cannabis is not harmful and does not kill are commercial.
5. Do not use tobacco and cannabis as you will develop problems.

Conclusions:

1. There needs to be correct information on the consequences of tobacco and cannabis use.
2. In implementing prevention programmes we should avoid a didactic moralistic approach.
3. People smoke mainly because of social dissatisfaction: no job, no profession, no future.
4. It is necessary to work not only with children but also with families. We should restore the trust between children and parents because drugs are often a form of protest.
5. Such meetings are important. Young people and experts shared their experience. It is a chance to share opinions and make links between adults and young people.

## **Report from the meeting of Working Group 4: “Understanding youth culture” by Galina Kupriyanova – Head of Department of Youth Policy, Ministry of Education, Russian Federation**

### ***Working Group 4: Understanding Youth Culture***

Under the sub-heading “Facts, prejudices and opinions” the participants discussed youth culture and youth sub-cultures and the involvement of young citizens in drug prevention work.

The diversity of youth subcultures, based on age, music, belief systems, sport and leisure was noted as was the lack of knowledge about subculture specificity and diversity from the point of view of prevention work. It was disputed as to whether certain types of youth subculture correspond to specific drugs.

The following opinions were expressed:

- With the help of youth volunteer public organisations (based on the examples from Turkey, UK and Finland) appropriate joint efforts should be undertaken to build on the active citizenship of young people, to develop solidarity amongst young people and to promote healthy lifestyles.
- Independent professional support should be made available for agencies and persons responsible for the implementation of youth policy with a view to developing youth movements in European countries to assist in the organisation of youth leisure activities and employment projects.
- The European Drug Prevention Forum is a unique activity involving both young people and adults as partners. This should stimulate the development of a European policy on drug prevention in a youth environment and, in particular the recognition of youth subcultures, cultural diversity and the need to combat all forms of discrimination.
- National policy, aimed at the promotion of healthy lifestyles, the effective use of the opportunities of physical training, active leisure for building and strengthening youth health, should be stimulated through the activities of the Pompidou Group.

The group concluded that there was a need to implement a package of measures aimed at ensuring youth security and the formation of healthy lifestyles, through the participation of youth and youth organisations.

- To monitor and give scientific rationale to the implementation of projects on supporting public structures and resource centres which build healthy lifestyles culture among young people;
- To encourage the setting up of public youth structures responsible for leisure activities and the development of a system of mass physical training at places where young people study, work or live;
- To organise information and propaganda activities in order to increase the responsibility of the individual;
- To create a system of “pilot” launch pads to implement innovative health-improving and physical condition-improving technologies for young people and to support resource centres which provide these services.

Parallel to this, the following should be taken into account:

- The shared involvement of participants from various European countries will strengthen the interrelationships between young people and youth organisations;
- Representation of youth leaders and public authorities will create the interaction between state and public youth policy and will promote young peoples' participation in society;
- Discussion of pressing issues of youth policy in drug prevention with participation of youth itself will help single out criteria of the effectiveness of such work and identify the interrelation between programme documents and their practical implementation for further development of prevention activities.

In the working group on "Identifying groups at risk" it was noted that the identification of universal mechanisms which enable the involvement of certain youth groups into the sphere of social problems, opens up opportunities for developing effective strategies for the social solution of issues in question in light of prevention. Youth policy should foresee possibilities of differentiated preventive, therapeutic and rehabilitative approaches for various social groups:

- young people from high risk groups;
- groups that are directly involved in the sphere of social problems;
- groups that were directly or indirectly affected by destructive social processes;
- groups who resist these destructive social processes.

Based on the identification of risk groups, Working Group 4 presented the following proposals:

- to create conditions for the organisation of creative leisure activities for youth from all social and age groups;
- to assist social cohesion, to protest against violence in everyday life, intolerance and various forms of discrimination in a youth environment; to provide mediation in conflict resolution and cultural dialogue;
- to stimulate volunteer movements, train youth leaders; support and develop non-governmental democratic youth organisations and communities;
- to provide access to and participation of youth in the activities of democratic institutions.

