

Book of Abstracts

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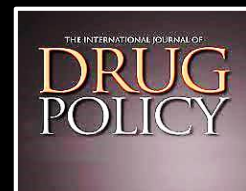


Table of Contents

KEYNOTE SPEAKERS	5
ABDOOL, REYCHAD.....	6
BERRIDGE, VIRGINIA.....	7
KRAUS, LUDWIG	8
MASAO, FRANK.....	9
MOORE, DAVID.....	10
TOUFIQ, JALLAL.....	11
ORAL PRESENTATIONS	13
AHMED, TANVIR.....	14
ALAM-MEHRJERDI, ZAHRA	15
ASMUSSEN FRANK, VIBEKE	16
ATUESTA, LAURA H	17
BALDASSARINI, ANTONELLA.....	18
BARRATT, MONICA	19
BASSO, SARA	20
BEAR, DANIEL.....	21
BELACKOVA, VENDULA.....	22
BHAD, ROSHAN	23
BIELEMAN, BERT	24
BOBASHEV, GEORGIY	25
BOIDI, MARIA FERNANDA	26
BRETTEVILLE-JENSEN, ANNE LINE.....	27
BRYSSINCK, DIRK	28
CAULKINS, JONATHAN.....	29
CHATWIN, CAROLINE	30
CICCARONE, DANIEL	31
CLINTON, SALOGA	32
COLSON, RENAUD	33
COSTA STORTI, CLAUDIA	34
CRUZ, JOSÉ MIGUEL	35
DAVIDSON, PETER	36
DÉCARY-HÉTU, DAVID	37
DUKE, KAREN	38
FERNÁNDEZ, JULIAN	39
FERNANDEZ, MARIA EUGENIA	40
FISCHER, BENEDIKT.....	41
FÖHRIG, ALBERTO	42
FORDHAM, ANN.....	43
FRASER, SUZANNE	44
GALLASSI, ANDREA.....	45
GIOMMONI, LUCA	46
GREER, ALISSA M.	47
GUERRERO, JAVIER C.	48
GUILLAIN, CHRISTINE	49
HAKKARAINEN, PEKKA.....	50

HAYASHI, KANNA	51
HAYLE, STEVEN.....	52
HOUBORG, ESSEN	53
HUGHES, CAITLIN	54
HUNT, PRISCILLIA	55
IDLER, ANNETTE	56
IYAVARAKUL, TONGYAI.....	57
KALEMA, DAVID.....	58
KILMER, BEAU	59
KLANTSCHNIG, GERNOT	60
KLEIN, AXEL	61
KORF, DIRK J.	62
LENTON, SIMON.....	63
MAKSABEDIAN, ERVANT	64
MALINOWSKA-SEMPRUCH, KASIA	65
MEIN, ARNT.....	66
MEYLAKHS, PETER	67
MONAGHAN, MARK	68
MOSTAFAVINASAB, NAZGOL	69
MOYLE, LEAH.....	70
NOORI, ROYA.....	71
O'GORMAN, AILEEN.....	72
OUELLET, MARIE.....	73
PACULA, ROSALIE LICCARDO	74
PAOLI, LETIZIA	75
PAPPAS, GEORGE	76
PARDAL, MAFALDA.....	77
PARÉS, FRANQUERO OSCAR	78
PARSONS, JIM	79
POLLACK, HAROLD	80
POTTER, GARY	81
QUEIROLO, ROSARIO	82
QUIGLEY, EOGHAN	83
RATLIFF, ERIC	84
REUTER, PETER	85
RHODES, TIM	86
RIGONI, RAFAELA	87
RITTER, ALISON	88
SALLUSTI, FEDERICO	89
SCHILS, NELE	90
SEDDON, TOBY	91
SEVIGNY, ERIC L.....	92
SOUDIIN, MELVIN	93
STEFUNKOVA, MICHAELA	94
STONE, KATIE ALEXANDRA.....	95
SYVERTSEN, JENNIFER	96
SZNITMAN, SHARON	97
TANDON, TRIPTI	98
TRAJTENBERG, NICOLAS.....	99
TRAN, ANH DAM	100

TRAUTMANN, FRANZ.....	101
TZANETAKIS, MEROPI	102
TZVETKOVA, MARINA	103
VAN DER GIESSEN, MARK	104
VAN LAAR, MARGRIET	105
VAN OUYEN-HOUBEN, MARIANNE	106
VASQUEZ, JUANITA.....	107
VERHAEGHE, NICK.....	108
VLAEMYNCK, MARIEKE.....	109
VON HOFFMANN, JONAS	110
WEINBERGER, GABRIEL	111
WERSE, BERND	112
WILKINS, CHRIS.....	113
YILUN, DU	114
YU, LIU	115
ZAITCH, DAMIÁN	116
ZUFFA, GRAZIA.....	117
POSTER PRESENTATIONS.....	119
AGUIAR, SEBASTIÁN	120
ARSENIJEVIC, JOVANA	121
BELACKOVA, VENDULA	122
BIELEMAN, BERT	123
BRYSSINCK, KRISTOF.....	124
JAUFFRET-ROUSTIDE, MARIE.....	125
LLORT SUÁREZ, ANTONIU	126
MARTÍNEZ ORÓ, DAVID PERE.....	127
MÓRÓ, LEVENTE.....	128
MOSTAFAVINASAB, NAZGOL	129
NOORI, ROYA.....	130
POLLACK, HAROLD	131
RAFFUL, CLAUDIA	132
THOMAS, EILEEN.....	133
UJVÁRY, ISTVÁN	134
VAN WEL, JANELLE	135
WINCUP, EMMA	136
WING-YIN HO, CECILIA	137
AUTHOR INDEX	139

Keynote Speakers



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Progress and status of harm reduction for people who inject drugs in sub-Saharan Africa

During the last decade, we have observed that a number of critical milestones have been reached in harm reduction and HIV prevention, treatment and care for people who inject drugs (PWID) in several countries in sub-Saharan Africa. A number of factors have contributed to these achievements. The generation of strategic information on PWIDs, their size estimates and their contribution to HIV incidence, the realization by governments not addressing HIV prevention among key populations, including PWIDs, was undermining their national HIV efforts, high-level advocacy by international partners and civil society organizations to respect the rights of drug users and to access effective services and the adoption of HIV Combination Prevention approaches, have been key determining factors. Those approaches have addressed structural, behavioral and biochemical factors and barriers. They have included the formulation of the relevant policies and legislation, adoption of the appropriate policy framework, reduction of social stigmas and discrimination, inclusion of harm reduction concepts in national key strategic documents, and development, implementation and scaling-up of evidence-informed interventions to reduce new HIV and hepatitis infections among PWIDs and improve their quality of life. Civil society and human rights organizations have played a significant role in advancing the harm reduction agenda in the region. The effectiveness of harm reduction to reduce new infections has proven to be effective in both concentrated and mixed epidemic settings. This paper will present a broad regional overview of injecting drug use and HIV in sub-Saharan Africa and focus on five countries in the region to demonstrate that the adoption and eventual scale-up of evidence-informed interventions are contributing to reducing the HIV and hepatitis burden among PWIDs in the region.

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History and the future: looking back to look forwards

History used be a the bedrock of discussion of policy in many fields. Some commentators have identified a 'golden age' from the nineteenth century ,lasting at least until the 1970s. In the UK, reformers in social and welfare policy such as the Webbs, the Hammonds and R.H. Tawney, used history centrally as part of their analysis. In France the work of Braudel and the Annales school introduced the concept of the *longue duree* as the unifier of the social sciences, a subject with key influence through networks in French higher education policy. Throughout the 1970s and 80s, the work of E.J. Hobsbawm offered a view of long term political change as a set of precedents for the future. In the post colonial world, in international development, institutions looked to the past to provide a roadmap for the future. Recently there have been calls for history to resume this role and in Britain at least, there have been initiatives which have brought historical perspectives closer to policy makers.

The role of history in the discussion of drugs, alcohol and tobacco grew at the time that historical influence was in decline elsewhere. Here it has contributed to a subtle and long term shift of culture and understanding about drugs. But historical material has also been used to support pre-existing positions in policy, or to supply some colourful anecdotes about drug use in past societies .Policy makers get it wrong, arguing(to give some common examples) that prohibition didn't work or that Queen Victoria used cannabis. Activists- in the tobacco arena in particular- use digital archives in a narrow and predetermined way. The deeper message of history and its power as an analytical tool is underplayed. History is not a provider of direct 'lessons' or blueprints for the future. But it can challenge dominant preconceptions and bring greater understanding of what has formed the present and will by implication, shape the future.

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The cannabis policy debate: renaissance or reform?

Survey data indicate that cannabis is the most widely used illegal drug in the developed world. In these countries a substantial proportion of young adults have used cannabis at some point in their lives. The widespread use of cannabis and the relatively modest public health impact of adverse health consequences have prompted debates of reform today as much as in the past. While 20 to 30 years ago, debates revolved around the prohibition and relaxation of criminal penalties for cannabis use, today they are centred around a cannabis market that is regulated by national laws as the markets of other commodities such as alcohol or tobacco. Some critics argue that international treaties have constrained national policy experimentation and that these treaties need amendment in order to adopt national policies to the risks of different drugs and the effectiveness of controls. To this end, the presentation aims at reviewing different streams of research on cannabis. It focusses on the question whether legal regulatory approaches to non-medical cannabis use can reduce negative social and health consequences more effectively than current approaches. And finally, it will discuss whether global and European experience in regulating tobacco and alcohol can provide a blueprint for legal regulatory cannabis policies.

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Effective drug policy and harm reduction: Tanzania experiences on providing MAT and NSP interventions

Tanzania has become a transit point and one of the consumer markets for heroin in Eastern Africa. Not only does drug use add to the HIV/AIDS epidemic, it also causes viral hepatitis infections which are linked to increased injection risk behaviors among People Who Inject Drugs (PWID). While HIV prevalence has decreased to 5.1% (THMIS 2014), a concentrated epidemic emerged among an estimated 30,000 PWIDs; with HIV prevalence of 36% (22-43%), and even higher (64-71%) among women (NACP, 2014). While there is no country data on HCV infection, the overall HCV prevalence at a community sample of 419 (98 female) PWIDs was recorded at 75.5%, but higher (83.7%) amongst women. (Nyandindi et al, in publication process).

Multiple key stakeholders (governmental institutions, non-governmental organizations and international partners) joined forces in establishing effective drug policy and implementing evidence based harm reduction (HR) interventions in Tanzania. In February 2011, the first Methadone Assisted Therapy (MAT) and community based comprehensive needle and syringe program (NSP) were established at Muhimbili National Hospital and NGO Médecins du Monde (MdM) respectively. This makes Tanzania the first country in Sub-Sahara Africa mainland to offer HR interventions for community based NSPs and 3 sites hospital based MATs.

After four years of HR interventions the most important conclusions are that the programs are effective and have been accepted by beneficiaries and the community. By the end of September 2014, these programs cumulatively reached 44,443 heroin users. Thanks to these initiatives, 990,000 syringes were distributed to 6,154 PWIDs, 2,000 PWIDs enrolled to MAT and were tested for HIV, HBV and HCV, 178 PWIDs initiated on ART and 927 PWIDs were treated for tuberculosis. Furthermore, 5,054 police officers and 29,806 members of community policing initiatives were trained to support and provide conducive HR interventions.

Though harm reduction is supported by drug policies through health interventions in Tanzania, the conflicting laws, which judge possession of minimal quantities of drugs and paraphernalia (needle/syringe) as a criminal offence thus repress clients to accessing health, social and legal services, remain the main challenge. One of the nex strategies to enable more drug users to access the HR interventions is increasing the number of existing services and reforming the current drug law. This stragedy ensures minimum health standards and a welcoming environment for health-seeking behaviors.

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Analysing the constitution of 'problems' in alcohol and other drug policy: what can it tell us and why does it matter?

Accounts of alcohol and other drug policy often focus on the degree to which policy is, or should be, 'evidence-based', and usually draw attention to the way policy ignores or marginalises interventions for which research evidence is strong. Another stream of alcohol and other drug policy research focuses on the complex political negotiations undertaken in the development of policy, which inevitably involves diverse stakeholders and interests. In recent analyses conducted with colleagues Suzanne Fraser and Liz Manton, we take a different approach by examining how policy functions as a key site in the constitution of 'problems' themselves. Drawing on the work of poststructuralist policy scholar Carol Bacchi and sociologist of science and technology John Law, we investigate the ways in which alcohol and other drug policy constitutes the objects and subjects on which it relies. What kinds of 'problems' do these policies aim to address? How are drugs, their effects and their consumers framed in these problems? How does policy work to obscure the limits of its own legitimacy? What are the political effects of policy problems?

In this presentation I explore some of these questions, drawing on two examples of Australian policy: that concerned with methamphetamine and alcohol. Over the last two decades, methamphetamine use has attracted intense concern in many parts of the world, prompting much policy activity. I argue that this policy is often inconsistent and insufficiently rigorous in its treatment of key issues such as causation, and frequently relies on extremely thin research to justify the responses it recommends.

Another topic of recent policy concern has been 'binge drinking' amongst young adults. I show how alcohol policy tends to ignore the role of male gender in what it describes as alcohol 'related' or 'fuelled' problems, treats 'intoxication' in confused ways, and prematurely embraces thin evidence regarding the effects of alcohol on brain development. An ethical approach to the complex issues involved in alcohol and other drug use requires that policy responses do not overreach available knowledge and are carefully considered for their political effects. It requires that politically inflected desires to overstate, oversimplify or rely on unexamined assumptions be strictly managed. To do otherwise is to contribute to a public discourse that helps to produce the very problems policy is intended to prevent.

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Overview of the situation of harm reduction in the Mena region

This presentation aims at reviewing the situation of harm reduction programs and policy in the Middle East and North Africa (MENA). The MENA region is exposed to a number of challenges in the area of drug use. Many of the countries of the region have a local drug production of mainly cannabis, a fast growing population and a geographic position on all the main routes of traffic either for cocaine, heroin and other new psychoactive drugs.

Only a few countries in the MENA offer national plans of action for drug use and even fewer have a clear policy regarding treatment. Few interventions have been carried out when it comes to harm reduction (HR) in the MENA, especially for opiate users. This lack of intervention is also noticeable in other fields of drug use. Poor data collection and monitoring even enhance this gap.

Nevertheless, efforts were made by a few countries. Lebanon started an informal buprenorphine-based treatment for opiate users two years ago, but still lacks a legal basis. Tunisia, Oman and Egypt do offer needle and syringe programs (NSP) but no opiate substitution treatment (OST). Morocco launched its HR national action plan in 2009. Opiate users have been offered substitution treatments, counseling, NSP and condom distribution. There is even a pilot OST program in prison. A drug use management program in prisons will be developed this year.

Overall, HR in the MENA region is still very limited. The major concern is the lack of accurate data on patterns of drug use, risk behaviors, social influences, and infections such as HIV and HC. The biggest challenge remains the poor involvement of NGOs and the huge lack of qualified professionals in the field. A thorough and well-planned advocacy campaign is required.

Oral Presentations



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Risk environment and punitive drug law: policy implication from qualitative research among injecting drug users in Vietnam

The HIV epidemic in Vietnam is driven by drug use. Studies have highlighted drug and sexual risk practices among injecting drug users (IDUs) as an explanation for the rapid spread of HIV infection in Vietnam. Our recent qualitative research documented high risk behaviors among IDUs and identified the risk environment context as one that perpetuates HIV transmission risk among Vietnamese IDUs. We conducted interviews with fifteen participants in Hai Phong during September-October, 2012. The study population was both male and female IDUs aged between 25-49 years with a varied socio-demographic profile. Interviews were conducted in Vietnamese language by two local interviewers who used a semi-structured interview checklist together with a topic guide to encourage discussion. All interview scripts were transcribed and translated at later dates. Data were analyzed thematically following a qualitative data analysis thematic framework. The study obtained official approvals from both Australian and Vietnamese authorities. We found three major themes: (a) 'place' of taking drugs, (b) 'time of day' of the last injecting episode, and (c) 'fear of arrest' and 'police attitude' which taken together identify the risk environment context that negatively impacts on sharing practices. A number of hotspots especially near rail lines and other public places such as streets, parks, and under the bridge were the preferred places for taking drugs. These were also the places where police and law enforcement officials typically performed 'crackdown' and search operations. Most of our participants engaged in a rapid injecting episode, to avoid such police attention. They also participated in indirect sharing while injecting shared drugs. The time of the day when the majority of our participants attended their last group injecting episode offered minimal scope for safe practices due to police activity or surveillance. The majority of them had been arrested, followed by detention in a treatment centre. Sharing was done on a regular basis in such centre because of unavailability of equipment. Our findings reemphasize the need to progress quickly towards a favorable drug policy and suggest the implementation of policies promoting an environment-friendly approach by police and law enforcement officials to minimize the current epidemic.

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Women-specific drug treatment and harm reduction policies in Iran: a sensitive approach in Asia

Because of Afghanistan, the main opium producer in the eastern borders, Iran, has a high rate of opium and heroin smoking. Women drug users are a newly-emerged group in the community. Women compromise 9% of people who enter drug treatment centers. Implementing women-specific drug treatment and harm reduction policies is not a norm in the Middle East. Iran has remained an exception in this field. With the support of the Iranian government and the Iranian ministry of health and medical education, public and private women-specific drug treatment clinics, residential rehabilitation centers, therapeutic communities and harm reduction centers have been recently established across the country. There are 29 women-specific centers across the country which are directed under the supervision of medical universities. The centers provide methadone and buprenorphine maintenance treatments, harm reduction services such as HIV/HCV education, safe sex and injection education, condom distribution, free meals, midwifery services, Voluntary Counseling Testing (VCT), Needle Syringe Programs (NSPs), and referrals for free HIV/HCV testing and treatment such as Antiretroviral Therapy (ART). Though maintenance treatments such as methadone programs have far exceeded the current treatment needs of women, women-specific free harm reduction centers are widely required across the country. The evaluation of the current implemented drug treatment and harm reduction services is still required. International financial supports are required to develop the number of such centers and promote women-sensitive services for female drug users.

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Growing cannabis in Denmark for personal use and social supply

Domestic cannabis cultivation has increased in many European countries. Developments have occurred not only in large scale cannabis production, but also in the phenomenon of growing cannabis for personal use and/or social supply. Although growing a few cannabis plants for personal or medical use has been legalized in some European countries, it remains an illegal practice in most European countries, including Denmark. Data from 68 qualitative interviews and two online surveys in 2008 and 2012 on cannabis cultivation in Denmark have been used. The 2012 survey functioned as a part of the Global Cannabis Cultivation Research Consortium, and examines the issue of growing cannabis for social supply. The paper will discuss growers' perceptions and reported practices of social supply. This will be done by taking a point of departure in recent discussions and definitions of 'social supply' that explores how we can understand sharing, exchange, as well as non-commercial sale of drugs that is different from drug dealing, selling and commercial supply. More specifically, we will focus on why our respondents grow cannabis, why and how they use it, as well as explore the social contexts in which they grow and use cannabis. This way, the paper also contributes to recent developments within cultural criminology, which examine drug markets as embedded in particular socio-cultural contexts. This type of analysis suggests that drug markets are much more diverse and complex than traditionally conceptualized.