During the discussion about preventive technologies used in the organisation of work with teenagers and youth in communities, the inexpediency of singling out special prevention programmes in the activities of teenager-youth community clubs was raised. Russian participants believed that community clubs already facilitate the implementation of tasks for primary prevention

The possibility of an effective combination of basic upbringing, educational technologies and universal and structural mechanisms of psycho-therapeutical intervention was noted.

During its final session on the topic "Prevention work – what works?" it was noted that in order to increase and further the effect among youth it is important not only "to use" the knowledge received in European activities, but also "to offer" various opportunities for training and carrying out activities of intergovernmental organisations involved in prevention work with young people. This will facilitate the creation of a network of youth leaders sharing the values of the Council of Europe, in particular in the sphere of youth, and also to disseminate the knowledge acquired at training among Europe's young people.

Russian participants noted that under the conditions of increase of drug and alcohol abuse and also HIV and a wide use of polydrugs among young people a package of measures to stop illicit drug trafficking in educational institutions, to introduce a standard of drug prevention activities; to provide psychological and social assistance to drug consuming young people has been planned.

The participants of Working Group 4 have identified the following main priorities for the future:

- to develop national action plans in the field of drug prevention among young people, to disseminate information and provide advice to young people;
- to facilitate the effectiveness of the youth supporting structures and strengthen the role of youth workers by organising trainings, disseminating the positive experience of cooperation between practitioners and policy makers, and also by strengthening links among youth workers;
- to develop cooperation between public authorities and youth organisations by organising joint trainings between representatives of non-governmental youth organisations and public authorities;
- to support youth NGOs through disseminating information and exchanging ideas particular on project development and providing opportunities for them to participate in decision making in civil society;
- to encourage initiatives, resourcefulness and creativity of young people, to develop cross-cultural dialogue by supporting projects with the involvement of young people and youth workers;
- to create a united information portal, the activity of which will be aimed at collecting, processing, exchanging and disseminating information about polydrug use problems, prevention and rehabilitation tools in Russia and abroad.

Discussions during the meeting of Working Group 4 were constructive and included the active participation of young people.

The participants noted that the Forum itself did attract the attention of young people and the public to issues of prevention of drug and polydrug use and also facilitated the implementation of principles and practices of social cohesion among young people.

## **Presentation of “Future” by Sturla JOHANSEN – Specialist, Municipality of Oslo, Norway**

### **What is Future?**

- Future is a Norwegian drug prevention project where the Outreach Section cooperates with youths from the rave scene.
- The project was started in Oslo in 1999, and was a continuation of another project, Stop the Drugs Not the Dancing, which dates back to 1995.
- The projects were started to meet the challenge of a new youth culture with new trends in drug use, namely the rave scene and recreational use of party drugs.
- Today the project consists of 2 social workers, and about 40 youths, of whom about 80 % has experience with drug use.

### **Target group and goals**

- Youths in the age of 15 to 25 years, who are in danger of, or are already, using party drugs.
- The parents of these youths.
- Prevent the use of party drugs among youths.
- Prevent harm from the use of party drugs.
- Activate youths from the rave scene.
- Facilitate self-helping and rehabilitation and provide a new social network.
- Provide knowledge about party drugs and new trends in drug use to parents and professionals.

### **What does Future do?**

#### *Providing knowledge:*

- Offering information and counselling from stands at parties.
- Holding speeches for youths, parents and professionals.
- Offering counselling for parents.
- Assists in making leaflets and brochures.
- [www.futureoslo.com](http://www.futureoslo.com)

Keeps the Outreach Section up to date on new trends and provides a wide base for establishing contact with new youths.

Acts as role models for other youths.

#### *Organizing courses and activities:*

- DJ course, Design, Sewing and Modelling course, Yoga course, Astrology course, Mountain climbing group, Dance group.
- All the activities springs out of the youths' interests, and are initiated by the youth themselves.

#### *Goals with the activities:*

- Provide an experience of mastering a skill and increase self-esteem.
- A method of establishing contact with new youths.
- Drug competing.

Provides a new, drug-free social network.