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Narcomantas as a way to analyze organized crime in Mexico

Drug prohibition in Mexico and its war against organized crime have increased violence to levels never seen before. Drug-related homicides have increased from 3.02 per 100,000 habitants in 2007 to 16.03 in 2010, with violence being stronger in regions where drugs are sold, trafficked or produced. As a consequence, the organized crime has evolved and become more fragmented and diverse.

Drug trafficking organizations (DTO) no longer focused solely on trafficking drugs, but are also performing other illegal activities such as human trafficking, oil theft, extortion and kidnapping. The purpose of this work is to analyze the evolution of organized crime and drug-related violence in Mexico by examining how DTOs communicate and behave. In order to understand how DTOs in Mexico have evolved since 2007 to 2011, I have analyzed approximately 2,000 messages (or narcomantas) left next to the bodies of people who were executed. Results suggest that violence is becoming more “visible” than before: in 2007 only one DTO was identified by the narcomantas, and only 1% of total executions by DTOs was labeled (or left with a message next to the body). On the contrary, in 2011, more than 110 groups were identified, and 11% of total executions were labeled. Additionally, I classify the messages in six different categories depending on their content: whether they were directed to the government, to other DTOs or to snitches; whether they were left to justify the execution (vigilante messages); or whether they were related to drug trafficking or territorial control. At the beginning, DTOs used their victims just to position themselves, but without directing any message to the government or to other DTOs. However, they became stronger and more consolidated over the years and began to direct and sign their narcomantas. In 2009, there already were rivalries between the main criminal groups in the country; and since violence increased, new groups were created with the purpose of defending citizens from the existing DTOs. These groups are what I call “vigilantes” or self-defense groups, and are nowadays spread within states in the country with the greatest levels of violence. The fragmentation of existing groups, the consolidation of new alliances, and the creation of new groups made further drug-related violence in Mexico impossible for the federal government to control.

The paper ends with a conclusion concerning drug policy implications regarding the evolution of organized crime. As Skaperdas & Syropoulos (1997) predict in a theoretical model, the longer the prohibition lasts, the more adaptable and evolving criminal groups become. Organized crime in Mexico has achieved a level of diversification and expansion that, even with drug regulation or legalization, is not going to be eliminated or controlled. This brings us to the question of what would be the main policies regarding organized crime and how these policies could be interlinked with the alternative drug policies currently discussed in the international arena.

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Illicit drug trafficking and gross domestic product in Italy

Since October 2014, with the introduction of the new The European System of Accounts ESA 2010 (i.e., the system of harmonized national accounts statistics applied in the European Union), each European country has to report on the contribution of drug trafficking and drug production to the Gross Domestic Product (GDP). Since the GDP of a country combines in a single figure all the output carried out by all firms, non-profit institutions, government bodies and households in a country during one year, this statistic is highly important. Especially in the European Union, the GDP is used to calculate the national contribution to the European budget, to allocate regional development funds in the EU, to monitor the sustainability of public finances and it is the most used variable for assessing the economic situation of a country. In order to achieve an accurate estimate of the GDP, a theoretical model was used to assess the value of retail markets, exports and imports of drugs in Italy. Simplifying assumptions were made in order to overcome the scarcity of data. Following Eurostat recommendations, the model uses a demand-based approach, estimating economic aggregates starting from information about consumption. An interesting and innovative observation of the study is represented by the conceptual model of the value chain of illicit drug trafficking, which involves the separate estimation of wholesale (international and national) and retail trade. This allows us to achieve a more reliable estimate of the added value. The theoretical model used to estimate the contribution of illicit drug trafficking and production indicates that in Italy this illegal activity increased the GDP by 0.7% in 2011. This increase is close to the upper limit of the range of estimates in Europe. However, since the applied methodology was limited because of insufficient data and the fact that it could be not fully harmonized among European countries, this study also stresses the need to improve data collection and models used.

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‘What if you live on top of a bakery and you like cakes?’ – exploring the drug use and harm trajectories before, during and after the emergence of Silk Road

THE ISSUE: Cryptomarkets are digital platforms that use anonymising software (e.g. Tor) and cryptocurrencies (e.g. Bitcoin) to facilitate trade of goods and services. Their emergence has facilitated access to a wide range of high-quality psychoactive substances, according to surveys of users. Cryptomarkets are similar to open markets (e.g. so-called street markets) in the sense that trades can occur between strangers; however, cryptomarkets also offer the advantage of relatively efficient inbuilt trust mechanisms such as rating systems and forum discussions. In this paper, we ask the question ‘How does changing access to drugs through cryptomarkets affect the drug use and harm trajectories of their users?’

METHOD: We conducted a digital Ethnography spanning 2012–2014, a period that included the seizure of the original Silk Road marketplace and forum by law enforcement. Using encrypted online chat, we interviewed 17 people who reported using Silk Road to purchase illicit drugs. The interviews were in-depth and unstructured, and also involved the use of life timelines to trace trajectories.

FINDINGS: Many participants reported experiencing a glut of drug consumption in their first months using Silk Road, described by one participant as akin to ‘kids in a candy store’. This period of intense drug use appeared to be a response to their increased capacity to obtain drugs of a quality, range and price that substantially differed from their previous purchasing experiences. It was typically followed by greater attempts at drug use control and harm minimisation. Drug trajectories were not only affected by changes in drug availability, but also by the extent that Silk Road users engaged with the discussion forums, which facilitated the exchange of drug-related knowledge and the development of a shared community identity. Typically, participants described using or seeking out other cryptomarkets after the closure of Silk Road.

IMPLICATIONS: Community-led forum discussions about techniques for controlling drug use in an environment of high drug availability may help guide new users of cryptomarkets towards less harmful drug practices. Such outreach can be difficult to maintain in a volatile environment of markets evolving in response to scams and law enforcement efforts.

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Measuring the illicit drug consumption in Italy

Consumption of illegal drugs is now covered in the national accounts throughout most of the Member States. Indeed, the European System of national accounts (ESA95), which provides the international set of definitions underlying the national accounts, states that all productive activities have to be included in the national accounts, irrespective of whether they are legal or not. There is no direct information on final drug consumption available for the national accounts purposes. Data cannot be straightly derived from official statistical sources, but are assembled from available sources such as academic research, government reports and police data. Almost all Member States still report the lack of reliable regular sources. In the context described above, it is possible to apply a methodology starting from the estimate of users, that is the population involved in the drug consumption. The EMCDDA (European Monitoring Centre for Drugs and Drugs Addiction), releases indicators on consumers like monthly, annual and lifetime prevalence rate that provide a picture of drug use among general population. These rates respectively express how many people have taken drugs during the last month (last month prevalence rate), or during the last year (last year prevalence rate) or during their lifetime (lifetime prevalence rate). These figures by no means provide the exact dimension of the phenomenon, but particularly the last year prevalence rate has been used as a sort of lower bound of the total number of consumers (or users). Another important international source of data is represented by the United Nations Office of Drugs and Crime (UNODC) which annually publishes a report with a lot of information on the global size and distribution of drugs production, trafficking and consumption. In conclusion, data, partially derived from official statistical sources, may be assembled (combined with other information on pattern behaviors and prices) in order to derive the value of final households consumption on illicit drugs. A presentation of the method applied and of the results obtained will be provided in this paper.

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Creating a narrative about your target: how street-level police officers in London understand their role in targeting drugs

Street-level officers in London spend a considerable amount of time stopping and searching people suspected of possessing drugs, often with little success and rarely finding anything more than a few grams of cannabis. In many boroughs, more than half of the stop and search activity is directed at finding drugs, but there is less than a 10% success rate. Since the introduction of cannabis warning forms in 2004, the number of cannabis seizures has more than doubled despite the fact that the government's drug strategy has essentially deprioritised the targeting of small amounts of cannabis. One explanation for this focus on drugs is the development of performance management regimes in line with the New Public Managerialism found in British institutions. Indeed, changes in the performance monitoring structure since the 2011 London riots have seen a fall in the number of drug searches for the first time in years. This paper will address that pressure before using data obtained during ethnographic fieldwork alongside officers from the Metropolitan Police Service of London to explore how officers translate the demands from supervisors in to street practice that fits within their constructed reality of what policing is and should be. I will argue that officers over emphasise the dangers of drugs, their prominence in the community, and the drugs crime connection in order to justify their continued targeting of drugs. I will also describe how the nature of confiscating drugs provides officers with a tangible outcome that eludes them in many other situations they are involved in as a part of daily policing activity. As the role of a police officer has changed due to the introduction and emphasis on community policing, I will argue that officers use drug busts as a way of retaining the classic façade of policing identified by Reiner and others. Finally, I will contrast the sense-making activities of officers with the pessimism they express about their ability to have an impact on drug problems and drug users, and I will suggest ways of developing current policies to better provide positive outcomes for both drug users and police officers.

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Qualitative research in Spanish cannabis social clubs: 'The moment you enter the door, you are minimizing risks'

BACKGROUND: Cannabis social clubs in Spain are non-profit organizations that associate cannabis users. One of the functions of cannabis social clubs is the supply of cannabis to the closed circuit of its members. The aim of the paper is to present findings of a qualitative inquiry among Spanish social club members, in order to assess the self-percieved risk minimisation among its members. The existence of cannabis social clubs in Spain is not in breach with international treaties.

METHOD: 94 respondents took part in the total of 14 focus groups accross Spain in 4 of its regions – The Basque Country, Catalonia, the Balear Islands, and Galicia. The social clubs were selected as a convenience sample, while it was assured that there is variability in terms of their size and region. The minimum number of participants in a focus group was 2, the maximum number was 12. A semi-structured interview guide was used, and a structured questionnaire was filled in by each of the FG members. The focus groups were conducted as a preparation for a larger cross-national comparative study.

FINDINGS: Members of cannabis social clubs have described a variety of risk-minimisation practices they adopted as a result of taking part in the association. The most significant practices were increased control over their cannabis use; knowledge about the different strains of cannabis and their differential risks in mental health and availability of different strains; improved health conditions due to the use of a controlled product (in contrast to the street-level market); decreased stigma around their cannabis use and increased productivity and quality of life.

CONCLUSIONS: Cannabis social clubs represent a viable drug policy option that aims at minimising the risks of cannabis use. This happens through both formal and informal risk reduction interventions and interaction in the social club setting, as well as by the mere availability of cannabis of known content, quality and variability. Since social clubs are not in breach of the U. N. treaties, they shall be further experimented with upon the national legislations. Grant dedication: NT-14064-33

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A study of pathway of care among opioid dependent individuals seeking treatment at a community de-addiction clinic in India

BACKGROUND: Drug use is one of the rapidly rising and serious disorders afflicting the human population across the globe. India is home to more than 2.0 million opioid users. Early identification and management of problems related to opioid use are effective in reducing these problems. However, there is a treatment gap and delay in presentation of substance users to the de-addiction centers. Study aims to assess the pathway to care among opioid dependent individuals seeking treatment in a community based treatment center in India.

OBJECTIVE: Understand the pathways to care among opioid dependent individuals seeking help at a community de-addiction center

METHOD: A cross-sectional observational study was conducted at a community center of National Drug Dependence Treatment Centre (NDDTC), Delhi, India. A total of 100 treatment seeking substance users (aged 18 to 60 years) fulfilling DSM IV TR criteria for opioid dependence were recruited. Those who refused to give written consent for the study and those with history of primary substance dependence for any other substance except tobacco were excluded. The baseline data was collected using a semi-structured pro forma based on patient self-report. The pathway to care data was collected using the encounter form used in the World Health Organization Pathway Study.

RESULTS: SPSS 20.0 was used to analyze the data. All subjects were male and 73% were married. Majority had completed at least primary education; were employed and belonged to nuclear families. About 50% used alcohol, 54% used cannabis and 98% had used tobacco at some point in their lives. 98% of the subjects had ever used heroin and 20% of them were currently still using it. The subjects were on average 40.83 years old (SD 12.7). The average age of the onset of heroin use was 22 years (IQR 12). The average duration of heroin use was 138 months (IQR 132). Only 21% subjects directly visited community de-addiction centres at the first contact. However, 56% subjects reached community de-addiction clinics at the second contact. The majority of the subjects were referred to by friends; family and neighbors. 97% of the subjects had comorbid nicotine dependence, 16% had benzodiazepine dependence and 46% had cannabis dependence. The average duration of the main problems due to substance use was 15 years (IQR 13), while 9.5 years (IQR 7) for the contact of the first treatment seeking attempt. The time to travel to first carer was on average 30 minutes (IQR 45).

CONCLUSIONS: The study findings are suggestive of significant delay between the onset of substance related problems and the first treatment contact. Community de-addiction centres form an important step in the pathway of care for the majority of these patients. There is an urgent need to revise India's drug policy. This way, more attention will be spent to increasing the number of outreach clinics, strengthening the awareness regarding treatment services and reducing the delay in treatment.

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Drug nuisance and visitor flows surrounding coffee shops in Dutch municipalities

For the evaluation of the implementation of the Private Club criterion and the Residence criterion for coffee shops, INTRAVAL, Bureau for Research and Consultancy, has researched the nature and extent of drug nuisance experienced by local residents near coffee shops and developments in the visitor flows. The research has been conducted in three southern provinces and seven in the rest of the country, 14 municipalities altogether. A total of three measurements have been performed, one preceding and two succeeding the tightened coffee shop policy. The baseline measurement and the first follow-up measurement involved a semi-experimental research design with an experimental group and a control group. For every measurement, over 700 neighbors of coffee shops and 700 coffee shop visitors were surveyed. The local residents were surveyed by phone, while the visitors were surveyed as much as possible in the coffee shops. The research has shown that half a year after the implementation of the new coffee shop policy, the extent of drug nuisance experienced by local residents had hardly changed, but that after one year, they did start experiencing more nuisances. Neighbors of coffee shops started suffering from different forms of drug nuisance, which they relate to soft drugs. More forms of drug nuisance have been reported in the three southern provinces, where the nature of this nuisance seems to have changed, but where its extent is the same as in the other provinces. The nature of the drugs nuisance remained practically the same in the other provinces. Furthermore, it appears that the number of foreign visitors to coffee shops in the south of the Netherlands has clearly decreased after the implementation of the new policy. Half a year after the implementation of the new coffee shop policy, not a single foreigner has been seen in a coffee shop, since non-residents were no longer allowed there. The number of foreign visitors has increased again after the abolition of the B-criterion, but remains significantly lower than before the implementation of the new policy. A part of the residents too ('the Dutch') initially stopped visiting the coffee shops after the implementation of the new coffee shop policy, because they distrusted the member registration. It appears that mainly the youngest group, aged 18 to 23, has not registered at the coffee shop. In the meantime, a large part of this group seems to have returned to the coffee shops. These findings and their implications for the Netherlands as well as for surrounding countries will be discussed further during the presentation.

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An agent-based model of intervention impact on switching drug types in rural populations

In rural areas availability, price and legal consequences can force some drug users to switch between primary drugs of choice. For example, as a consequence of stricter law enforcement policy in rural Ohio we observed a shift from methamphetamine use to heroin and prescription opiate use. We propose a polydrug agent-based model that describes drug users interconnected in a network. Behavior rules are based on our ethnographic research. The drug selection mechanisms are dictated by several domains: drug liking, drug availability, drug cost, perception of health and other life consequences, perception of potential punishment and pressure from the peers. The model produces time series of users' choices of one or concurrent drugs. Modeling and ethnographic data collection are interlinked i.e. model results lead to the improvements in quantitative measurements, which in turn improve the model. We have developed a survey instrument to measure each of the domains and collected data from over 70 subjects to calibrate the model. We show that single drug interventions can lead to windows of opportunities for interventions when the users are seeking other reinforcers. Without such interventions the Polydrug trends are of particular interest to policy makers because short-term interventions can lead to long-term adaptation.

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Marijuana consumption patterns among frequent consumers in Montevideo, Uruguay

Marijuana (and others drugs) consumption has been legal in Uruguay for many decades now. But since the marijuana market became regulated by the government at the end of 2013, many questions on users' habits and practices have surfaced, such as: how do they get the marijuana they consume?, how much and under which circumstances do they use cannabis?, and what do they think of the new regulation? We conducted a Respondent Driven Sample (RDS) Survey of frequent consumers of marihuana in the metropolitan area of Montevideo to try to answer some of these and other questions. In this paper, we present the initial results from the RDS study, as we develop a profile of marijuana consumption in Montevideo.

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Support for medical cannabis and full cannabis legalization: examining the role of underlying beliefs, cannabis use and national cannabis policies

BACKGROUND AND AIM: Cannabis for therapeutic purposes (CTP) is a contested prescription drug. Irrespective on any therapeutic effect, it has been argued that introducing CTP may lead to its increased recreational use. Still, CTP is now available in several jurisdictions while many others are considering the same. Public attitudes towards cannabis policy are important to study as they may provide a framework for current and future policies. This study examines attitudes towards both CTP legalization and full cannabis legalization by employing a model which includes four sets of substantive predictors: i) personal characteristics; ii) individual drug use experience; iii) individual beliefs regarding positive and negative effects of CTP; and iv) national-level drug policies. In order to operationalize the latter we examined data collected in two countries (Israel and Norway) that have many similarities but differ in regard to CTP policies.

METHODS: Data were derived from two nationally representative samples of adults participating in comparable cross-sectional online surveys in one country where CTP is illegal (Norway, n=2270) and in one country where CTP is legal (Israel, n=648).

RESULTS: Unadjusted statistics show greater support for CTP and full cannabis legalization in Israel than in Norway (78% vs. 51% and 48% vs. 15%, respectively). However, the control of background variables and individual cognitive and behavioural factors pointed out no national differences in support for CTP legalization, only in support for full cannabis legalization. In both cases, underlying cognitive and behavioural determinants were stronger predictors of cannabis policy support in Norway than in Israel. In addition, the support was more similar across groups of varying beliefs and drug use experiences in Israel compared to Norway, as reflected in the graphical presentations of marginal effects.

CONCLUSION: There are significant national differences in public opinion towards divergent cannabis policies. These national differences are partly explained by differences in cannabis related beliefs, behaviour and background variables.

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'Everyone respects each other'. The experience of persons with a dual diagnosis visiting Villa Voortman, a harm reduction service in the city of Ghent

The tendency in mental health care exists to build out community based treatment services and to promote the integration of persons with mental health problems in society. However, persons with a dual diagnosis (substance use disorders combined with a psychiatric disorder) are a group that is hardly connected to treatment or care (anymore). A community-based, low threshold service was set up for this group of people in the city of Ghent in 2011. This service, called 'Villa Voortman', starts from a non-medical harm reduction approach focusing on acceptance. Drug users are rarely seen as important sources of information on services and their personal perspectives about service provision and life in general are not widely reported in the literature.

In order to study the personal perspectives and experiences of the people visiting Villa Voortman, a qualitative study was set up using video-material of visitors' personal accounts. The goal of the study was to find out for what reason(s) clients visit this service and how they perceive Villa Voortman in terms of positive and negative factors.

The results revealed some important features that characterize the particularity of Villa Voortman. These aspects include the provision of 'asylum' and shelter – a place to belong; the existence of a warm and welcoming atmosphere, in which people are accepted the way they are; the focus on real human encounter with respect for each and everyone's identity; a permissive, non-obliging, supportive and 'waiting' environment that fosters personal growth and interpersonal relations; a minimal yet 'good enough' structure that stimulates participation; the importance of empowering persons to consider Villa Voortman as a place for them and by them; the necessity of a place where people can develop themselves by means of art, music and other daily activities; the striving for social inclusion and future perspectives, with respect for one's particularities; and the support in becoming inclusive citizens again. These results could be considered as the 'active ingredients' of the support that is offered in and by Villa Voortman. At the same time, some of these features could lead to challenges as well.

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The structure and operation of wholesale drug markets

One or more layers of dealers connect international drug traffickers to users. This paper draws on the accounts of 135 incarcerated dealers interviewed as part of the Reframing Addictions Project (ALICE-RAP) funded by the European Commission to describe the structure and operation of these multi-level distribution networks for cocaine and heroin in Italy and Slovenia. The fundamental activity of these intermediary dealers is buying larger quantities from higher-level dealers and re-selling in smaller quantities at the next lower market level. Each instance of this can be viewed as completing a drug dealing “cycle”. A principal finding is that the respondents’ descriptions suggest that three of the four drug-country combinations have fairly orderly networks, with reasonably well-defined market levels and cycles. The Italian heroin market, by contrast, has quite a few “level-jumpers” who skip a market level by making a very large number of sales per cycle, with each sale being of a considerably smaller weight. The circumstances or stories behind each of these level-jumpers is explored and compared to their compatriots who operate in a more conventional fashion. Incorporating prices at various transaction sizes allows calculation of how much of the revenue from retail drug sales is retained by dealers at each market level. Factoring in data on cycle frequency permits estimation of typical ranges of revenues and revenues net of cost-of-goods-sold (COGS) for individuals and organizations at each level. Surprisingly, the lowest-level dealers collectively retain the greatest share of the earnings, although they are so numerous that their individual earnings are far smaller than those earned at higher market levels. These analyses provide valuable insight into the individuals and organizations that make up the supply chains for cocaine and heroin in these two countries.

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International drug policy reform: lessons from Europe

BACKGROUND: An increasing appreciation of the failure of a 'war on drugs' approach to the illicit drugs problem, together with the implementation of experimental systems of legal cannabis regulation in Uruguay, Colorado and Washington, has contributed to a scrutiny of the UN international drug conventions and their continuing suitability as a framework for global drug policy. UNGASS 2016 provides an important opportunity to determine the global appetite for reform of the international drug conventions and to reflect on the role played by international bodies in global drug control.

METHODOLOGY: This paper examines the variety of systems of cannabis regulation (including several that are rather experimental) in operation in Europe, and explores the history of the development of European drug policy in general, to suggest that some of the pertinent issues regarding global drug policy reform have already played out in the European arena, and that there are important lessons for UNGASS organisers to be learnt from European experiences.

FINDINGS: It finds that many of the difficulties encountered by Europe in attempting to construct a consensus on the future of drug policy development will also present problems for UNGASS 2016. Drawing on European experiences, it further contends, however, that a variety of responses to illicit drugs in general, and cannabis in particular, is possible under the international conventions, and, moreover, that a variety of responses, as demonstrated by the different systems of cannabis regulation in operation in Uruguay, Colorado and Washington, is desirable. Finally, it envisages an ongoing important role in the development of global drug policy for international institutions such as the UN and the EU.

CONCLUSIONS: The UN international drug conventions should not be used to stifle a variety of response to the problems presented by illicit drugs. Furthermore, international bodies have an important role to play in the provision of a framework for different policies to be situated within, and in ensuring that policies that have been developed are subjected to ongoing evaluation.

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The “Pit and the Pendulum”: The US’ nascent heroin epidemic

AIMS: There is mounting concern regarding rising heroin misuse stemming from or intertwined with the opioid pill misuse epidemic in the US. This presentation aims to: 1. Report on trends in inpatient admissions and emergency visits for heroin-related overdose (HOD) and opioid pill-related overdose (OPOD) 2. Describe changes in the populations at risk for HOD and OPOD and the relationship between trends in HOD and OPOD 3. Discuss potential drivers of and policy implications stemming from the opioid to heroin transition

METHODS: HOD and OPOD hospitalization admissions and emergency visits were constructed from Nationwide Inpatient Sample (NIS), 2005-2012, and Nationwide Emergency Department Sample (NEDS), 2007-09 (2009-2012 analyses pending), data. National population estimates for admissions/visits were constructed incorporating complex survey design. Descriptive data and lagged regression models are presented.

RESULTS: Similar to published findings, rates of overall OPOD hospitalizations dramatically increased nationally between 2005 and 2010. A novel finding is the decline in the OPOD rate after reaching its apogee in 2011; 2012 is the first year in our longer time series data-set (20 years) in which a decline in OPOD hospitalizations is seen. However, rates for HOD hospitalization have risen dramatically: 8%/year on average. The rates of HOD have more than doubled among 20-35 year-olds. For certain ages the rise has been more dramatic eg HOD rates for 21 year-olds increased from 1.89 to 8.43/100000. The peak age of hospitalization for HOD is younger than for OPOD and is increasingly younger by calendar year. In 2012, for the first time, rates of HOD (rising) and OPOD (declining) among 18 to 23 year-olds are converging. The ED data time frame is more limited but show the same peaking of OPOD and an acceleration of HOD between 2007 and 2009. Lag models for both inpatient and ED samples indicate that prior year rates of OPOD predict subsequent years rates of HOD.

DISCUSSION: The rise in heroin-related overdose underscores a nascent heroin epidemic in the US. Structural drivers of this epidemic include the recent over-supply of opioid pills, leading to higher population dependency, and a rise in Mexican-sourced heroin availability. The “pendulum” is now swinging: restrictions on the opioid pill supply from an upsurge of new laws and regulations on medical practice are shifting prescribing norms. Shuttering “pill mills” and the reformulation of OxyContin are providing additional momentum. In some locales heroin users once dependent on opioid pills cited the reliable and inexpensive supply of heroin as an important factor in their transitioning to heroin. Public policies to address this epidemic and the potential over-swing away from opioid prescribing will be presented.

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The medical marijuana market response to retail marijuana in Colorado

One year after Colorado became the first jurisdiction to create a regulated industry for the legal production and distribution of adult-use, non-medical marijuana, researchers are beginning to investigate associated policy impacts. This paper will evaluate one such impact by empirically examining the effects of retail marijuana (RMJ) introduction on the number of patients registered to access the pre-existing medical marijuana (MMJ) market. Where several international governments have already instituted robust MMJ industries (Canada, the Netherlands, Israel, etc.) and Uruguay made national legalization a reality, these findings will be especially relevant for policymakers as they consider differential and interactive regulatory approaches for MMJ and RMJ. This paper will examine two important policy questions: 1) What factors beyond qualifying medical need, retail prices, and accessibility might influence the individual decision to pursue or forego registration as an MMJ patient? 2) How does a MMJ market respond to the introduction of an alternative supply of marijuana with similar products but differential regulations and prices?

In the case of Colorado, the RMJ market was modeled and implemented after the state's comprehensively regulated MMJ industry. During its first nine months, only existing MMJ centers (MMCs) were eligible to become licensed RMJ stores (RMSs). Thus, the newly established RMSs closely resembled the MMCs in terms of structure, ownership, management, product menus, and operations. The primary difference for consumers between the two markets were higher RMJ prices driven in part by higher sales taxes, fewer barriers to entry for RMJ, and relatively fewer RMJ outlets since not all MMCs converted, and not all localities allow RMSs.

Given these conditions, it is difficult to predict a priori whether the introduction of RMJ would generate more new applicants to the MMJ market, or draw previously registered patients away from it. However, the manner in which Colorado designed and implemented RMJ provides a unique quasi-experimental setting to evaluate the impact of legalization on the number of registered MMJ patients.

Using rich county-month level data on the MMJ Registry from the Colorado Department of Public Health and Environment (CDPHE), and RMJ sales tax figures from the Department of Revenue, I employ a Difference-in-Differences regression methodology to explore whether the introduction of RMJ sales within a county is associated with a change in its MMJ market. Preliminary results suggest that RMJ introduction is associated with a statistically significant decrease in registered patients. This result emerges when analyzing Colorado counties only, as well as when counties in the MMJ-only states of Montana and New Mexico are included as additional controls.

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Cannabis regulation in Europe: Coloradan legal transplant ahead?

In November 2012 the people of Colorado said yes to Amendment 64 – a popular ballot initiative measure outlining a statewide drug policy for the regulation of marijuana. As a result, the Constitution of Colorado was modified and legislative and administrative actions were taken to regulate the market effectively and to collect revenue from sales. The new regulatory scheme constitutes a quantum leap compared to the most liberal European policies which allow cannabis use and tolerate, to a certain extent, cannabis production and cannabis distribution but provide very limited legal certainty for the market's actors.

The number of grassroots movements and experts initiatives promoting marijuana legalization suggests that this option could make progress in Europe in the coming years. It remains to be seen, though, if the Colorado model can be transplanted to EU Member States and what the legal consequences would be of such a policy transfer.

At the moment EU law requires that each Member State take the necessary measures to ensure that the cultivation of the cannabis plant and its possession or purchase with a view to delivery is punishable (COUNCIL FRAMEWORK DECISION 2004/757/JHA). It is unclear, though, if this provision rules out cannabis legalization or only requires Member States to criminalize the black market. If the second interpretation is correct, Member States could theoretically legalize recreational cannabis production and distribution without breaching EU law. Should recreational cannabis be legalized in the future in at least one Member State of the EU, one could argue that the provisions on the free movement of goods must apply to the newly legalized product, and call for the removal of all legal restrictions capable of hindering the free circulation of marijuana within the Common Market. This sledgehammer argument in EU law is often used by the Court of Justice of the EU to dismantle national legislations which hamper trade between European states. This line of reasoning may, however, prove inadequate to dismantle domestic prohibitionist frameworks which will be defended in the European Court of Justice on the grounds of the public policy exception.

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Modelling estimates of public spending on opioid substitution

This study aims to show a good method to estimate the costs of opioid substitution therapy in Italy. The reason is fourfold. Firstly, opioid use is a problem in Italy and in Europe [1]. Secondly, opioid substitution treatments are a common therapy used to treat opioid dependence in Europe. These treatments are considered beneficial, as flagged in the European best practice portal and costs are a crucial component of treatment. Thirdly, there is currently neither an updated estimate for these costs nor an agreement on a sound method to apply in Italy or in other European countries. For these reasons, this study aims to contribute to this discussion, providing a sound method and estimates of the costs of opioid substitution therapy. Finally, the study's purpose is to contribute for a European project where different methods are used to estimate the costs of drug treatment.

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Views towards marijuana legalization in the Americas

Public discussion on regulation of cannabis markets has picked up after Uruguay, and the states of Colorado and Washington in the U.S. took steps to legalize marijuana. The debates include many areas of the regulation agenda, but they are particularly installed on the potential implications of policy change, as the entire world looks at these experiments. Using data from the 2014 AmericasBarometer, with questions specifically designed by our team, this paper examines citizens experiences with marijuana and views towards regulation, as well as their implications for the public debate on drug policy.

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Drug use and mobility at the Guatemala-México border

Mexico maintains a 'buffered' border with Guatemala, allowing both legal and illegal crossing at the border itself, but instituting increasingly stringent levels of control of movement the further one gets from the border crossing. The border zone itself therefore becomes a complex zone in which individuals move easily and freely back and forth to pursue local economic opportunity (such as cheaper drugs and other goods on one side, and more opportunities to make money on the other), and where northbound migrants from Guatemala and other Central American countries end up 'trapped' as their attempts to move towards north and central México and/or the United States for improved legal employment opportunities are rebuffed. Local economies of sex work and drug use have adapted to this cyclical set of movements. In this presentation, we describe qualitative work conducted in 2011-2012 with drug using migrants and residents, as well as local service providers in the border towns of Ciudad Hidalgo and Tapachula in Chiapas, México; and in Tecun Uman, San Marcos, Guatemala and Quetzaltenango, in Quetzaltenango, Guatemala. In particular, we focus on the role of border dynamics in affecting harms associated with drug use and efforts to reduce those harms.

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Operation onymous and tangible effects: displacement in the dark net drug markets

On November 5th and 6th 2014, law enforcement agencies from the United States and Europe launched Operation Onymous, a large police operation that targeted online marketplaces that specialized in the sale of illicit drugs. Known as cryptomarkets, these online marketplaces offered tens of thousands of products. Operation Onymous was a major operation that led to 17 arrests of cryptomarket vendors and administrators, the seizure of over \$1 million USD and the shutting down of many markets including one of the three biggest markets at the time, Silk Road 2. The two other major markets, Evolution and Agora, survived the operation and were not seized by the police. While the direct consequences of the police operation can be easily measured, we have yet to model and understand the indirect consequences of police operations on cryptomarkets – and on online illicit markets in general. These indirect consequences may include a higher fear of arrest for vendors and customers and more importantly, changes in the pricing of illicit drugs as well as the displacement of vendors who were active in one of the seized marketplace. This presentation will draw from the literature on crime displacement and risks and prices in drug markets to model the impact that Operation Onymous had on the thousands of illicit drug vendors who were active on cryptomarkets at the time of the police operation. To do so, weekly scrapes of Silk Road 2, Evolution and Agora will be used to model the activity on these markets before and after the police operation. Of particular interest to us will be the displacement of vendors from one market to the other as well as changes in the prices of illicit drugs on cryptomarkets.

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Exchanging, mobilizing and transferring 'expertise': the development of a transnational knowledge network around heroin assisted treatment

This paper is based on research examining stakeholder involvement in the development of research and policy in the area of heroin assisted treatment. Over the last eighteen years, supervised injectable heroin prescribing has been developed, tested and introduced for small groups of entrenched heroin users in a number of European countries and in Canada as a second line treatment. The paper focuses on the growth of 'expertise' and the sharing of knowledge between stakeholders involved in the development of this area of treatment. The research was undertaken as part of Work Package 2 on Stakeholder Analysis under the EU funded FP7 ALICE-RAP programme (Addictions and Lifestyles in Contemporary Europe – Reframing Addictions Project) and is based on documentary analyses and key informant interviews with a range of stakeholders, with a particular focus on the scientists involved in the research around heroin assisted treatment. Drawing on Stone's concept of the 'knowledge network', the paper will explore this transnational network of experts, their roles in the production and exchange of knowledge to build and challenge consensus, their influence on policy at international, European, national and local levels and their interactions with each other as well as other stakeholders and stakeholder groups. It also will examine the extent to which local, experiential expertise from both practitioners and service users has been incorporated into the knowledge network.

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The norm prohibiting coca leaf chewing: from the international system to the Colombian state

This article deals with the problem that is raised by the adoption of international drug treaties within the Colombian national law system. In fact, international drug treaties have stipulated that the only legal uses for substances that have been placed under drug surveillance are for medical or scientific purposes. The coca leaf has been specified as one of the most dangerous substances, which has caused the measures of control to be highly restrictive. Nevertheless coca leaves are particular plants, since they have been used for the native communities of the Andean States for centuries. The Colombian State has signed and ratified these international law treaties and therefore has the responsibility of respecting its international duties. In other words, it must implement public policies to prohibit any use that is not destined for medicine and science.

However, being a multicultural nation with two formal and equal legal systems (the native's and the ordinary jurisdiction) with the increased participation of native communities in Colombian's politics the task becomes very confrontational. Two elements of the native communities become sources of conflict with the International Drug Treaties. The first one is the chewing of the coca leaf, and the second are the projects of commercialization of products made from coca leaves. Since the year 2000, the native communities called Nasa and Yanakunas have started to produce wine, tea and rum, all made from coca leaves. The Colombian State faces a dilemma: on the one hand it has the international law duties and on the other it demands to respect the native communities' rights. In the International Relations Literature, scholars of the constructivist school showed an interest in understanding how the international norms could be adopted in the States. However, once these norms had been incorporated in the States, the scholars seemed less interested in the internal development of new local norms. What happens once an international norm has been adopted in a State? Do international institutions survey the State in order to assure the durability of the law? What if the change in the structure of the state unit causes a conflict with international laws and therefore becomes the object of reconstruction? How is this conflict of norms managed?

We believe that the case of the legal uses of coca leaves in Colombia allows us to analyze the way in which an international norm is adopted, not focusing merely on the precise historical moment of the adoption, but on the reconstruction that the norm can be subjected to inside the state institution over time. The theoretical models can be used at the precise moment of the adoption but they will be challenged once the state unit has been reorganized. Our methodology research has been primarily based in the work field. We have interviewed the leaders of the coca leaf projects, members of the police, High Court members, and the representatives of native associations. We have visited the native territories, and we have accessed the production chain of coca leaf products. We have also conducted an extensive research of archives concerning the Colombian law on drugs and the way it was built.

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Risks and protective factors in alcohol and marijuana using adolescents in Montevideo (Uruguay)

AIM: Alcohol and marihuana are the main substances consumed by adolescents throughout the world. During the last year, Uruguay, in Latin-America, has had the highest prevalence of alcohol consumption among youngsters from 13 to 18 years old, and the lowest degree of risk perception. Moreover, the age at which alcohol is consumed for the first time has decreased, along with an increased incidence of binge drinking. Since 2001, the prevalence of marihuana use in persons between 15 and 65 years old has increased constantly in Uruguay. Uruguay also has the highest prevalence of recent (last 30 days) marihuana consumption and the lowest risk perception among adolescents. In addition, epidemiological studies indicate a high concurrent prevalence of externalizing and internalizing mental health problems in adolescence. Overall, a high comorbidity between substance use and other psychiatric disorders among young people has been reported. Given the lack of research on substance use in relation to mental health and protective factors in Uruguay, this study will contribute to the development of appropriate policy strategies. The aim of this study was to examine how and in which particular way alcohol and marihuana use during adolescence interact with mental health disorders and to define the protective factors and risk factors associated with alcohol and marihuana use and other mental health problems. In December 2013 the law 19.172 which regulates the production, distribution and sale of marihuana was approved in Uruguay. Given its near implementation, it is important to focus on the risks and protective factors in vulnerable populations, such as adolescents, to be able to develop preventive measures.