## **Methods and principles**

- Peer education/ youth to youth communication.
- User involvement.
- Focuses on the resources of the youths and not their problems – acknowledgement and mastering.
- Self-awareness and activation - the youths are not clients!
- Role model thinking.
- Group work and socialization.
- Coursing and competence raising.

## **Youth to youth communication**

*Why:*

- Avoids the common communication barriers between adults and youths.
- Youths are perceived as more credible information senders than adults.
- Facilitates a dialog between youths.
- The role as communicator has a positive effect on the youth – more self-esteem and self-awareness, a better understanding of one's own problems and attitudes.

*Important factors for success:*

- The communicator and the message must be perceived as credible by the receiver.
- The young communicators must not be perceived as “adults in disguise”.
- The communicator should feel an ownership in the proceedings and the message.
- The message must be perceived as relevant to the receiver, and should be presented as interestingly, but plainly, as possible.

*Essential principles:*

- The message should be based on the communicators own experiences.
- One should emphasise communication and avoid tutoring.
- The communication should be based on dialog, one should talk with, no to.
- The involvement in the project should be based upon voluntary work.
- As far as possible the youths should be in charge of and organize the project.

## **This is why Future works**

- Makes use of and creates trendsetters.
- Uses communicators with high credibility and own experiences with drugs.
- High degree of similarity between sender and receiver.
- The youths have a high degree of involvement in organizing the project.
- Great flexibility and inventiveness within the Outreach Section.
- Focuses on the youths' resources.
- No moralising!
- Focusing on making the group work as a social network.
- Also including youth with no drug experience – results in less stigmatization.
- High profile in the rave scene, and communicating on good terms with the scene.

## Presentation by Lasse SIRUALA – Director of Youth, City of Helsinki, Finland

### *Working Group 4: Understanding Youth Culture*

#### SUBSTANCE PREVENTION – WHAT WORKS AND WHAT DOESN'T

Alcohol prevention strategies have been studied in great depth<sup>1</sup>. To some extent, the results of these studies may be applied to drug prevention. The *most effective* prevention strategies are those **which regulate the physical availability** of alcohol (taxation, setting a minimum legal purchase age and enforcing it, keeping a government monopoly on retail sales, restricting hours/ days and places where alcohol can be sold and varying availability according to strength). **Measures targeting drinking and driving** have also been effective (such as fixing a maximum authorised blood alcohol concentration for drivers and controlling it). Furthermore, **brief interventions with at-risk drinkers** (one to three counselling or information sessions in a general medical setting) can change drinking behaviour and reduce related harm.

Research evidence on alcohol prevention strategies shows that **community mobilisation, advertising banners and the training of bar staff** have had at least *some effect* on the use of alcohol and the related harm.

The following alcohol prevention strategies have been found *not to be effective*: **Educational measures** such as alcohol education in schools and colleges, public campaigns against alcohol, methods to improve self-esteem and general social skills of young people and the provision of alternative non-alcohol activities and **self-regulatory measures** such as voluntary codes of bar practice and the self-regulation of the alcohol industry. In a similar way, it has been shown that public anti-drug campaigns, school drug education in its present form and 'Just say no' approaches have a very limited effect. Telling young people what to do in an authoritarian and patronising way is often discredited in their eyes.

There is, however, room for development in educational measures. In combination with other measures, such as drink driving campaigns together with increased control measures, or educational campaigns linked with comprehensive community mobilisation, such measures have potential. Furthermore, the pedagogy of educational measures is a variable; interactive teaching methods and peer to peer education will improve the effectiveness of message delivery.

The following drug prevention measures towards young people seem to have the highest potential<sup>2</sup>:

- **involving young people** in assessing the drug situation, planning, implementing and evaluating the interventions
- **developing an open dialogue** between young people and parents and the family, teachers, other adults and public health authorities
- **applying peer education** because, "an informed, confident, trusted young person could reach young people adults would never get close

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<sup>1</sup> Alcohol: No ordinary commodity, Babor et al., Oxford University Press, 2003

<sup>2</sup> See, for example: Targeted Drug Prevention – how to reach young people in the community, A Pompidou Group Report

to". Success requires training, teamwork and a reliable support network.