METHODS: n=364 adolescents aged 12 to 18 years old from high schools in Montevideo, a socio-demographic survey (unpublished Daset et al. 2014), INSE, a screening survey for psychopathology and positive aspects, Adolescent Self Report (ADA) (unpublished Daset et al. 2014), Cannabis screening, CAST validated in Uruguay Alcohol survey.

RESULTS: The consumption of alcohol as a dependant variable was significantly associated with emotional deregulation, bullying and aggression. As a protective factor the amount of close friends and family healthy relationship was associated significantly. Marihuana use was significantly associated in a negative way with exclusion, bullying and aggression; protective factors were happiness and practice of religious activities.

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Assessing policy measures to reduce prescription opioid related abuse and harms: the case study of Ontario, Canada

Prescription opioid (PO) misuse and related harms persist as a major public health problem in North America. Specifically in Canada, Ontario – Canada’s most populous province - has featured high levels of ‘non-medical prescription opioid use’ (NMPOU) in general and high-risk populations, as well as rising morbidity (e.g., presentations for treatment) and mortality (fatal overdose) in the past decade. Several policy measures and interventions towards reducing PO-related problems have been implemented in recent years, and important evidence on – both intended and un-intended - consequences of these measures is evolving, making for an instructive case study in this emerging problem realm. Specifically, the provincial government de-listed immediate release oxycodone (‘Oxycontin’) – the PO-formulation associated with a substantive proportion of PO harms - from its provincial drug formulary, as well as implemented a prescription monitoring program in 2012; in addition, there have been highly publicized inquests into PO deaths and excessive PO prescribing practice, and extensive media reporting on PO-related misuse and harms in the past few years. As key developments since 2012, strong PO dispensing and NMPOU rates in the general population have declined, while increases in illicit opioid (e.g., heroin) use have been reported for select risk populations (e.g., street drug users). At the same time, PO-related morbidity and mortality – the latter driven by increases in deaths related to POs other than oxycodone - have continued to increase, resulting in a further rising PO-related harm burden. Overall, while policy measures implemented to date in Ontario have coincided with strong PO dispensing and reduced select PO problems, there has been a partial ‘displacement’ effect in PO harm outcome (morbidity, mortality) indicators of primary relevance for public health, entailing the need for more comprehensive and widely effective interventions. In addition, as some of the reductions in PO problems (e.g., NMPOU) pre-date the main policy measures implemented, the role of ‘soft interventions’ (e.g., media reporting) needs to be better assessed and understood for pragmatic policy development in this area.

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Preventing the symbiotic phase: state, market and social densification in vulnerable areas. Buenos Aires in comparative perspective

Over the last twenty years, there has been a growing criminological consensus on the necessity to tackle drug related homicides with specific interventions which avoid victimizing the population of the areas in which drug trafficking organizations operate. This view has led to increasingly targeted interventions in which the main goal is to address the needs of these populations in ways that diminish the opportunities for the occurrence of violence. A series of experiences in Latin America, such as those developed in the Colombian cities of Medellin and Bogota, as well as the pacification strategy in Rio's favelas highlight the fact that drug related violence can only be curbed with increased state – and not only police- presence under the form of public policies that focus on educational achievement for adolescents, job opportunities, peaceful conflict resolution, urbanization and access to land and housing. Over the last decades, the country has increased its participation in the cocaine global market as a route that links producing countries with Europe and Africa as showed by a 638% increase in cocaine seizures between 2005 and 2010. Local cocaine consumption has increased totaling 2.9% of the population and Argentina is the second country in the world, excluding those in which coca leaves are grown, with the highest number of drug processing facilities. The main drugs market is Buenos Aires, which is Latin America's richest city. Yet, 12% of its population lives in shanty towns. Specifically four of the cities' twenty-three slums explained 36% of its homicides in 2012. Many of those homicides are drug-related and the city lacks a strategy to tackle this problem. This paper will provide an overview of the main experiences within and outside Latin America and provide a series of common analytic tools that can be applied to the experience of Buenos Aires. In an additional section it will overview the literature on spatial dispersion of crime and provide some insights on how to address this problem in the cities' remaining vulnerable areas. Finally, this piece will evaluate the city's main security and social policies in order to assess which one produced significant results in reducing violence in low income neighborhoods. The applied methodology will be qualitative using process tracing tools.

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Europe and the UN General Assembly Special Session on Drugs – complacency or the ‘third way’?

The 2016 UN General Assembly Special Session (UNGASS) on drugs is rapidly approaching. It is a key opportunity for governments, civil society and others to discuss the shortcomings of the current response to drugs. Governments are increasingly openly acknowledging that the highly punitive approach to drug control based on a narrow interpretation of the international treaties is damaging and counterproductive.

The UNGASS is a chance to reflect on how to control drugs in society and to consider more effective and humane policies. Although treaty reform is unlikely to happen in 2016, it is now undeniable that the drug policy landscape has fundamentally changed and that systemic challenges have started to take place in countries such as Bolivia, Uruguay and the USA. Tensions between ongoing reforms and the limits of latitude of the UN drug control treaty framework have been particularly pronounced with respect to the coca leaf and cannabis regulation. An honest and open debate about the future of the treaty regime is urgently needed. The UN Special Session is also meant to improve UN system-wide coherence and should therefore openly and objectively address the lack of policy coherence between drug control objectives and public health, human rights and development outcomes.

European countries have often played a leadership role within global drug policy debates – particularly on issues such as harm reduction and alternative development. Many European countries have taken a more pragmatic and less punitive approach to drug control, including the decriminalisation of drug possession for personal use in several European Union (EU) Member States. Incarceration rates for drug offences in Europe are also much lower than, for example, the USA and Asia, and many European countries have managed to prevent or control HIV epidemics among people who inject drugs. Germany has referred to this as the ‘third way’ between the war on drugs and legalisation, similar to the new U.S. discourse.

However, Latin American governments now lead the charge for reform and are the ones most pushing for an open debate in New York, receiving relatively little support from the EU. The EU, as a coordinated body, continues to be a strong voice in the international debates on issues underpinned by the EU drug strategy, promoting harm reduction and alternative development and calling for more balanced, human rights based drug policies including the abolishment of the death penalty. On other issues, however, such as traditional coca use, cannabis regulation or treaty reform, Europe remains silent. . If consensus cannot be reached within the EU “bloc”, then individual European countries should speak out more in international discussions, show more leadership on their key issues, and formally support their allies from Latin America. This presentation will describe the debates to date, the lead up to the 2016 UNGASS, and role of Europe.

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Articulating addiction in alcohol and other drug policy: a multiverse of habits

Concepts of addiction differ across time and place. As many scholars have argued, addiction and modern society have made each other, and to continue to rely on each other for meaning even as each undergoes change. This presentation is based on an international research program currently exploring this variation and change in concepts of addiction, in particular in the field of alcohol and other drug (AOD) use. Taking AOD policy in Australia, Canada and Sweden as its empirical focus, and interviews with policy makers, service providers and advocates in each country as its key method, the research program compares the addiction concepts articulated by professionals working in each setting. As the project has only recently begun collecting data in Sweden, this paper will look at Australian and Canadian data only. Drawing on Bruno Latour's theoretical work on the body and his proposal for a better science based on the 'articulation of differences', it explores the differences and commonalities in accounts of addiction offered across the Australian and Canadian project sites, identifying a shared dynamic in all: the juggling of difference and unity in discussions of the nature of addiction, its composite parts and how best to respond to it. The paper maps two simultaneous trajectories in the data – one moving towards difference in participants' insistence on the multitude and diversity of factors that make up addiction problems, and the other towards unity in their tendency to return to narrow disease models of addiction in uncomfortable, sometimes dissonant, strategic choices. As I will argue, the AOD professionals interviewed for my study operate in two modes treated as distinct in Latour's proposal: in turning to reifying disease labels of addiction they take for granted and work within a 'universe of essences', but in articulating the multiplicity and diversity of addiction, they grope towards a vision of a 'multiverse of habits'. The presentation concludes by addressing this tension directly, scrutinising its practical implications for the development of policy and delivery of services in the future, asking how new thinking, and therefore new opportunities, might be allowed to emerge.

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Drug policy in Brazil: Treatment, service, needs and barriers

BACKGROUND: Drug use has been subject to major social and political debate in Brazil – the largest Latin American country – in recent years, involving substantial financial investments from the Federal Government, including, for example, increasing the number of care services and programs, professional care capacity development, drug law enforcement. However, key knowledge about service needs, access and outcomes is largely missing and hinders the development of improved care services. To address this issue, this study aimed to describe main characteristics – including service needs and access – of a sample of drug user clients using a local CAPS-AD (community-based Psycho-social Care Centre, a distinct public service model recently implemented in Brazil).

METHODS: N= 143 adult clients were recruited and assessed in the local CAPS AD in Ceilândia, the biggest suburb of Brasília, Federal District, in a census snapshot approach of all clients utilizing the service through 1 week (Monday – Sunday, 7am – 10pm) in October 2014. Clients were assessed by a brief in-person interview, including personal and substance use characteristics, and items related to service needs, access, factors relevant for continuous service retention, and ways to better meet treatment needs. Participants provided informed consent; the study was approved by institutional ethics review boards.

RESULTS: The majority of participants were: male (81%); between 30 – 49 years old (63%); who had not completed high school (61%); main drugs used were: alcohol (50%), crack (34%), cocaine (powder; 7%) and marijuana (5%). Main referral sources to the CAPS-AD were: family/friends (49%), other health services (29%), justice system (11%). For about half of them (46%), the CAPS-AD constituted the first treatment attempt. Family (50%), health problems (45%) and own desire (44%) were the main motivations to seek treatment; the main reasons to remain in treatment included quality of the treatment (74%), free-of-charge (34%) and proximity to home (17%).

CONCLUSIONS: CAPS-AD services cater to a client population with diverse needs, many of whom access treatment for the first time. Access to and retention in treatment remain an important challenge for drug users, and point to overall needs for care and service improvement, including improved professional training and development for CAPS-AD staff towards practicing evidence based care to better serve the care needs of drug users in Brazil.

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An analysis of the opiate trafficking along the Balkan Route

The Balkan route, connecting Afghanistan with Western and Central Europe, is one of the world's most important opiate-trafficking routes. In the past, the EMCDDA and the UNODC heavily invested in the analysis of the supply of opiates to Europe. However, given the opiate trade's illicit nature, information on these drug flows is scarce and there is little knowledge available on how the drugs move from the producing countries to the consuming countries. This study uses a social network approach to analyse the opiate trafficking among the countries of the Balkan route. It conceives the Balkan route as a network composed of a series of relations between countries (Paoli, Greenfield, and Reuter 2009).

The study's aim is to (1) explore the main features of the opiate trade network, (2) investigate the role of each country within this illicit network and (3) analyse the factors that shape the flow across countries. The analysis estimates the quantity of opiates available along the Balkan route by combining information from the demand side (consumption and seizures) and the supply side (Afghan exports). It then merges these estimates with the opiate trade network built using relational data gathered from reports of seizures from various sources (e.g., UNODC) (Boivin 2014).

The paper then analyses the overall structure of the trade network and the countries' role within it by using graph- and node-level network statistics (e.g., flow betweenness). Drawing on various theories – routine activity theory (legal commerce), opportunity theory (corruption) and rational choice perspective (risk and reward) – the analysis identifies the factors that may shape the flow of opiates across countries. Exponential random graph models verify the influence of these factors in shaping the Balkan route. The opiate trade network shows a low density (7.8%) with 88 connections among 34 countries. Hence, among all the possible alternative routes, opiate trafficking concentrates on traversing a few specific paths. Centrality measures indicate that some countries, for instance Germany and the Netherlands, have a brokerage position and operate as a transit country along several of these paths. The analysis shows that edge-level features (e.g., geographical proximity) and node-level attributes (e.g., level of corruption) shape opiate routes. The network approach provides a new instrument and insights into the illicit trade in opiates. This information may be crucial for designing more efficient law enforcement counteractions.

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Drug quality assurance practices and communication of drug alerts among people who use drugs

Regional health bodies in British Columbia, Canada issue drug alerts to the public when health risks associated with drug quality are identified, such as increased illicit drug deaths, overdoses or other harms. There is a lack of evidence-based guidelines for producing timely, effective public health alerts to mitigate these harms. This qualitative study sought to understand 1) the practices used by people who use drugs (PWUD) to assess the quality of street drugs and reduce harms from adulterants; and 2) how drug alerts could be better communicated to PWUD and integrated into policy and practice. Guided by interpretive and descriptive methodology, this study consisted of brief questionnaires and in-depth focus groups with 32 PWUD. Findings suggest the most effective and trusted information about drug quality was primarily from: a) trusted, reputable dealers or b) peer-based social networks. Most PWUD did not discuss drug quality with HSPs, and information received through HSPs was not thought to be timely. A number of concrete guidelines were suggested by participants to improve the effectiveness of drug alert modes and methods of communication in the community, including the use of language on drug alert postings that implies harm, indicates what drug effects to look out for, and suggests appropriate responses to overdose, such as the use of naloxone. Participants also emphasized the need to date posters and remove them in a timely manner so as to not desensitize the community to such alerts. Since it is difficult to control adulteration practices in an unregulated drug market, findings from this study suggest effectively communicating drug alerts could be a key element to protect PWUD from elevated risk of drug related overdose morbidity and mortality.

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Understanding Technological Innovation in the War on Drugs

This paper discusses the possibilities and difficulties of using qualitative research methods to understand technology and technological innovation in the War on Drugs in Colombia. Maritime routes are believed to be the main method used by Colombian Drug Trafficking Organizations (DTOs) to transport cocaine to the United States, Europe or to transshipment countries. Control over maritime drug smuggling in Colombia is mostly under the responsibility of Colombian Coast Guard. The Colombian Coast Guard was created in 1979.

But it was not until 1994, due to a perceived increased of maritime illicit drug smuggling than training, boat procurement and the task to diminish maritime drug trafficking started. In the two decades from 1994 to 2014 Colombian Coast Guard had to face multiples challenges in order to perform their role. Changes in the illicit drug market and the capacity of adaptation and implementation of new and old transport methods by the DTOs are the most salient ones. Scholars from Science and Technology Studies had fruitfully used qualitative research methods to study technological innovation, including military technologies. Despite extensive evidence of the innovative character of the DTOs and the need for innovation in Military Organizations and Law Enforcement Agencies in the War on Drugs, neither has been systematically analysed. I performed interviews with Coast Guard Officers and NCOs regarding their views on DTOs and their methods, Coast Guard involvement in the War on Drugs and the decisions leading to procurement of boats used during interdiction operations.

In this paper I present several results from those interviews. 1. Despite the widespread dichotomy: which portrays DTOs as flexible vs Military/LEAs as Bureaucratic and inflexible, it is possible to find several instances in which this contrast is at least misleading; 2. New uses of old technologies is often portrayed as the result of the use of 'malicia indigena' (local cunning); 3. Rather than result of the accumulation of formalised data/'factual' evidence, the procurement of boats and operational development is shaped by the knowledge and experience of local commanders and their perceptions of interdiction 'events'. These results highlight the contribution of qualitative interviews to analyse technology and technological innovation in the War on Drugs, providing both empirical and theoretical insights that can be of value to understanding DTOs, military organizations and LEAs in ways that can inform public policies regarding illicit drug control.

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The UN Drug Control Treaties: what constraints on Europe?

Notwithstanding the ongoing (and long lasting) debate in favour of drug decriminalization, European states seem to be very reluctant to reform their legal systems in that respect. One argument to maintain criminalization is that this way, these states would be compelled by the United Nations Drug Control Treaties. The question we wish to address here, is whether the UN drug control treaties really impose drug criminalization or if this argument is rather a matter of rhetoric. For that matter, the international rules of interpretation have to be taken into account in view of the Vienna Convention on the Law of Treaties.

First of all, it can be observed that states have a great degree of freedom in the transposition of international obligations. International drug treaties only define a legal framework as a general orientation so that implementing states are free to choose and develop, in accordance with their traditions, cultures and resources, the best way to achieve the purpose of the international treaties. Such discretion, especially when the treaty provisions are confusing, can cause many interpretations. Secondly, because of the sovereignty and equality between states, no unilateral treaty interpretation can prevail over an other or can be imposed on other states. Finally, we will argue that treaties have to be interpreted in their relevant contexts and with a view to their purpose. At issue in this particular context, the penal provisions of drug treaties are intending to fight the illicit traffic which do not require the punishment of users not participating in that traffic. Hence, states are not obliged to criminalize drug possession for personal use if they consider that this behaviour is not contrary to the drug treaties. Interpretations of the penal provisions of drug treaties regarding the possession of drugs for personal use must also take into account the constitutional principles and the basic concepts of the legal system of the states, meaning that the penal provisions of drug treaties are not mandatory if they oppose the constitutional principles and basic concepts of the legal systems of the States. Criminalization of drugs possession may, in fact, violate many national constitutional rights or those of the European Convention on Human Rights : right to life, right to respect of private and family life, right to freedom of expression, freedom of thought, conscience and religion...

Criminalization raises also numerous questions in terms of respecting the general principles of criminal law i.e. subsidiarity and proportionality which require that any action should be limited to what is necessary to achieve its primary objectives. In view of current practices, it can be observed that states have developed particular « escape clauses » to exclude or to moderate the criminalization not only through reservations, declarations, understandings of the drug treaties but also by means of legal reforms. In conclusion, it can be said that the UN drug control treaties do not contain unconditional provisions and offer many possibilities for states to decriminalize drug possession for personal use.

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Cannabis growing for medical vs. recreational purposes - results from an international study

Previous studies have shown that growing cannabis for medical purposes is a widely spread practice among small-scale cannabis growers. In a web survey carried out by the International Cannabis Cultivation Research Consortium (GCCRC) in eleven countries (N=6530) 44 per cent of the respondents said that they were using cannabis for medical reasons (Potter et al., 2014). However, the boundary between medical and recreational use of cannabis is contested. Due to the increased legal provision of medical cannabis in the US and other countries claiming medical use may be seen just as a way to reduce some of the stigmas associated with being a cannabis user. On the other hand, GCCRC samples from six countries showed that the majority of medical growers reported cultivating cannabis for serious health conditions and most of them also had a medical diagnosis for those conditions (Hakkarainen et al., 2014). The paper explores this issue by comparing medical growers and other small-scale cannabis cultivators in regard to their demographic background, the volume of growing activity (number of plants, etc.), intensity of cannabis use, the use of other drugs and involvement of other illicit activities. The data used in the analysis come from the GCCRC study. If medical growers differ from other cannabis growers it would support views arguing medical growing as a distinctive category of cannabis cultivation. Political implications of the findings will be discussed.

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Quasi-legal new psychoactive substance use in Japan

BACKGROUND: There is growing global concern regarding the rapidly expanding use of new psychoactive substances (NPS). In response, the Japanese government has increasingly banned such NPS, including some tryptamine-type derivatives (in 2005) and synthetic cannabinoids (in 2014). We sought to identify the prevalence and correlates of quasi-legal NPS use among people living with HIV/AIDS (PLHIV) in Japan.

METHODS: Data were derived from a nationwide survey of PLHIV conducted at nine leading HIV/AIDS care hospitals between July and December 2013. The prevalence and correlates of the use of quasi-legal NPS (e.g., synthetic cannabinoids, cathinone derivatives, amyl nitrites, etc. that had not been prohibited from using at the time of survey) among male participants were examined using multivariable survey logistic regression.

RESULTS: Of 963 study participants, the majority (95.3%) is male. The most commonly used drug among men was quasi-legal NPS (55.3% ever; 12.8% in the previous year). In multivariable analysis, the lifetime use of tryptamine-type derivatives (i.e., 5-MeO-DIPT or Foxy [N,N-diisopropyl-5-methoxytryptamine]) (adjusted odds ratio [AOR]: 2.42; 95% confidence interval [CI]: 1.36 – 4.28) and methamphetamine/amphetamine (AOR: 3.59; 95% CI: 2.13 – 6.04) were independently associated with recent quasi-legal NPS use.

CONCLUSION: In our sample of male PLHIV in Japan, quasi-legal NPS were the most commonly used drugs. Individuals who had ever used tryptamine-type derivatives or methamphetamine/amphetamine were more likely to report recent quasi-legal NPS use, suggesting a potential shift in drug use patterns from regulated to unregulated substances among this population. Given the tightening control on quasi-legal NPS in this setting, continued surveillance is warranted to examine changing drug use patterns.

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A tale of drug policy in two Canadian cities: comparing and contrasting supervised consumption site policymaking Toronto and Vancouver

In 2002, local public health authorities in the City of Vancouver (in British Columbia, Canada) sought approval from the national government to establish a supervised consumption site (SCS) in order to help reduce the spread of HIV and Hepatitis-C through needle sharing, as well as to prevent death from accidental overdose. Approval was granted, and in 2003, Vancouver became the home of North America's first and only SCS, called InSite. This paper questions why local authorities in Toronto, Ontario (Canada's largest city), have not yet even sought government approval to establish an SCS. This question is particularly interesting in light of the fact that, during the 1980s, public health authorities in Toronto opened Canada's first and largest needle exchange facility.

Drawing on evidence from municipal government documents (i.e. city council minutes, public health board reports), policy papers, newspaper articles, and secondary literature, this paper compares local-level conditions and processes in Vancouver and Toronto between the years 1997 and 2015 to help explain why Vancouver sought SCS approval, whereas Toronto has not. It considers whether Toronto's hesitancy to seek approval is better explained by a lack of need for such a facility by injection drug users (the objectivist sociological perspective), or instead social and political factors unrelated to injection drug users' needs (the subjectivist sociological perspective).

Findings suggest Toronto's hesitancy to request SCS approval has more to do with municipal-level socio-political conditions than it does with injection drug users' needs. These conditions include the way in which injection drug use has been framed in local policy debates, local public opinion regarding SCSs, and the political motivations of municipal authorities including mayors, city councillors, and police chiefs. I conclude that Vancouver's SCS request was facilitated by favourable local-level socio-political conditions which have not been experienced in Toronto during the period under study.

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Governance, drugs and sociality - drug policy experiments in the city of Copenhagen

The city of Copenhagen is the center for one of the most significant experiments in Danish drug policy in recent years. In a radical break with the previous deterrence policy the city of Copenhagen and the Copenhagen Police Department are working together with civil society to develop cohabitation between residents, business and drug users in the neighborhood (Vesterbro) that houses the largest drug scene in the Nordic countries. The public authorities have created the framework through urban planning, allocation of resources to social and technical services, establishment of drug consumption facilities, police guidelines about enforcement of the drug legislation and establishment of forums where representatives from City Hall, social services, police, NGOs, local business and residents meet. The content of the policy is to a large extent the outcome of the interaction between the many different public and private stakeholders that engage in different issues that relate to the drug scene and how it affects the surroundings. This work is very experimental in nature and through the work the meaning and the content of cohabitation of drug scene and the local community fleshes in practice. Drawing on governance and governmentality literature as well as human geography and urban studies this paper presents an analysis of how the local stakeholders work to develop a socio-material space where drug users and local residents can live together. This work is regarded as a matter of networked socio-material governance that involves a large number of public and private stakeholders. Methods include ethnographic field work in the neighborhood of Vesterbro, interviews with drug users, residents, business, social workers, police, administrators and local NGOs. Many interviews were organized around a mapping exercise where respondents were asked to tell about their experience of the neighborhood as a social and material space and how drug-related issues affected this experience. Furthermore policy documents and material from local media were retrieved for analysis.

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Exposing Australia's poly-drug trafficking networks

BACKGROUND: International drug law enforcement agencies have identified an apparent rise in drug traffickers (particularly high level drug traffickers) choosing to deal in multiple different drugs. It is hypothesised that this may be a “deliberate modus operandi” and that the formation of “portfolios of trades” may make such traffickers more profitable, harmful and resilient to changes in drug supply and drug law enforcement. Yet, research and policy tend to focus on traffickers engaging in one drug alone (i.e. mono-drug traffickers). In this paper we provide the first exploration of the extent, nature and harms of poly-drug trafficking at Australian borders.

METHOD: Two different methods were used. First, we used Australian Federal Police (AFP) data on all commercial level seizures at the Australian border from 1999 to 2012 to identify the proportion of seizures that were poly-drug and trends over time. Second, we used unit-record data on a sub-set of 20 drug trafficking cases and linked-cases (defined as the original drug trafficking case and all other criminal cases be they drug or other crimes that were connected via common offenders and suspects) to compare the profiles of poly-drug and mono-drug traffickers: including the total weight of drug seized, the type and value of the drugs seized, the number of known offenders and suspects, and the extent of involvement in other forms of crime (such as money laundering and corruption).

RESULTS: Between 5% and 35% of all commercial importations were connected to trafficking in more than one drug (depending upon the metric adopted), but contrary to expectations poly-drug trafficking in Australia was not new or necessarily rising. Poly-drug traffickers clearly differed to their mono-drug counterparts. For example, they had larger quantities of drugs seized, larger networks, longer criminal histories and more involvement in other types of crime. That said, poly-drug traffickers tended to import stimulants and to avoid importing the most harmful drug to Australian society (heroin). There was also heterogeneity amongst poly-drug traffickers.

DISCUSSION: As an exploratory project there remain unanswered questions, but the findings suggest that some fears about poly-drug traffickers may have been overstated particularly about the inherent harmfulness of this form of trafficking. Nevertheless, it suggests poly-drug traffickers are likely to pose added risks (such as profitability and resilience) and that they warrant increased attention by government, law enforcement and researchers: including monitoring trends, explicating net-harms and re-considering the optimal policy responses towards traffickers in an inter-connected marketplace.

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Does legalizing marijuana make it more affordable?

Given the number of jurisdictions around the world actively implementing medical marijuana markets and considering changing recreational marijuana laws, governments are waiting to hear about the consequences of marijuana legalization in Colorado (United States) on affordability. From a public policy point of view, the optimal price level in terms of public welfare (e.g. health, safety, income) is the point at which prices are low enough in the legal market to switch people out of the black market (where there is violence, theft, high criminal justice costs, etc.), yet not so low such that consumption increases to levels where physical and mental health harms (e.g. traffic accidents) outweigh any public safety benefits. It is not necessarily obvious what happened in Colorado, as a result of legalization. People may have continued to pay the same price, or even slightly more, because there were a number of supply constraints (e.g. production caps) designed to keep prices from falling. Or, people could have paid quite a bit less because as some argue, the extent of regulations was minimal: "in current US thinking, there seems to be a tendency to a Manichean split between prohibition and the free market in the handling of problematic commodities: either it should be forbidden, or any effort to 'grow the market' must be allowed" (Room 2014: pg. 348). This paper tests if and how the recreational regulations in Colorado affected the prices people actually paid for both recreational and medical marijuana. To do so, we use a state-representative, longitudinal survey in three states of the U.S. (the RAND Marijuana Use in West Coast States survey) and apply a quasi-experimental approach comparing price changes in Colorado before-and-after legalization to price changes in two other medical marijuana states. Our identification strategy exploits the temporal and spatial variation in marijuana laws for recreational consumption, and the data allow us to control for units purchased, perceived quality, and location of purchase (e.g. friend, dispensary, dealer). Preliminary findings suggest that although recreational prices fell in general across all four states, recreational prices fell more in Colorado than in neighbor states that did not legalize. We show this is not because they changed where they buy or how much. Interestingly, medical marijuana prices did not decline. The findings in this study could be important for researchers and policymakers in understanding how markets respond to legalization and regulation.

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Financieros and narco-brokers in the Cocaine Business

This paper argues that, to effectively interrupt the cocaine supply chain, we need to focus on how and through whom the different supply chain links are connected. While targeting groups involved in the drug trade hardens the trend of the drug business's constant adaptation and reconfiguration, addressing the mechanisms that connect different links in the cocaine supply chain promises to be a more effective drug policy approach. The paper demonstrates this with the case of Colombia whose drug market currently resembles a "multi-monopoly model" with several narco-brokers who control supply chains in certain regions. This is an opportunity for drug policy makers because, unlike a decade ago, they can target these narco-brokers rather than dealing with disintegrated groups of traffickers. Aspects of brokers of at least two levels need to be addressed. First, enhancing understanding of the financieros' role, and on how they impose the prices of coca paste and coca leaves can help reduce uncertainty and mistrust among rural communities in production sites. Second, powerful narco-brokers are difficult to replace because they require high trustworthiness based on a wide-reaching network of supporting and trusted actors in multiple sectors of society. Therefore, manipulating trust relationships among different groups by targeting the broker can help de-link the chain. The paper is based on more than one year of fieldwork with semi-structured interviews in Colombian cocaine production regions.

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Are drug dealers less risk averse? Evidence from micro-level data from Thailand

The past decades have seen a growing amount of literature on empirical studies on illicit drug markets. Most studies, however, focus on the demand side of the market and the behavior of drug dealers remains relatively unknown due to the limitation of data availability. This paper is among the first empirical studies that explore the nexus between risk preference and drug dealing behaviors. Using data from the first National Survey of Illicit Drugs in Thailand in 2014, we find that the lower degree of risk aversion, as proxied by frequency of engaging in risky activities including speeding, violating traffic lights, gambling, and having unprotected sex with strangers, has a statistically significant positive effect on the marginal probability of becoming a drug dealer and the amount of drugs sold after other socio-economic characteristics are controlled for. The result, combined with the theoretical conjecture of the celebrated rational choice theory by Becker (1968), suggests that an increase in the probability of detection has a more effective deterrent effect than an increase in the severity of punishment, and partly explains why the war on drugs in Thailand has failed, despite the mandatory death penalty for drug offences.

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Qualitative study of service users' and providers' perspectives on addiction, treatment and recovery in Uganda and Belgium

INTRODUCTION: Substance misuse, in particular alcohol misuse, is growing in Sub-Saharan Africa, as illustrated by very high rates of drinking to intoxication and binge drinking (Obot, 2006; Wills, 2006). Uganda, a Sub-Saharan country in Eastern Africa along the equator, is one of the countries with the highest reported rate of alcohol-related burden in the world (Graham et al., 2011). These massive negative consequences are due to, among others, the growing availability and affordability of alcohol, changing socio-cultural patterns and norms, the lack of (enacted) legislative measures, a large proportion of unrecorded alcohol use and manifest interference of economic interests in the legislation process. Demand reduction initiatives (e.g. prevention, treatment and harm reduction) are scarce and their effectiveness and suitability can be questioned as available services are usually based on Western disease and treatment models. Consequently, the aim of this study is to compare disease and treatment perspectives of Ugandan service users and providers with those of service users and providers in a Western country with a long tradition in treating addictions (i.e. Belgium).

METHODS: This comparative study is based on 60 qualitative in-depth interviews, focusing on intercultural differences and active ingredients of alcohol treatment programs in Uganda and Belgium. In total, 40 service providers and 20 service users were interviewed in each country. Respondents were recruited in two services in Kampala, Uganda (n=30) and in two services near Ghent (Belgium) (n=30). Service users (5 in each service) were persons in the final stage of the treatment program, while service providers represented the multidisciplinary staff composition of these services (e.g. doctors, nurses, counselors, psychologists, sociotherapists, etc.). Interview data were analyzed using content analysis in Nvivo.

RESULTS: Data represent the unique perspectives of Ugandan and Belgian service users and providers on alcohol addiction, treatment and recovery. Several common features were mentioned, but some clear differences were observed as well. While Ugandan interviewees and Belgian service users stressed the importance of moral and drug-related aspects of addiction, addiction was rather seen as a brain disease by Belgian service providers. Service users and providers emphasized the role of religion and family in treatment and recovery, while Belgian interviewees rather mentioned the importance of informal and continuing care.

CONCLUSION: This comparative study illustrates that treatment services in Uganda and Belgium face different, but somewhat similar challenges which primarily concern the question of how effective and culturally adapted treatment can be provided to alcohol misusers and their families.

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Considering marijuana legalization: insights for Vermont and other jurisdictions

Marijuana legalization is a controversial and multifaceted issue that is now the subject of serious debate. Since 2012, four U.S. states have passed ballot initiatives to remove prohibition and legalize a for-profit commercial marijuana industry. In May 2014, Vermont Governor Peter Shumlin signed Act 155, which required the Secretary of Administration to produce a report about the consequences of legalizing marijuana. The RAND Corporation produced a report for the Secretary of Administration in response to that legislation. Can we just look to Colorado and Washington to determine whether legalization is a good idea? Unfortunately, it is simply too early to know how the new regulatory regimes Colorado and Washington will fare in the short and long run. Industry structure and behavior will take years, if not decades, to mature, and consumer responses will develop over similar periods. Furthermore, given data lags, it will take some additional time before high-quality evaluations are available. The fact that both Colorado and Washington State had fairly open marijuana availability under the medical-marijuana rubric also complicates any sort of outcome measurement. This does not mean that there is nothing to learn from these experiences, but the bulk of the early insights are about regulations and implementation instead of outcomes. The principal message of the report is that marijuana policy should not be viewed as a binary choice between prohibition and the for-profit commercial model that is being implemented in these states. Although Colorado and Washington have adopted the for-profit commercial (or so-called alcohol) model and Alaska and Oregon are in the process of doing so, that strategy is just one of a dozen options available to jurisdictions seeking to change their marijuana supply laws. The report highlights 12 supply alternatives to status quo prohibition, breaking them down into three groups: • the two options most commonly discussed in the United States • Retain prohibition but decrease sanctions. • Implement an alcohol-style commercial model. • eight options that find a middle ground between those poles (...)

- Allow adults to grow their own. • Allow distribution only within small co-ops or buyers' clubs. • Permit locally controlled retail sales (the Dutch coffee-shop model). • Have the government operate the supply chain (government monopoly). • Have a public authority operate the supply chain. • Permit only nonprofit organizations to sell. • Permit only for-profit companies to sell. • Have very few closely monitored for-profit licensees. • two extreme options • Increase sanctions. • Repeal the state's prohibition without creating any new, product-specific regulations.

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Drugs, depolitisation and state power in Nigeria

West Africa has come to be seen as a major player in the global trade in heroin and cocaine. During the last ten years there have been reports of escalating arrests of West African drug smugglers, drug container shipments and depictions of criminal or 'narco-states' in the subregion. It is claimed that after decades of the subregion's insignificant role in the global trade, a substantial share of the drugs available in Western consumer markets transit through West Africa today and are increasingly used there as well. The article assesses these depictions with a case study of the political context of drug use, trade and policy in Nigeria – one of West Africa's most notorious 'drug hubs' and recently hailed as a drug policy model by international experts. The article is based on previously un-researched official documents and interviews with key policy makers and implementers in Nigeria, drug market insiders as well as ethnographic work at Nigeria's two key drug agencies since 2005. After historically tracing local and international concerns with drugs in Nigeria, the article shows how a domestic policy characterised by depolitisation, exclusion and draconian law enforcement emerged in the 1980s. This policy was entrenched during years of Nigerian military rule and has remained the unchallenged policy norm until today. Drawing on anthropological work on the African state and social policy, the article argues that drug policy has often been more concerned with the consolidation of state power than with drugs – a process largely ignored in the dominant depictions of drugs in West Africa. Finally, the article sets the Nigerian case into the wider context of drug policy in West Africa and recent reform proposals in the subregion and globally, arguing that Nigeria and West Africa are following patterns of policy development well known from other regions, particularly Latin America.

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The Cocaine Route Programme – a trans-continental project to capture ‘the flow’.

Over the past ten years the European Union has increased its commitment to the Security and Justice sector and has the vision of becoming an international strategic partner. It sees itself as adding value to operations in third countries, where it has a network of delegations and disposes over a large budget for development assistance. This has been accompanied by the integration of development and security sector objectives and the inclusion of policing and justice sector reform in development packages.

Transnational Organised Crime is identified as a threat to both the stability of developing countries and public safety in the EU. The main source of revenue for organised crime groups is drug trafficking. Combating drug trafficking is therefore seen as a way of fighting organised crime and enhancing the stability and governance of third countries. Via the Instrument contributing to Stability and Peace the EU has directed over €50 million to combat organised crime in two geographical constellations, named dramatically the Cocaine and heroin route programmes

To realise this overall objective the Cocaine Route Programme pursues a three pronged approach. By intercepting the traffic in illicit goods; by fostering the exchange of information between international law enforcement agencies; and by promoting anti money laundering activities.

The first challenge is identifying implementation partners; the second in securing cooperation of beneficiaries; the third is translating plans into results.

Into its fifth year the programme has generated a volume of activity in terms of trainings, workshops, the delivery of equipment. There have also been teams created in ports and seaports across West Africa, data bases, arrests and seizures. In West Africa the project has been a source of support for the fledging drug control community. In Latin America it has provided a regional alternative to US support. The result, however, is not always apparent in terms of combating organised crime or reducing the flow of drugs. The question arises whether a meaningful engagement with regional law enforcement agencies is possible within development framework.