- **working with the parents** who shape young people's attitudes and behaviour towards drugs (through their own example, agreeing on rules, monitoring behaviour, etc)
- **promoting inter-agency collaboration** at governmental and local level
- **developing effective methods of communication:** designing messages using imagery which corresponds to young people's contemporary cultural contexts and 'narrowcasting' them to the target groups using the form and distribution channels used by the culture itself. This method has proved effective in reaching young people and increasing their awareness on drug related harm, however scientific evidence on changes in actual behaviour is still lacking.
- **developing ways of communicating through the Internet.** Young people, including those experimenting with drugs or using them, actively use the net to find information, exchange experiences and discuss drugs. If young people are going to the net, the health authorities and youth workers should follow them.
- **providing meaningful and attractive leisure activities,** like sports and cultural activities, as alternatives to substance use. These measures need further development and assessment.

Measures towards young people also have to take into consideration the developmental phases of adolescence. It has been argued that adolescence is a period of heightened vulnerability to risk-taking because of a disjunction between novelty- and sensation-seeking and the development of self-regulatory competence. This disjunction is biologically driven, normative and unlikely to be remedied through educational interventions designed to change adolescents' perception, appraisal or understanding of risk. Interventions should begin with the premise that adolescents are inherently more likely than adults to take risks, and should focus on reducing access to harmful substances and reducing the harm associated with risk-taking behaviour.<sup>3</sup>

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<sup>3</sup> for more details, see Steinberg, Laurence: A developmental perspective on risk-taking in adolescence (ids@temple.edu)

# Presentation by Petra Baumberger – Coordinator of VOILÀ Programme, Switzerland

## Group IV Understanding youth culture

### 1. Strategy of Voilà

The **initial Position** of Voilà is, that strong individuals will naturally reject any kind of self-destruction, also self-destruction by drug abuse. The basic of the work in Voilà is, that young people with a high level of social and personal resources are able to solve problems in a constructive and health conducive way and do not need to escape by (ab)using drugs. So Voilà is orientated on the principles of health promotion and our work is strongly geared to the augmentation of the personal & social resources of the individual. Thereby, “resources” mean life skills as, for example:

- Social competence skills as building up an own social network, ability to work in teams, nonviolent communication
- Self competence skills as self efficacy, peer-pressure resistance
- High self-esteem
- Goal-setting skills & decision-making capability
- Stress management & capability of problem solving

### 2. Objectives

The **final goal** of all the activities in Voilà is to support children and adolescents in building up an integrated well-being. To feel integrally well over a long time, means to possess a high amount of personal as well as social resources. And achieving that is part of the strategy explained above. Voilà has three sub-objectives to realize that:

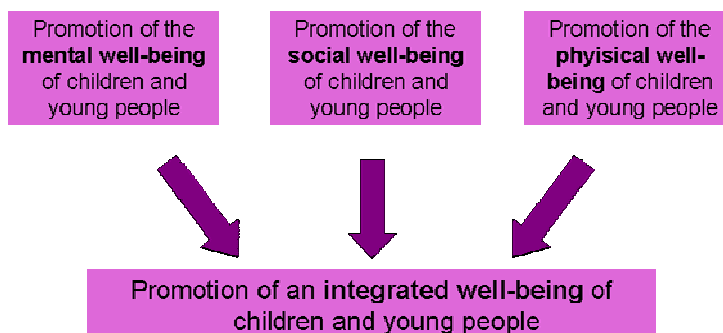


Illustration1: Objectives of Voilà

### 3. Realisation

#### COOPERATION WITH YOUTH ORGANISATIONS

The main work in Voilà happens in **camps of youth organisations**. Voilà works very close together with the different youth organisations in Switzerland to achieve that. The idea is, that camps already are a very good environment to concretise objectives of Voilà: Camps offer social contacts and good possibilities for an active participation. In

the camps, children, adolescents and the heads live together in a community with all its advantages and disadvantages.