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The illegal users' market

In this part of the research project we focused on the developments that occurred on the illegal cannabis market (i.e. sales outside coffee shops).

METHODS: In this part of the project we applied a combination of quantitative and qualitative methods: a street survey, interviews with local experts and ethnographic fieldwork. At baseline, after 6 and 18 months, cannabis users were asked face-to-face in a street survey about their purchase and use of cannabis (n=942, 812 and 907). Simultaneously, ethnographical field work was conducted in four municipalities to obtain a more in-depth understanding of trends and players in the illegal circuit.

RESULTS: In the three southern provinces, the decline in cannabis purchases in coffee shops went hand-in-hand with a clear rise in purchases on the illegal market, as demonstrated by the street survey. Especially sales through mobile phone dealers (06-dealers), street dealers and partly through home dealers increased. The street trade in cannabis grew explosively. The ethnographic fieldwork showed that some of the drugs tourists kept coming to the municipalities that participated in the experiment after the implementation of the private club and residence criterion and once there, resorted to the illegal market. Initially this occurred in the city center. Afterwards, the flourishing street trade transferred to the working class neighborhoods, where many street dealers live. The illegal cannabis market flourished partly because of drug tourists who were prohibited from visiting coffee shops and then started buying cannabis outside the coffee shops more frequently. Local users, however, also started looking for cannabis products outside the coffee shops. Young local users (18 to 23 years old) quite easily discovered the access to an already existing illegal cannabis market for underage users. Selling cannabis to drugs tourists resulted in an illegal source of income for a growing number of adolescents and young adults. The effect seemed to diminish somewhat in 2013. A year and a half after the implementation of the new policy, however, there were more mobile phone dealers, street dealers and home dealers than before. Places where selling to non-residents was permitted again in 2013 faced a return of cannabis sales to the coffee shops and trade in the illegal cannabis market slightly diminished. However, this development stagnated and during the second follow-up, the illegal cannabis market was larger than before. Young resident users preferred to buy cannabis products especially from dealers. In conclusion, we can say that the cannabis users market is rather dynamic and quickly reacts to changes in policy. There was a clear shift in the nature of the supply of cannabis on the consumers' market. Initially, the Dutch cannabis trade moved from coffee shops to the illegal market, and then back to the coffee shops. The shift in supply had consequences for adolescents and young adults in certain lower class neighborhoods who were attracted by the lucrative and flourishing sale of cannabis outside the coffee shops.

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The social supply of cannabis in Australia – definitional challenges and regulatory possibilities

THE ISSUE: In Australia, as elsewhere, retail markets for most illicit drugs including cannabis are often based upon friendships and occur in closed settings. In the UK, Hough et al. (2003) coined the term ‘social supply’ to describe a drug market where, a supplier, not considered to be a ‘drug dealer proper’, brokers, facilitates or sells drugs, for little or no financial gain, to friends and acquaintances. Yet there is debate about whether ‘social supply’ should be limited to non-profit making and/or to non-strangers (e.g. Potter, 2009). More recently the concept of ‘minimally commercial supply’ has been proposed in recognition that many ‘social supply’ transactions often involve some small financial gain (Coomber & Moyle, 2014). These definitional challenges are not only of interest in their own right, but also in thinking about whether and how, ‘social supply’ transactions could be treated differently in law than ‘drug dealing proper’ (e.g. Home Affairs Committee (UK), 2002; Potter, 2009).

METHOD: 200 cannabis users aged 18-30 were recruited in Perth (n=80), Melbourne (n=80), and Armidale (n=40) in rural New South Wales. Participants must have used cannabis at least monthly in the prior 3mths, and/or had brokered access to or sold cannabis within the 6mths prior to interview. They were recruited through mainstream street press, flyers, snowballing and via the project website. The semi-structured face-to face interview included quantitative and qualitative components and addressed: demographics, experience of cannabis and other drug use including cannabis dependence, how they access cannabis, involvement in supplying cannabis and other drugs, and police contact for cannabis. Qualitative accounts of accessing and providing cannabis were audio recorded for transcription and analysis.

FINDINGS: The overwhelming experience of the cannabis market by most participants in this study, whether they were involved in obtaining or supplying cannabis, could be captured by the broad notion of ‘social supply’. However, definitional specificity was not aided by notions of friendship or profit. Interestingly, 62% of the sample scored as ‘cannabis dependent’ on the Severity of Dependence Scale.

IMPLICATIONS: The findings have implications for the definition of ‘social supply’ and how low-level supply offences are addressed in law. Specifically, there may be merit in considering expanding current Australian drug diversion options, which typically include drug information and a brief intervention, beyond simple possession offences to include low-level supply of cannabis and other drugs, but it is unlikely a definition of ‘social supply’ could be applied in such regulations.

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In n' out: a text analysis of domestic and foreign drug policy

In this paper I analyze text from the 2014 National Drug Control Strategy and remarks from the Bureau of International Narcotics and Law Enforcement Affairs (INL) from January 2009 through December 4, 2014 in order to gain analytical insights and make statistical claims about the language used by the US government locally and abroad. I found that both bodies of text contain common attributes of institutional communication. The National Drug Control Strategy text uses mostly academic and institutional language to describe, convince, and justify the Obama administration's new approach to drug policy in the United States. Text and context analysis suggests that the Obama administration's drug policies abroad have not changed compared to those by past administrations while simultaneously advocating for a new approach domestically. US foreign policy on narcotics is still centered on law enforcement, interdiction, and illicit drug supply reduction. While the INL emphasizes cooperation with international partners, I find little evidence that they provide space for questioning, allowing exceptions, or uncertainty in their remarks.

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Drug use and drug policy in Poland

INTRODUCTION: Poland, a post-socialist democracy with a high interest in successful integration with the European Union and a strong catholic tradition, currently has some of the most restrictive anti-drug laws in Europe. Structural violence towards drug users has intensified as a result of decades of shifting drug policies and, surprisingly, the more recent process of political and economic liberalization. This structural violence has had a detrimental effect on efforts to provide harm reduction, drug treatment and, consequently, the HIV epidemic in Poland.

METHODS: My method was to fully explore current and historical drug use in Poland and all of the complexities of the drug policymaking process in a holistic case study that encompasses the contextual conditions, as they are highly pertinent to the subject. This case study is based on documentation, archival records, interviews, participant observation, and physical artifacts. I relied on primary sources such as transcripts of Polish Parliamentary debates and in-person interviews conducted in Polish with key actors. Secondary sources include extensive historical and contemporary documentation related to drugs and drug policies.

FINDINGS: This paper follows the changing nature of drug use, treatment, control, and popular perception throughout Poland's history as an independent republic, a Soviet satellite state, under martial law, and in the democracy that it is today. In the process I look at various examples of how key players in the national drug policy debate have placed their agendas in the way of policies that would provide evidence-based care and treatment. I review instances in which drugs and drug users have been used as pawns to persuade public opinion in political power grabs. This paper also follows the legislative effort to make sentencing, in cases of small-scale drug possession, slightly more flexible. Signed it into law in 2011, while limited in scope, this paper identifies the likely reasons that this effort was successful, and why it was so limited in its reach.

CONCLUSIONS: My analysis provides an account of the systemic disempowerment of drug users in Poland. It shows how the factors that have contributed to this disempowerment, occurring in a highly politicized context during a series of dramatic national transitions, have resulted in policies and practices that are woefully inadequate for treating those in need of care and establishing effective, evidence-based drug policies. -From "HIV among Drug Users in Poland: The Paradoxes of an Epidemic" a dissertation submitted in partial fulfillment of the requirements for the degree of Doctor of Public Health in Columbia University's School of Public Health, 2013.

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The rise and fall of coffee shop Checkpoint in Terneuzen

In December 2008, the mayor of the small Dutch town Terneuzen closed the coffeeshop Checkpoint. The coffee shop's owner and his employees were suspected of having violated the conditions for tolerance of the coffee shop, in particular the conditions with regard to the available amount of soft drugs in stock and sales to foreigners. During police raids more than 200 kilos of soft drugs were confiscated. This action marked the end of a renowned coffee shop, one of the biggest in Europe. This coffee shop was special because it was run in a professional way, and therefore looked like a regular enterprise. There was a clear division of tasks (purchase, transportation and provisioning, storage and refinement and sales) within the shop, the cannabis was of good quality, an effort was made to keep the nuisance within limits and the shop's owner regularly consulted with the municipality and the tax authorities. The coffee shop appeared to be accepted in Terneuzen and the municipality considered Checkpoint a model coffee shop, where it took foreign guests to show them around. The raid eventually resulted in the conviction of the owner and employees by the Middelburg court. The close involvement of the local authorities in the coffee shop's growth and flourishing, however, gave the court cause to substantially moderate the sentences to be imposed. The municipality and the Public Prosecution Service were assumed to have insufficiently checked the growth of the coffee shop, and even worse, to have contributed to this growth, as the court stated. The court's verdict resulted in a policy evaluation: how had it been possible that the coffee shop had slowly but surely exceeded the boundaries of the local policy of tolerance? Which mechanisms and dynamics had played a role in this process?

The study has brought to the fore two factors that have played a role in the excessive growth of the coffee shop: the attitude of the coffee shop's owner and staff members and the one of local authorities. On the one hand, the employees aimed for growth and profit maximization, as entrepreneurs usually do. They could profit from the monopoly position they had obtained in the region. On the other hand, the municipality refrained from intervention, driven by the fear that any intervention would lead to illegal drug trade and nuisance which were the case in the past. The Public Prosecution Service became suspicious of the large amounts of soft drugs that were trucked in and sold every day and sent the police.

The rise and fall of the coffee shop reflects the changing perception of the trade in and use of soft drugs in the Netherlands. The case of the Checkpoint coffee shop shows the perverse effects the Dutch soft drugs policy may generate. The system of issuing licenses to a limited number of coffee shops can, under certain circumstances, result in a professional and very lucrative soft drugs enterprise that will be very difficult to control. At the same time, the professional looking 'front door' of the coffee shop hides a professional and large-scale, illegal drug trade, that is just as professional as the 'back door'.

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Constructing an index of HIV policy environments for people who inject drugs (PWID) across European region

Currently, the rise of prevalence and incidence of HIV among people who inject drugs (PWID) is a primary driver of the HIV epidemic in the European region. While PWID's risk practices have been an object of numerous research since the onset of HIV epidemics within this group, HIV policy environments have been studied less extensively. Usually these studies are case-study type 'country reports' or 'region reports' with different types of methodologies, collected data and criteria for evaluation of the same phenomena and, consequently, do not have a lot of potential for comparative research. Thus, an index that could summarize countries' policy environments in a relatively precise and concise manner would be a useful addition to comparative research in the field of HIV policy. In my presentation I will discuss the current 'crude' index of HIV policy environment (Platt et al. 2013), its shortcomings and problems related with the creation of such an index. I will then outline some ways to find a set of reasonable compromises that can make the construction of such an index a reasonable enterprise (given that any index of HIV policy environment for PWID is imperfect by nature). Afterwards, a more refined index will be presented, which will include 7 items: 1) OST per 100 IDUs; 2) NSP per 1 IDU; 3) Possession for personal use laws; 4) ART provision per 100 HIV-positive IDUs; 5) Monitoring and evaluating HIV epidemics; 6) Explicit mention of 'harm reduction' in national-level strategy; 7) Meaningful engagement of stakeholders in HIV prevention policy formation and programming. The map of the HIV-policy environment index for European region will be presented. Methodological difficulties and practical implications of the construction of the index will be discussed.

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Mixing drink and drugs: abstinence, conditionality and the neo-liberal politics of behaviour change in the UK

Discussion of policies concerning alcohol and illicit drugs tends to take place separately. The regulatory divide that exists in the UK between different substances shapes academic debates around drink and drug problems and the policies developed to tackle them. Drawing on different policy areas including welfare, criminal justice and public health, we argue that there is considerable utility in combining analysis of both drugs and alcohol policy. When directly compared it becomes apparent that there are a number of consistencies. Extending Berridge's (2013) analysis we explore the extent of recent convergences in alcohol and drug policies, paying particular attention to the re-emergence of abstinence in the recovery agenda and the extended use of conditionality in criminal justice and welfare systems. Ultimately, it is argued that despite being categorised differently in (English) criminal law, both alcohol and drugs policies are increasingly shaped a neo-liberal politics of behaviour.

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Barriers against receiving HIV services among Iranian drug-dependent women: the first report from Asia.

AIM: Practicing drug injection and unsafe sex are the main routes of HIV transmission among many Iranian drug-dependent women in Iran. The current study is the first study in Asia that explored the barriers reported by a group of these women when accessing and adhering to HIV services on drug treatment.

MATERIALS: Qualitative interviews were conducted among 47 women at five main drug treatment centers in Tehran, the capital city of Iran, from January to December 2011. Five focus group interviews were conducted with ten key informants (KIs). Interviewers made use of semi-structured interview guides which facilitated discussion regarding the barriers preventing these women from receiving HIV services during drug use treatment. Interview transcripts were analyzed thematically using Atlas-ti software.

RESULTS: Interview accounts highlight a number of self-perceived barriers including stigmatization, a considerable lack of knowledge of available free HIV centers in the community, previous traumatic events, misconceptions about the quality of HIV services, and a considerable lack of a supportive referral system among drug treatment and HIV centers.

CONCLUSIONS: This study highlights the need for eliminating stigmas and providing high-quality women-specific HIV services. An increased trust and knowledge of the available HIV services are required for this group of women. Improving the staff's knowledge is a priority. An integrated supportive network among drug treatment and HIV centers is rigorously suggested.

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Earning a score: the motivations and roles of user-dealers

Drawing on data from interviews with 30 heroin and crack cocaine user-dealers in a city in South West England, this paper explores the motivations, practices and roles undertaken by small-scale addicted suppliers who distribute drugs to other addicted users for the purpose of reproducing their own supply. Findings suggest that addicted user-dealers' motivations are commonly different to those of commercially motivated suppliers and user-dealer supply behaviours are inconsistent with some of the key harms attributed to drug dealing. Supporting wider research (May et al. 2005; Cyster and Rowe 2006; Dwyer and Moore 2010), our findings also strongly indicate that user-dealers can be conceptualized as non-financially profit-motivated suppliers, since they are motivated by their substance rather than financial profit—which is almost always 'consumed'. Therefore, irrespective of the potential rewards available, if the user-dealer is physically dependent on the drug they sell, tangible financial profit (and improvement in lifestyle) is highly unlikely. In contrast to academic work that has prioritised the drug-crime link, data suggested that user-dealers made rational decisions about the way they would support their drug dependency. Offering qualitative insight into the rationale for participation in user-dealing, our findings suggest that supply activity is an attractive and obvious option for heroin and crack cocaine users. Drug supply was reasoned to be easily incorporated into an addict's lifestyle and preferable, due to offering a drug user closer proximity to their drug and signifying a less problematic action in terms of its wider effects.

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Barriers against receiving HIV services among Iranian drug-dependent women: the first report from Asia

AIM: There is well-documented literature of the initial reasons associated with drug use and sex work among women in western countries. There is a lack of information in this area in Iran. This study aimed to explore the initial reasons associated with drug use and sex work in a risk group of female treatment seekers in Tehran, Iran.

METHODS: A qualitative study was conducted. A total of 65 at-risk women from five women-specific drug clinics participated in the study in 2011. Individual in-depth interviews were conducted. Focus group interviews were conducted with 10 key informants. All interviews were audio-taped and thematically written. The data were analyzed using the software of Atlas-ti.

RESULTS: The median age of the sample was 34 years. About 44.6% were opiate users. About 55.4% were opiate and methamphetamine users. Sex work was the main source of income for almost half of the sample. The most frequently reported reasons associated with initial drug use were extrinsic motivations including the drug-using family, friends or social networks. Intrinsic motivations including curiosity and individual willingness to use drugs were other initial reasons. The most frequently reported reasons associated with initial sex work included the need to purchase drugs and financial problems.

CONCLUSION: The study findings demonstrated a number of reasons associated with initial drug use and sex work. The role of sex work in providing drugs necessitates education and prevention. Special treatment programs should be implemented to prevent sex work among at-risk women in Iran.

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Changing drug trends: static drug policies

BACKGROUND: Since the 1990s, patterns and trends in drug consumption have evolved in response to global and local shifts in drug production and supply, and in fluctuating levels of demand influenced by accessibility, price, quality, and cultural appeal. The consumption of a combination of licit and illicit substances has become a regular feature of weekend and festive socialising among young people. 'Illegal leisure' had become normalised and accommodated into the social and cultural practices of different social groups (Measham et al., 1994; Parker et al., 1998); albeit on a differentiated basis (Shildrick 2002; Measham & Shiner 2009). Nonetheless, internationally, drug policy remains predominantly and intransigently prohibitionist focused on criminalising users, curtailing supply, and preventing and treating addictions. The gap between drug policies and drug consumption practices is ever widening.

AIMS AND METHODS: This paper draws from the findings of a recent neighbourhood study that explored drug consumption patterns, practices and meanings from the perspective of a group of young people 'from the street' whose public presence was often perceived as problematic and who were regarded as being 'at risk' through their drug use (O'Gorman et al., 2013). Data were collected through individual and focus groups interviews, and ethnographic observations and conversations in the drug users' natural locations. The paper is further informed by a series of neighbourhood drug studies which began in Dublin in 1996 and have been conducted at intervals since (see O'Gorman 2005, 2008, and 2014). These studies share a similar critical interpretivist methodological approach which explored the lived experience of these drug users within a political economy framework of analysis of socio-spatial risk environments.

FINDINGS: Patterns emerged from the drug enthusiasts' narratives illustrating how drug consumption practices were shaped by different intentions mediated by time and space settings, and the negotiation of an intricate interplay between structure and agency. Drug intentions were a key influence on their consumption practices. These intentions ranged from 'chillin', 'buzzin', 'getting mangled', and 'coming down' and each intention was embedded in a set of polydrug combinations that included alcohol, cannabis, ecstasy, cocaine, new psychoactive substances, and prescription tablets (mainly benzodiazepines and so called 'Z drugs' such as Zimovane, Zopiclone etc.). The paper describes and analyses their drug choices, intentions, and risks and situates them in the context of the role and meaning drug use, and their participation in the drugs economy, play in their lives. Glimpses of rational action and cost-benefit analyses in their discourses of choice were seen to be brokered within short-term socio-temporal spaces and bounded by the broader social, cultural and policy contexts they inhabit. Drug users do not exist in isolation from their social, economic and policy contexts. The findings of this study highlight the need for integrated drug and social policies that address broader contextual structural issues and inequalities.