In addition, we know today, that preventive actions work best, if they start at an early age. By realising Voilà in camps of youth organisations, it is possible to reach already children of the age of 7 years. There are more than 550 Voilà-camps every year wherewith more than 21'000 children and young people are addressed by the preventive actions of Voilà.

## CONCRETE REALISATION

- Every or every second year, a **main topic** is defined which will be focused for one or two years. These topics may, for example, be work in teams, assertiveness of the individual, non-violent communication, tobacco prevention etc. So the heads of the camps prepare certain program-entities, in which these topics will be focused. The duration of these entities is from two hours up to a whole day. In every camp, about 5 to 10 of these entities need to be integrated in the program.
- Thereby „Focusing this topic in a specific program-entity“ means planning games, that promote the work in teams or the assertiveness of the individual, entities that provoke the cogitation about oneself, discussions about the main topic or drug prevention in general, theatres and so on.
- A very important part is the **evaluation** of these entities, what normally happens together with the participants of the camps. So they can tell, how they've experienced an entity an are encouraged to think more about it and possibly to change certain attitudes.
- A camp, in which a community needs to develop ways to live together, builds an additional framework for these activities. Often, heads and participants define the rules for the camp together, and sometimes, they even have a camp-council to discuss the difficulties of the camp's every day life.

### 4. Peer Involvement

Peer involvement is **one of the main methods** in Voilà. The heads of the camps for example are young people themselves. Normally they are between 16 and about 25 years old. So in addition to participation, which is another important method Voilà works with, peer involvement is another and also a very important one: we know that projects that involve young people in prevention work are more effective than projects that are arranged only by adults. Peer involvement shows a positive effect on both: the peers themselves and the target group.

**Regarding the target groups**, the positive effects in Voilà are:

- The attitudes of the heads of the camps show a high effect on the attitudes of the participants. The participants of the camps are learning from role models.
- The heads communicate new values and norms, that ease the participants' orientation within their environment. So the heads make a contribution to the fortification of the individual characters.
- The credibility of the preventive actions is higher if they are realised by peers. This effect is in Voilà reinforced by the whole staff's voluntary work. Beside me, everyone in Voilà does his work in his free time. They are all convinced, that they do a very important work and are all extremely motivated to go on and on and on, what has a very positive effect on the quality and the credibility of their work.

But there are also many positive **effects on the peers themselves**:

- Normally they show a change of their attitudes regarding their own health and their self-responsibility
- Peer involvement augments the knowledge of the peers about health, drugs and drug abuse as well as the self-efficacy and self-esteem and the social and communicative capabilities
- All in all, peer involvement results in an improvement of the personal resources of the peers. Normally, peers regard their work as meaningful and effective.

## 5. Training System

### KNOWLEDGE AND QUALITY

Beside the camps, **the formation/ the training** is the second very important task performed in Voilà. To train the peers responsible as heads of the camps is – on the one hand – very important for themselves: So Voilà can impart them the necessary knowledge about the annual topic as well as instruments they can use when working with the children and adolescents in their camps. With a good training, Voilà prevents that they get swamped with their task.

On the other hand, by providing trainings, Voilà is able to ensure, that the peers realise the preventive actions in a correct and meaningful way and that these actions effectively have the lasting effect Voilà aims at. So, the training results in a high quality of the work within our program.

### PEER INVOLVEMENT WITHIN THE TRAINING

Thereby, nearly the whole formation is organised by voluntary working young people too. This way, Voilà effectuates the same peer involvement-effect on this level of responsibility within this domain as in the camps. So in Voilà there is a **multiple peer involvement-effect**.

To ensure, that the content of the trainings organised by our instructors, is correct, they are coached by professionals.

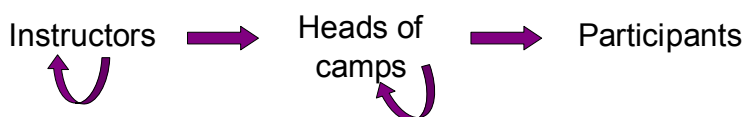


Illustration 2: Multiple Peer-Involvement

## 6. Methods

Voilà works with the following different methods:

- **Participation** is a method that is realised on every level and in every dimension of Voilà:
  - > Children and adolescents have the possibility to contribute to the form of the camp,
  - > Young people are organising and realising camps or trainings all on their own.
- **Peer involvement** (see above).
- Participation and Peer Involvement both make a contribution to **empower** the staff as well as the target group to design their own life and their own environment in an active way.

- In 2005 Voilà starts to work **gender-sensitive**, because Voilà is convinced, that within drug prevention and health promotion, boys and girls need to be addressed in different ways.
- Effect of **the voluntary work**.
- Voilà thinks, that it is important to work with **specific annual topics** that are focused in the formation as well as in the camps. Because regarding drug prevention, the affective education such as promoting self-esteem, stress management etc. is – as an isolated strategy without any reference to drug use prevention – not yet effective. Young people must understand the link between the skills they have learned and trained and how these are applicable to drug use prevention. Therefore Voilà works with specific annual topics.

## **7. Evaluation Results**

2002 and 2003, Voilà has been evaluated by two external professionals. Some citations of the final evaluation report:

- Voilà makes an important contribution to health promotion and drug prevention regarding children and young people.
- Due to peer involvement, Voilà is more effective than comparable projects which are organized by adults only.
- Due to the voluntary work of the involved young people and their high motivation, the effect of the actions is enormous.





## Reflections on the forum by Richard IVES and Thomas KATTAU

Richard: “Thomas, what were the concrete results of this Forum for you?”

Thomas: “The major result for me was that participation of young people works. The Forum has shown that there is real value in consulting young people in a credible and open way. As a result, we had a number of issues raised by young people that we have not seen this way or realised.”

Richard: “And what would these be, for example?”

Thomas: “Firstly, it was striking to hear how much of a problem co-dependency is for young people who have family members with a drug problem. I think this has been underestimated and must be addressed in more depth. In the same way, I also think that the importance of parents and families to young people has been underestimated. But often we adults do not present good role models in these settings.

Secondly, it was new for me to hear young people express openly anxiety that alcohol and cigarette commercials manipulate them into addictive behaviour and create a culture of substance use that also lures them into taking illegal drugs. Interestingly, young people feel at the same time that they have not been given sufficient reasons why they should *not* take drugs.

Thirdly, and this was an important political reminder, young people do not find present approaches, based on a deficiency model aiming at ‘drug-proofing’ people, very convincing or appealing. In young people’s opinions, most prevention activities are aimed at occupying their time rather than giving them real opportunities in life. They believe an approach based on tolerance, support and empowerment would have more potential in reducing drug use among young people. In this context, young people should be seen as a resource to overcome problems rather than the problem itself.”

Richard: “Yes, I mentioned in my talk that sport was not appealing to me as a teenager, although clearly, for some young people, sports are a welcome activity.”

Thomas: “Indeed sport has always played a major role in drug prevention, particularly as a form of prevention in itself, the key to healthy lifestyles etc. But things have changed: for many young people sports do not have the attraction we might assume. In addition, sports on all levels have become much more competitive and commercialised. Performance plays an increasing role – even with small children. Often this is already a prerequisite to secure funds for sports activities. This has led to increased pressures and must be related to the increased problems with doping. Performance-enhancing substances can be very addictive and carry significant health risks. In many cases

today, sport has actually become a risk factor rather than a protective factor in drug prevention.

In addition some young people suffer from the physical consequences of over-stretching body and mind during a young career in competitive athletics. By the time they are in their mid-twenties they suffer from pains sometimes chronically, leading in some case to addiction to painkillers.”

Richard: “This is why we need to find out from young people what is appropriate for them. In this Forum we’ve been trying to talk *with* young people, not *at* them. We were helped in doing this by the two booklets written by Amanda Poole on youth participation that are included in delegates’ packs. I recommend these excellent booklets to you.

And what did you find was the news from this Forum concerning poly-drug use?”

Thomas: “This would require an expert to sum up properly. I believe you, Richard, would just be the right person to do this.”