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Budding users: the transition from cannabis smoker to grower

Cannabis users are disproportionately found among growers; however few users actually make the transition into cultivation. Of this subset of growers, the decision to use generally precedes the decision to grow; with marijuana use characterized as starting in adolescence and cultivation at later stages in life. Drawing on data from 913 cannabis cultivators who began their trajectory as users, obtained from the International Cannabis Cultivation Questionnaire (ICCCQ) web-survey in North America, this study seeks to determine factors associated with both the onset and duration of cannabis cultivation. The first analysis focuses on users' transitions into growers, using Cox proportional hazard models to identify factors that accelerate or delay this transition. While some users grow right away, others take much more time to do so. This onset may be a function of heavy use, or having the social capital necessary to influence users into becoming growers. The second analysis, duration, examines the most experienced growers within the sample. Duration may be influenced not only by an offender's network composition, including the presence of a mentor, but also other significant career transitions including increases in earnings from cultivation, or a move from outdoor to indoor cultivation. Findings on the role of social capital and growers' experiences on both the onset and duration of cultivation careers will be discussed along with policy implications derived from modeling turning points in the trajectories of growers.

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Impact of legalization on recreational and medical marijuana use: a tale from four states

As a result of recent voter-approved initiatives, the sale of recreational marijuana commenced on January 1, 2014 in Colorado and July 7, 2014, in Washington state. Although many states have passed medical marijuana laws, the Colorado and Washington initiatives mark a dramatic change in US marijuana policy—from the complete outlaw of recreational sales, if not use, to the explicit sanctioning of it. As of this writing, 13 other states in the United States are contemplating similar legalization initiatives and other countries are also considering changes to their policy. A key issue is whether and how these initiatives affect recreational and medical marijuana use. We developed a web-based panel survey, first fielded in October 2013 and then again in April 2014 and October 2014, in Colorado and Washington as well as two nearby control states, Oregon and New Mexico. The total sample of 2009 participants consist of state-representative samples of the household population in each of the four states, and are part of the GfK Knowledge Group's state panels. All four states had medical marijuana laws prior to 2012, but they had different systems for making marijuana available to patients. We ask through a web-based interface a series of questions about their recreational and medical marijuana use, source of supply for each type of use, and prices paid. Findings from our survey show that legalization brought about a separation of the medical and recreational marijuana markets. Post legalization, people were more likely to report medicinal use only or recreational use only, whereas people living in states that just legalized medicinal marijuana were more likely to report use for both purposes. Overall use of marijuana in the past month rose in states that legalized more than in states that simply had medicinal marijuana laws. Our findings suggest that legalization of marijuana in the US is likely to bring about further changes in the marketplace than those observed from medical marijuana laws, with higher prevalence rates than those found in medical marijuana states.

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The harms of cocaine trafficking in the Netherlands and Belgium: policy implications from comparative assessment

BACKGROUND: Since the 1990s the Netherlands and, to a lesser extent, Belgium, have become a key hub for illegal drug trafficking and a major entry point into the European Union (EU) for South American cocaine. Europol characterized the two countries in 2011 as Europe's "North West hub" and "the principal coordination centre for drug distribution". More recently, Europol and other EU and national policy-making and law enforcement bodies have suggested using harm as the main criterion for identifying priorities in crime control.

APPROACH AND METHODS: Against this backdrop, the paper uses a seminal but tested methodology, Greenfield and Paoli (2013)'s harm assessment framework, to compare the harms accruing from cocaine trafficking in the Netherlands and Belgium. (See Paoli, Greenfield, and Zoutendijk, 2013, for an assessment of the latter.) It also considers the harms of accompanying activities (i.e., threat and use of violence, corruption, and money laundering), but it excludes the harms accruing from cocaine use. The assessment rests on an extensive data collection from primarily qualitative sources, including 62 criminal proceedings, all organized crime reports, and other official records, and interviews with 43 law enforcement experts and 25 imprisoned traffickers and dealers.

RESULTS: The comparative analysis suggests that: (1) Cocaine trafficking in Belgium and the Netherlands entails similar, limited harms, despite the two countries' key role as major entry points to the EU market; (2) Harms of trafficking derive mainly from drug control policy and related interventions; and (3) As a related matter, the greatest harms appear to accrue where the risks and potential rewards from trafficking are greatest.

CONCLUSION: The paper adds weight to the current literature by systematically showing that supply-side interventions are not only ineffective, but also harmful. Moreover, policies intend to discourage trafficking by making it risky, and therefore the possibility of compensation might imply an unavoidable link to harm. In an era of increased willingness to think more creatively about supply-side policy, the paper thus argues for a creative, evidence-based re-thinking and re-formulation of drug controls—not only for cannabis, but also for so-called hard-drugs, such as cocaine and heroin.

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Health needs of cannabis users: medicinal cannabis programs may reveal medical needs hidden by illicit markets

Despite a growing global interest in the medicinal use of herbal cannabis, only a handful of countries offer a legal framework to obtain cannabis for medical purposes. Still, individuals often self-medicate with cannabis outside of a health care environment and under illicit conditions whether or not such a framework exists. Government programs that provide criminal protection or pharmaceutical-quality cannabis under physician supervision may reveal unmet health needs in illicit cannabis-using populations. In this presentation, literature and government data will be reviewed to present possible factors contributing to the decision to use cannabis to treat diagnosed or undiagnosed medical conditions inside or outside government medicinal cannabis programs. Various regulatory environments will be analyzed. Incentives for individuals' participation in government medicinal cannabis programs will be assessed as a function of program accessibility and perceived benefits versus the convenience or perceived benefits of illicit cannabis. We will attempt to identify health conditions that may be hidden or exacerbated by the use of cannabis under illicit conditions, and that may otherwise be mitigated by use under care of a physician in a health care environment. This presentation will attempt to identify regulatory conditions for the medicinal use of cannabis that may have the unintended consequence of contributing to negative health outcomes of cannabis users, especially by incentivizing users to remain hidden. This knowledge may be useful to governments who are considering allowing the medicinal use of cannabis.

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Getting into the market and 'moving up': insights into drug dealing careers from Italy, Slovenia and Germany

This paper presents results from a study drawing on interviews with 135 convicted drug dealers in Germany, Italy and Slovenia conducted as part of the Reframing Addictions Project (ALICE-RAP) funded by the European Commission. The aim of the study was to gain first-hand insights into how dealers in cocaine and heroin entered the market, organised their dealing operations, and managed customers, suppliers, risks, profits and costs. Interviewees were in prison at the time of the interview, having been convicted of at least one drug offence related to distribution or sale of heroin or cocaine. In this paper we focus on findings about interviewees' reported trajectories into dealing and their career progression. Dealers commonly reported that their involvement in selling drugs and entry into the dealing market was facilitated by family and friends. Economic considerations, ranging from economic deprivation and lack of employment to ambitions of personal enrichment and more expensive lifestyles, were strong motivators to start dealing. A significant proportion of dealers across our samples referred to their involvement in dealing in the context of their own consumption of drugs and the need for additional sources of income to fund such use. Drug dealing was reported to be the main occupation for most of the dealers interviewed in Italy. Differently, dealers in the Slovenian and German samples declared other main licit occupations. While we did not directly ask dealers about whether or not they were part of an organised crime group, we sought to discuss whether they worked together with other dealers, and whether they decided themselves on prices and locations. Based on this information, we were able to distinguish between independent dealers and dealers who worked as part of organisations and groups. The biggest proportion of dealers across the three samples appeared to be independent dealers. We found some evidence of career progression among dealers in our samples. Most dealers reported that they had progressed to a higher level of dealing and that they sold more drugs at the time before arrest than when they entered the market. Dealers had mixed views about what career progress entailed and the factors which facilitated progression. Our interviewees alluded to different elements that helped dealers 'move up' in the business, such as the availability of capital for investment, a strong network of contacts and dealers' personality traits. Interruptions in the dealing career were common within our samples.

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Cannabis Clubs: the politics of cannabis policy in Spain

Nowadays, there are almost twice as much Cannabis Social Clubs (CSC) in Spain than there are coffee shops in the Netherlands. CSCs are cannabis users associations whose members have organised themselves with the aim of obtaining cannabis supplies instead of turning to the black market. Taking advantage of a grey area within the Spanish drug law, these clubs produce cannabis that is distributed among a limited group of adult users, without concern for financial gain.

The exponential growth of CSCs in a very short period of time has led to a paradoxical situation in the Spanish drug policy scenario in two ways. Firstly, the emergence of CSCs has gained centrality in the cannabis public debate, a discussion which has had low visibility up to date. At the same time, however, it has monopolized the current debate in Spain regarding cannabis problems arising from CSCs, shifting other fundamental aspects regarding this phenomenon away from the public debate, such as self-cultivation, therapeutic cannabis use, individual rights, penalties for driving under the influence of cannabis, or the regulation of the cannabis trade sector, among others. Secondly, unlike Uruguay or some US states where regulation has been the result of a “top-down” process, the CSC phenomenon is inherently a “bottom up” process arising from civil society that generates complex interactions among individuals, groups and institutions involved, with a result in several -and at some point contradictory- regulation proposals. In this sense, CSC public policy is the reaction of the authorities to their existence -a reaction that has moved among repression, tolerance and proposals of regulation, depending on the moment and the level of the relevant government. The particular evolution and characteristics of CSCs in the different Spanish regions has led to uneven reactions at the different levels of government (national, regional and local) to a similar phenomenon.

The goal of this paper is to present an overview of the different regulatory processes that are taking place in Spain to deal with the expansion of CSCs, which are generating contradictions among national, regional and local government and differences among political parties. At the same time, it aims to raise some potential future scenarios of a phenomenon that makes the Spanish case a living expression of the political paradoxes of the contemporary global prohibitionist regime. In order to achieve these goals, this work is based on the revision of the multiple regulatory proposals that have been recently developed in the Spanish policy arena, interviews with relevant political and social actors, media contents analysis and the monitoring of the recent evolution of CSCs.

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Overturning Rockefeller: measuring the effect of drug law reform in New York City

In 1973, New York State introduced a series of new drug laws (the “Rockefeller Drug Laws”) that mandated lengthy prison sentences for a range of felony drug offenses. Under the terms of these laws, a person convicted for selling two ounces or possessing four ounces of heroin, morphine, “raw or prepared opium,” cocaine, or cannabis faced a minimum prison term of 15 years and a maximum sentence of life in custody. These new laws became emblematic of a punitive response to drug use, leading to an explosion in the state prison population, with great racial and ethnic disparities. In 2009, the state passed the latest in a series of drug law reforms removing mandatory minimum corrections sentences for most charges and expanding options for diverting cases to treatment as an alternative to incarceration. This presentation describes the findings from a mixed methods study of the impact of drug law reform in New York City. Researchers used propensity score matching techniques to track outcomes for two samples of cases arrested on drug felony charges pre and post drug law reform. The authors will describe the impact of these landmark reforms on sentencing outcomes, recidivism and taxpayer criminal justice and treatment costs.

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Dental professionals and prescription opiate misuse

Non-medical use of prescription opioid medications is a widespread and growing public health challenge. Recent data from the National Survey on Drug Use and Health (NSDUH) indicate that approximately 2.4 million Americans had taken prescription drugs for non-medical use for the first time during the previous year, a figure equating to an average of 6,700 new misusers daily.^{1,2} Data from the 2012 NSDUH indicate that 2.6 percent of Americans age 12 or older report nonmedical use of prescription drugs during the past month. The two most commonly cited sources for diverted prescription opioids were “family and friends” and “doctor(s) prescriptions.” More than half of teens who report non-medical use of opioids indicate they acquired the medication from a medicine cabinet within their own homes. Sixty percent of opioids that are ultimately misused are (directly or indirectly) acquired by prescription from a healthcare provider. One potentially very important yet under-studied source of misused opioid medication is dental practices. Dentists prescribe an estimated 12% of immediate-release opioids, such as hydrocodone and oxycodone, in the U.S. – making them second only to family physicians (15%) as prescribers of such medications. In 2009, dentists wrote an estimated 6.4 million opioid prescriptions, equating to roughly 8% of all opioid prescriptions written that year. Further, because dental care routinely involves managing and treating pain or emergencies, dentists are potential targets for drug-seeking patients. Poor management of pain medications also increases the risk of opioid use disorders among patients who truly require such medications—an important pattern given evidence that opioid use disorders often originate with standard prescriptions, sometimes written to provide higher quantities or doses than required to address specific pain concerns.

Although dentists widely prescribe pain medications, some clinical researchers argue that dentists are not well informed about these medications’ potential for misuse, appropriate dosages, how many doses patients actually take, and how patients handle unused medications. In our initial analysis of these issues, we conducted preliminary analyses using 2012 prescription-level data from the IMS Health LifeLink™ LRx Longitudinal database in eleven states. We identified 165,430 patients who satisfied criteria for “provider shopping”—a particular form of high-risk prescription opioid misuse. Almost one-third of these provider-shopping patients received at least one opioid prescription from a dentist. Although most dentists identified in these data interacted with only one or two “provider-shopping” patients, a discrete subgroup interacted with five or more patients and may display other signs of problematic prescribing practices. In this presentation, we discuss the policy implications of such findings, and explore policy options to improve dental practice to control nonmedical use of prescription opioid medications.

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From growing pains to budding business: opportunity, temptation resistance and drift in small-scale cannabis cultivation

Research suggests that the majority of those involved in cannabis cultivation are motivated by reasons other than making money. At the same time, cannabis growing can be a lucrative business even when conducted on a fairly small scale. This paper looks at how small scale growers in the UK encounter and deal with opportunities and temptations to progress from non-commercial cultivation motivated primarily by ideological interest to commercial cultivation motivated by profit. In drug market terminology, we explore the progression from sole-use growing and social-supply to minimally commercial supply and 'real' dealing. Drawing on quantitative data from the UK responses to the Global Cannabis Cultivation Research Consortium's International Cannabis Cultivation Questionnaire (the ICCQ; n=418), we find that more growers cite 'to make money' as a reason for growing now as a reason for starting to grow, suggesting that the opportunities for making money become difficult to resist. This finding is analysed with reference to respondents' demographic profiles and methods and experiences with cannabis growing. Further, qualitative data obtained from interviews (ongoing, target n=50) illustrates how growers escalate their criminal involvement (e.g. by making more money) or resist the temptations to do so. Findings are discussed in relation to the criminological concepts of 'drift', differential association and risk (and protective) factors.

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Cannabis Clubs in Uruguay

Cannabis Clubs are one of the three ways for which the marijuana regulation establishes it is legal to access the drug in Uruguay. Cannabis Clubs represent a novel way to access marijuana in Uruguay, but they have operated in other countries for years, sometimes as the only legal or semi-legal way to access marijuana. This article presents a map of Cannabis Clubs in Uruguay, detailing their location, size and basic features of operation as well as the basic characteristic and expectations of their members, which we access by means of a self-administered survey to club members.

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City level drug policies in Europe

BACKGROUND AND AIMS: Over two thirds of Europeans now live in cities, making it one of the world's most urbanised places. Consequently, a broad spectrum of drug problems and responses to them are found in modern cities. Despite of the prominence of city drug problems in different countries, cities are often overlooked in drug policy analysis. This research is concerned with the drug problems and policies in European cities.

METHODS: A qualitative approach was selected for the study. Data were collected from three sources: a systematic search of scientific articles, a review of relevant grey literature, and national reports from the EMCDDA's Reitox network of focal points. A documentary analysis was generated from this information and this overview presents the main results.

RESULTS: Findings were grouped around four key themes emerging from the data: drug use in urban spaces, responses to drug problems at city level, drug strategy documents in cities, and the arrangements for coordinating and financing city drug policies. Open drug scenes were identified in several cities, with different levels of visibility, scale, and location. Cities diverge in the access provided to services for injecting drug users. Large nightlife areas in cities facilitate different recreational drug using behaviours. Responses in such settings, like selected prevention and pill testing, are unevenly available around Europe. Cities use strategic tools to express drug policies, including dedicated drugs strategies, issue specific strategies, other city level documents, and drug strategies linked to the national level that cover cities. City authorities are commonly tasked with managing drug policy, in some cases associated strategies and programmes have defined budgets.

CONCLUSIONS: Drug problems at the city level are diverse and require an integrated multi stakeholder response. City level drugs strategies play a role in this process and are widely used. Innovative responses to drug problems often arise from the city level as this is where new drugs and using behaviours first appear and where the pressure to respond emerges. Low threshold services are often involved in developing responses as a result of their place on the frontline of service provision. Treatment and harm reduction responses to injecting drug use are present around Europe, while some measures have not spread despite being available on a small scale for a long time.

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Keeping the policy window open: Tanzanian heroin policy

Many policies to address illicit drugs – such as those associated with the “war on drugs” – produce unanticipated consequences (e.g., dissolution of minority families and communities) because they employ a linear and reductionist perspective in implementing technological fixes to a specific dimension of drug use. To better understand the failure of these policies, and offer an alternative policymaking perspective, we describe heroin policy in Tanzania as a complex adaptive system (CAS) that is non-linear, dynamic, self-organizing, and capable of learning. This policy analysis is based on over ten years of participant observation, interviews and conversations, and examination of policy documents and media accounts. Using Kingdon’s multiple streams theory as an organizing framework, we investigate how various autonomous actors have articulated the problem of heroin use (problem stream), produced different solutions to the problem (policy stream), and mobilized constituencies to support one or more solutions (politics stream). In Tanzania, these different streams have been aligned over recent years to create a “policy window” that allows different actors to implement a variety of policies. From a CAS perspective, we describe policymaking as a complex process where numerous elements interact in the Tanzanian socio-political environment: stakeholders, ideas, technologies, materials. We review the dynamic history and self-organizing nature of heroin policies, noting how the interactions within and between competing prohibitionist and harm reduction policies have changed patterns of heroin use and treatment over time. Learning is also evident in this CAS as actors use feedback from their experiences with existing policies to modify practices locally and create new policies. Failures have occurred where actors have attempted to implement policies using a top-down approach without consideration for local conditions. Following a CAS approach allows researchers and policymakers to account for evolving conditions and maintain flexibility in policy formulation and implementation.