Richard: “There was widespread agreement that alcohol and tobacco are the real problematic drugs. They are the ones that are most commonly used in combination – with each other and with illegal drugs.”

Thomas: “Was that the only highlight in terms of conclusions for you or were there others as well?”

Richard: “There were many others, but I’ll just mention one more: I attended two sessions on party drugs and the group decided that there really were no such things as ‘party drugs’, but, rather, that different drugs performed different functions for different people in different situations.

But tell me, what were your personal highlights during this Forum?”

Thomas: “Your presentation on ‘Poly-drug use’ certainly was a highlight since it was the first comprehensive and comprehensible exposé on this issue I have come across so far. But the overall highlight for me was the committed and sincere involvement of the young people in this Forum.

And I will always remember this statement made in one of the working groups that has become the ‘quotable quote’ of the Forum: “if you only sit on your bum in the office nothing will change”. This is a real signal sent out by young people to decision makers, experts and professionals.”

Richard: “Actually, I think that many professionals work very hard ... the problem is that they often work hard at doing things that that aren’t successful – such as trying to scare young people into not using drugs – when we know from considerable research that scare tactics don’t work with the most ‘at-risk’ groups.”

Thomas: “Indeed Richard, some concepts that have not proven to be of much value keep reoccurring all the time as if nobody has learned the lessons. This shows how hard it is to change concepts even when old ones proved to be inadequate. Many people have built empires around concepts. Politicians have made them part of their policies, experts and academics built up prestige and generated commitments, and others simply make a lot of money this way – just look at all the companies devising the big, expensive media campaigns. And above all it’s not easy for people to leave familiar territory....

....Talking about leaving familiar territory, let us take this opportunity to salute the participants of this Forum who have left their professional 'safe zones' to engage in this new process of consulting with young people directly, which is, after all, a novel working format, the effectiveness of which has often been disputed. We are grateful to the experts and professionals present at this Forum for their willingness to engage in and promote such a process."

Richard: "And the young people should be congratulated for the risks they have taken.

After this success, what is the Pompidou Group going to do next?

Thomas: "The importance of families is reflected in the Pompidou Group project "Support Network for Parents and Professionals" which will be implemented in 3 pilot regions of the Russian Federation in 2005 and 2006. And of course there will be the 2<sup>nd</sup> European Prevention Forum taking place in 2006. We are looking for invitations by interested countries at the moment. And for those who would have liked to win one of the 3 European Prevention Prizes there is also good news: the next European Prevention Prize will be awarded in 2006. Projects can be submitted until the end of 2005.

We also hope that many different Forums like this will spring up at local, regional and national level in Europe – we would be delighted to come, visit and participate."

Richard: "Yes, we'd be delighted to get off our 'bums' and help you to improve your responses to drugs issues. Thanks Thomas and thank you all for listening."

## APPENDIX I

### PROGRAMME

#### Resource Persons

Mrs Petra BAUMBERGER	Voilà, Switzerland
Mrs Natalya BELOVA	Social Rehabilitation Centre OTRADA, Ekaterinburg, Russian Federation
Mr Sergey BOGDANOV	Assistant of the Chair for Toxicology and Urgent Medical Assistance, Russian Federation
Mr Tony DRONFIELD	european playwork association (e.p.a.), Consultant of the Pompidou Group
Mr Wima FARZAN	Youth Express Network, France
Mrs Olga FEDOROVA	Deputy Director for Science, Rehabilitation Centre OTRADA, Russian Federation
Mr Richard IVES	<i>educari</i> , United Kingdom, Consultant of the Pompidou Group
Mrs Donna JONES	Young Leaders in the Community, United Kingdom
Mr Sturla JOHANSEN	Municipality of Oslo, Norway
Mrs Eugenia KOSHKINA	Chief of the Department of Epidemiology, Russian Federation
Mrs Galina KUPRIYANOVA	Head of Department of Youth Policy Ministry of Education, Russian Federation
Mrs Lena O'CONNELL	Merseyside Development Foundation Consultant of the Pompidou Group
Ms Amanda POOLE	Consultant of the Pompidou Group
Dr. Yuri RUZHNIKOV	Chief Narcologist of Sverdlovskaya Oblast, Russian Federation
Mr Lasse SIURALA	Director of Youth, City of Helsinki, Finland
Mr Oleg VOTINTSEV	Specialist on prevention, Department for Youth Affairs, Russian Federation

#### European Prevention Prize Jury members

Ms Heini AALTO  
Mr Rendo BOT (apologized for absence)  
Ms Natalya KOTLYAR  
Mr Max-Martin LAUX  
Ms Rose TABASSUM  
Ms Marta VIERA SILVA (apologized for absence)

### **Wednesday 6 October**

- 9:30** *Plenary Session* Plenary Hall
- Opening address by Eduard ROSSEL, Governor of the Sverdlovsk Oblast
  - Welcome address by Bob KEIZER, Chair of Pompidou Group Permanent Correspondents
  - Presentation of Working Group (WG) themes:
    - WG 1 Alcohol and illegal drugs Meeting Room I
    - WG 2 Cannabis and Tobacco Plenary Hall
    - WG 3 Party drugs and music scene Meeting Room II
    - WG 4 Understanding youth culture Meeting Room III

**11:00** Coffee Break

- 11:30** *Plenary session* Plenary Hall
- Key note speech on “The history of drug use” by Yuri RUZHNIKOV
  - Key note speech on “Polydrug use” by Richard IVES
  - Discussion

**12:30** Lunch Break

**14:30** Working Groups **Session A: Facts, prejudices, opinions**

**16:00** Coffee Break

**16:30** Working Groups **Session B: Identifying risk factors**

**18:00** End of working day

### **Thursday 7 October**

- 9:30** *Plenary session* Plenary Hall
- Summary of yesterday

Working Groups **Session C: Prevention – what can work?**

**11:00** Coffee Break

**11:30** Working Groups **Session C (cont)**

**12:30** Lunch Break

- 14:30** *Plenary Session* Plenary Hall
- Working Groups’ reports by the Rapporteurs
  - Discussion
  - Evaluation

**16:00** Coffee Break

- 16:30** *Closing Ceremony* Plenary Hall
- Concluding address by Semyon SPECTOR, Deputy Chairman of the Government,
  - Reflections on the forum by Richard IVES and Thomas KATTAU
  - Awards Ceremony of the first European Prevention Prize

**18:00** End of Conference

## WORKING GROUPS

### **Working Group 1: Alcohol and Illegal Drugs**

**Meeting Room I**

Chairperson: Natalya BELOVA

Rapporteur: Natalya KOTLYAR

Session A Kick-starter: Maria NOVIKOVA

Session B Kick-starter: Sergei BOGDANOV

Session C Kick-starter: Olga FEDOROVA

### **Working Group 2: Cannabis and Tobacco**

**Plenary Hall**

Chairperson: Eugenia KOSHKINA

Rapporteur: Max-Martin LAUX

Session A Kick-starter: Anastasia PRIHODKO

Session B Kick-starter: Oleg VOTINTSEV

Session C Kick-starter: Wima FARZAN

### **Working Group 3: Party drugs and music scene**

**Meeting Room II**

Chairperson: Tapani SARVANTI

Rapporteur: Linnéa JAHN

Session A Kick-starter: Svetlana SEMENO

Session B Kick-starter: Richard IVES

Session C Kick-starter: Sturla JOHANSEN

### **Working Group 4: Understanding Youth Culture**

**Meeting Room III**

Chairperson: Galina KUPRIYANOVA

Rapporteur: Heini AALTO

Session A Kick-starter: Donna JONES

Session B Kick-starter: Lasse SIURALA

Session C Kick-starter: Petra BAUMBERGER

**APPENDIX II**  
**LIST OF PARTICIPANTS**

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## APPENDIX III

### LIST OF POMPIDOU GROUP DOCUMENTS

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15. Drug use in prison – Project of the Group of experts in epidemiology of drug problems : final report by Richard MUSCAT, co-ordinator [ISBN 92-871-4521-0] December 2000

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