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Is there a workable system for regulating NPS that will allow any to enter the legal market? A review of recent experiences

New psychoactive substances (NPS) have gained the attention of lawmakers, regulators, and citizens across the world. Advances in chemistry, technology, and globalization have contributed to the rapid development and diffusion of NPS, creating what observers see as the most serious challenge to the century-old international drug control system and to national systems. Very little is known about these substances which fall outside of national and international controls. After analyzing the most recent regulatory and legal approaches taken by several developed countries regarding prominent NPS, we highlight the dilemmas associated with making sweeping regulatory decisions based on limited information. We assess both traditional drug controls and new market approaches. The dearth of information and lack of consideration of the realities surrounding NPS and their market has led some countries to adopt technically complicated and legally troubling solutions. In order to reduce harm, governments have passed very expansive regulation (e.g. banning all psychoactive substances except those specifically exempted) without considering the impacts. Complications emerge when viewing the drugs through a single lens, giving consideration only to harms faced by the individual user and ignoring, not just the perceived benefits, but the more subtle harms that arise from the decision to prohibit. The potential reduction in harm from substitution of NPS for other more harmful and commonly used substances are lost. Fears surrounding the next drug epidemic may be unfounded and the need for sweeping solutions unnecessary. Few discuss the immutable preferences for traditional drugs and the fact that the wide majority of NPS fail to gain any appreciable market share. Other complications are posed from new market approaches that permit the supply and use of NPS. Difficulties establishing legal definitions of low harm or low risk persist for poorly studied substances. We examine less sweeping legal solutions that have been proposed to better serve the public good by limiting any unintended consequences that might occur under broad criminalization or full legalization. Some of these alternatives already exist: controls on foodstuffs, medicines, consumer products, etc. Use of these laws could allow for the exclusion of many NPS without submitting the drugs to the same command and control system found in drug laws. However, we argue that a range of political considerations make these unlikely to generate more positive decisions.

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The promise of methadone: Kenya's solution to managing HIV and addiction?

BACKGROUND: Promoted globally as an evidence-based intervention in the treatment of heroin addiction and prevention of HIV among people who inject drugs (PWID), opioid substitution treatment (OST) promises to help control emerging HIV epidemics among PWID in lower income country settings. Kenya will be the third Sub-Saharan African country to introduce OST.

METHODS: We combine dynamic mathematical modelling with qualitative sociological research to consider the 'promise of methadone' to Kenya. We model the HIV prevention impact of OST at different levels of intervention coverage. We draw on thematic analyses of 109 qualitative interviews with PWID, and 43 with key stakeholders, to chart their narratives of hope and expectation in relation to the promise of methadone.

RESULTS: The modelled impact of OST shows relatively slight reductions in HIV incidence (5-10%) and prevalence (2-4%) over 5 years at coverage levels (around 10%) anticipated in the planned roll-out of OST. However there is higher impact with increased coverage, with 40% coverage producing 20% reduction in HIV incidence, even when accounting for relatively high ongoing sexual transmissions. Qualitative data emphasises a culture of 'rationed expectation' in relation to access to OST and a 'poverty of drug treatment opportunity'. In this context, the promise of methadone may be narrated as a symbol of hope – both for individuals and community – in relation to addiction recovery.

CONCLUSIONS: Methadone offers HIV prevention potential but there is a need to better model the effects of sexual HIV transmission in mediating the impact of OST among PWID in settings characterised by a combination of generalised and concentrated epidemics. We find that individual and community narratives of methadone as hope for recovery may conflict with policy narratives positioning methadone primarily in relation to HIV prevention. Our analyses also show the value of mixed methods approaches to investigating newly-introduced interventions.

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Law enforcement at the street level: experiences from Amsterdam (Netherlands) and Porto Alegre (Brazil)

This paper debates the use of qualitative and ethnographic methodology for cross-country and cross-sector research on drug policy implementation. It focuses on the role of street level workers from the social, health and law enforcement fields in transforming policies for crack cocaine and heroin into practice in the cities of Amsterdam (Netherlands) and Porto Alegre (Brazil). It demonstrates that in order to better understand drug users' experiences with drug policies one needs to interpret qualitative information obtained by direct observations and complex testimonies of front line workers and how they combine numerous influences on their attitudes in interaction with their professional knowledge and organisational resources and constraints. Special attention is paid to how workers mix public health, public order, and citizenship rights oriented approaches in the different professional sectors in the two cities. Vital to this research is the inclusion of health, social, and police workers as street level policy makers without privileging one type of profession.

Grounded theory principles and ethnographic techniques were used to gather and analyse testimonies and direct observations of 80 street level workers from 40 different services across the sectors and cities. In-depth interviews were combined with extensive participative observation of workers' activities. Listening to front line workers' testimonies produced a mapping of a range of interpretive beliefs and attitudes of front line workers towards drug users, questioning the etic reductionism in simple dichotomies of public health vs. public order approaches.

This qualitative methodology showed that instead of adopting only one of the approaches (often epistemologically labeled as models in the literature) - medical, coercive, moral, psychosocial and harm reduction -, as ontologically imposed in previous (mostly quantitative) research, most workers combine approaches in their interpretive beliefs to justify their actions. Workers' desire to 'cure' users, to control users in the interests of wider society, reduce harm to users, and respect users' rights as citizens are mixed in most workers' interpretive beliefs around problems and solutions for drug use. This was the case for workers from different professional sectors and cities. Different from quantitative only studies, a qualitative approach allowed accounting for a more nuanced understanding of workers' interpretive beliefs around the different approaches to drug use, calling attention to ambiguities in the meanings of public health, public order, and human rights that are created in these processes and the complex experiences of exclusion and surveillance that people using drugs face at street level.

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Comparative policy analysis: how far have we come?

A central drug policy question concerns the extent to which certain policies produce certain effects – and cross-national (or between state/province) comparisons appears to be the ideal way to answer such a question. In 1993, Rob MacCoun, Peter Reuter and others from RAND (1993) wrote a paper called “The promise and pitfalls of cross-national comparisons”. Twenty-one years later, has the drug policy research community advanced comparative policy analysis and made methodological progress?

A review of the literature suggests the following methodologies prevail. Longitudinal analysis of individual level data, comparing changes in individual's over time against a policy dimension (eg: Young-Wolff et al., 2013: smoke-free bars and alcohol consumption; Sheridan et al., 2013: New Zealand's piperazine ban). Alternatively researchers have used cross-sectional data at a single point in time (eg. Reinerman et al., 2004: comparing Amsterdam and San Francisco cannabis use rates) or pooled cross-sectional data (eg. Williams et al 2004: decriminalisation and cannabis use) to examine policy impacts. These quantitative approaches require relevant longitudinal or cross-sectional data, not often available. A quasi-experimental method (akin to 'natural experiment') relies on a change in policy, and pre-post or time trends analysis with aggregate level data. This can be single state policy change (eg. Mäkelä & Österberg, 2009 alcohol tax cuts) or multiple state policy changes (eg. Kilmer et al 2013: comparison of 66 counties within South Dakota on implementation of the 24/7 sobriety program). The key challenges with this method are defining the timepoint of policy change, and controlling for the many other variables that may impact on the outcomes over and above the policy change itself. Another alternative is to use a “policy index” which is calculated and assigned to different states (eg: Brand et al. 2007: 30 country alcohol policy index comparison). This approach is subject to criticism (eg. Ritter, 2007) in part because it over-simplifies the relationship between policies and outcomes. A recently emerging technique is fuzzy set Qualitative Comparative Analysis, which formalises qualitative case study analysis using Boolean truth tables to identify the necessary conditions (or combinations of conditions) that bring about an outcome, in this case a policy stance (eg. Stevens, 2014: relationship between rates of adolescent drug use across EU countries and social policies). The final method is descriptive case studies. This appears to be the most commonly used (eg Trautmann et al., 2013: multiple case study analyses of EU drug markets) and has the advantage of providing detailed understandings of the policy case at hand (eg, Pardo, 2014: comparing cannabis policy reforms in Colorado, Washington and Uruguay) yet can be criticised for a lack of quantitative rigour.

Aside from significant methodological issues with each of these methods for comparative policy analysis, there also remain other challenges. It is an area that is under-theorised. The extent to which there are meaningful policy differences is uncertain in many cases. Globalisation and harmonisation contribute to fewer differences and greater similarities than perhaps policy scholars care to admit, especially when one takes policy-in-practice (as implemented) into account. Finally, drug policy scholars need to consider the purpose of comparative analyses. The most obvious reason for conducting such analyses is to generate evidence to inform a policy change. This however is predicated on the assumption that the findings will be generalizable, which ignores the social, political and institutional context and path dependency inherent in any policy.

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Criminal firms and inter-organizational relationships in illicit drug market analysis and classification

The study of inter-organizational collaborations has recently become a central matter in industrial and organizational studies. This increasing interest comes from the progressively higher impact that this institutional arrangement is showing in modern industrial systems. In the last decades, scholars and control authorities have become even more aware that a similar phenomenon is characterising illegal markets. That notwithstanding, economists and managerial scholars have dedicated little attention to the analysis of inter-organizational relationships between criminal firms. This work wishes to contribute to fill this gap. We propose a scheme to interpret and classify relationships between criminal organizations. In order to achieve this goal, we have built a framework that embeds the main arguments and instruments of the knowledge-based view of the firm. Firstly, we propose a scheme to interpret the economic and organizational behaviour of criminal firms and to classify them based on their functional and territorial strategies. This allows us to define different typologies of criminal organizations according to their economic and strategic characteristics and to their functions along the value-chain. Merging this interpretation of criminal firms and the analysis of supply-chain of illegal production processes, we are able to propose a framework to interpret the emergence, and define the characteristics, of the inter-organizational relationships in illegal production processes. Finally, we apply the theoretical scheme developed to the supply-chain of cocaine in order to show how this framework can be used to analyse the complex network of relationships that seems to characterise this value-chain and how it can be also used to inform control policies. From a theoretical point of view, the relevance of the work is linked to the attempt to build a comprehensive framework to analyse criminal organizations and their relationships without recurring to traditional incentive models, but by using the knowledge-based view of the firm, which represents the main vein of research developed in the last decades in industrial and organizational studies. From a practical point of view, this work provides the instruments not only to interpret, but also to analyse criminal organizations and inter-organizational relationship in illegal supply-chains, in order to permit a more efficient design of control strategies.

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Methodological considerations in estimating the public expenditures related to addictive substance attributable crime: a literature review

BACKGROUND: The (mis)use of addictive (illegal) substances is clearly related to crime, resulting in governmental expenditures on criminal policy, crime prevention and victim support. Consequently, addictive substance related crime poses a considerable burden on society. These public expenditures related to crime have been estimated in multiple types of studies: social cost, cost of crime and public expenditure studies. However, measurements of these expenditures tend to be incomplete and flawed. The current study investigates the methodology of social cost studies to estimate the addictive substance-attributable public expenditures for crime.

METHOD: A comprehensive literature review was conducted to assess the methodological issues and shortcomings across (social cost) studies, measuring the direct cost of public expenditures on crime attributable to addictive substance (mis)use. The electronic databases Medline (Pubmed), Web of Science and Econlit were searched and studies in English from 1996 and onwards were included if they addressed the direct costs of crime attributable to the (mis)use of illegal drugs, alcohol, tobacco and/or psychoactive medication.

RESULTS: A total of 11 studies met the inclusion criteria. Although the array of costs that can be considered a direct cost of crime is broad, only a limited number of these costs are taken into account in the current studies: 1) often not all levels of the justice system are included or calculations are limited to consensual crimes (substance law violations); 2) important items as a consequence of crime, like victim support services, child protective agencies, legal expenses etc. are left out and 3) expenditures in anticipation of crime are omitted all together. Furthermore, the considered costs lack in uniformity, different calculation methods are used and, when addressed, there is no clarity about substance attributable fractions and their calculations.

CONCLUSIONS: A more thorough and methodologically better constructed measurement of the public expenditures on crime attributable to addictive substance (mis)use would likely result in more reliable findings and give a more accurate and valid estimation of these costs, benefitting and strengthening drug policy.

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Regulating online drug markets

The growth of vibrant online markets in psychoactive substances (including 'novel' and 'traditional' ones) has posed significant new challenges for drug policy. The speed and complexity of change is outstripping the ability of existing drug policy systems and law enforcement agencies to keep up and adapt. Conventional ways of thinking that centre on the enactment and enforcement of the criminal law seem increasingly inadequate to the task. In this paper, it is argued that we need to rethink the problem through the lens of regulation, in order to learn lessons from other sectors where more agile responses to the rise of cyber-commerce and associated forms of business innovation have been possible. Adaptive approaches to market regulation, drawing on examples from these other areas, offer some new directions for more effective control of online drug markets but will also require a willingness to rethink policy preferences and to consider what may have previously appeared to be unthinkable solutions. Innovative and flexible mixes of action involving state agencies, commercial interests and private actors, using the new opportunities for information-sharing made possible by online environments, may be the best way forward.

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Medical marijuana laws and traffic fatalities. The effects of per se drugged driving and medical marijuana laws on drug-related traffic fatalities in the United States, 1990-2012

Over the past decade, the prevalence of drugs detected in fatally injured drivers has increased significantly in the United States (Brady & Li, 2014). As of 2012, according to the national Fatality Analysis Reporting System (FARS), 21% of all fatally injured drivers tested positive for a psychoactive substance. A growing body of research finds that drug-related fatal crashes are associated with a number of specific risk factors, including the type of drug, concomitant alcohol use, prior DUI convictions, age, gender, and the day and time of crash (Brady & Li, 2012; Li, Brady, & Chen, 2013; Romano & Pollini, 2013; Romano & Voas, 2011). However, very few studies have examined the effects of specific state policies on drugged driving. We are aware of only two studies examining the effects of per se drugged driving laws (Anderson & Rees, 2012) and medical marijuana laws (Guenzburger & Masten, 2013) on traffic fatalities, and the evidence is mixed. This study uses FARS data for the period 1990-2012 and a differences-in-differences analytic framework to examine the effects of both per se drugged driving and medical marijuana laws on fatal vehicle accidents involving cannabis and other drugs, alone and in combination with alcohol.

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Cash and carry: the high cost of currency smuggling in the drug trade between the Netherlands and Colombia

This research, based primarily on financial records of Colombian money smugglers found by Dutch police investigators, describes the costs and operations of a segment of the high-level drug trade that has not been documented before in scholarly literature. It turns out that cocaine traffickers pay specialized organizations to move their revenues from the Netherlands to Colombia. These organizations have three components: brokers who live in Colombia, coordinators who are active in the Netherlands and couriers (money mules). Smuggling cash should, economically speaking, not be considered as money laundering since the funds are not introduced into the financial system but merely moved from a high-risk country to a low-risk country.

The transfers, almost all completed in 500 euro notes, annually amounted to hundreds of millions of euros from 2003 to 2008, just from the six operations that were observed. They drew on the recruitment of hundreds of individuals not otherwise involved in the drug trade. Based on the confiscated records, we were able to calculate specific costs of the service (bulk cash smuggling). For instance, changing smaller denominations into 500 euro notes generally costs 3% and couriers earn 6,000-10,000 euros per trip on average. Smuggling cash prices are at least 10% of the money moved and could be as high as 17%. The data also shed light on the workings of criminal labor markets and point to some interesting imperfections. The existence and cost of this segment of the cocaine trade suggests that anti-money laundering regulations, and perhaps drug enforcement in general, do significantly raise the costs of smuggling, though retail prices remain the same.

Moreover, the findings are evidence of the importance of 500 euro notes in facilitating drug trade, a claim often made but never documented before. The results reinforce the argument for those who opt for the withdrawal of 500 euro notes.

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Prosecution of drug crime in the Czech Republic

Since 2010, the new Penal Code has been in force in the Czech Republic, which has also brought considerable changes to the area of the prosecution of drug offences. At the same time, official crime statistics, as opposed to general crime, indicate that the number of drug offences registered by the police and the number of individuals charged with drug offences has started to rise significantly. Another phenomenon recently witnessed in the Czech drug crime scene is the rising number of Vietnamese offenders involved in drug supply. The aim of the research carried out by the Institute of Criminology and Social Prevention in Prague is to assess the impact of the new legislation on detection and prosecution of drug crime. The paper focuses on the results of the expert opinion survey on this topic made as a part of this project. In order to determine the views of professionals dealing with drug offences in practice, an expert opinion survey on the impact of the Penal Code, as well as on other insights, experiences and proposals relating to the subject of the research was carried out among judges, prosecutors and police officers. Semi-open and open questions used in this survey enable a qualitative analysis of respondents' answers. Law enforcement representatives' views will be presented along with actual statistical data as well as drug policy priorities and the actual drug scene situation in the Czech Republic.

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Mapping the response: Global state of harm reduction 2014

BACKGROUND: The Global State of Harm Reduction 2014 is the fourth in the biennial Global State series tracking developments in HIV and viral hepatitis related harm reduction worldwide. This presentation will highlight the key findings of updated information on harm reduction services across the globe, including needle and syringe programmes (NSP) and opioid substitution treatment (OST) provision; harm reduction services in the prison setting; access to antiretroviral therapy for people who inject drugs; regional overdose responses; policy developments; civil society development; and information relating to funding.

METHODS: Information presented in the Global State was sourced using international scientific and grey literature, reports from multilateral agencies, international non-governmental organisations, organisations of people who use drugs, and expert consultation from academics and those working on HIV, drug use and harm reduction. Alongside this a survey was also sent out to civil society and harm reduction networks to obtain national and regional information on key developments in harm reduction.

RESULTS: Injecting drug use has been documented in 158 countries and territories worldwide, however in 2014 only 90 countries implement NSP, and 80 operate OST. 29 countries have seen a scale up of NSP services, with provision nearly doubling in Malaysia, Iran, and Australia, and 13 have seen a decline in provision with Pakistan losing 47 sites in a two year period. 25 countries have scaled up OST services, however, a decrease in provision has been seen in six. Since 2012, five new countries have newly implemented NSP services, and only two new countries have initiated OST. As of 2014, only eight countries provide NSP services in prisons, and 43 countries provide OST in the prison setting, with Malaysia seeing the greatest scale-up from one prison in 2012 to 18 in 2014.

CONCLUSION: To reduce HIV and viral hepatitis risk among people who inject drugs there is an urgent necessity to significantly increase harm reduction service provision. Although there has been slow but steady progress in the acceptance of harm reduction in national policies and in the establishment of new services, the response to HIV and hepatitis C related to unsafe injecting, continues to remain poor overall. International and national funding for essential services falls disastrously short of need in low- and middle-income countries and fundamental changes are required to fill the resourcing gap left by donor retreat.

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An ethnographic analysis of dynamic drug markets in Kenya

INTRODUCTION: Global drug markets shape local experiences of addiction and HIV risk. Despite indications that drug trafficking in sub-Saharan Africa has increased in the past 30 years and consumer markets are forming in diverse contexts, we lack an ethnographic understanding of how these markets operate locally and in what ways that might impact the HIV epidemic. This analysis examines Kenya's evolving drug markets and their implications for health policy.

METHODS: Our study triangulates ethnographic data on the heroin and synthetic drugs markets in Kenya with data from government publications, media reports, and scientific literature to map out historical trends in trafficking and the diffusion of drug injection. Within this framework, we draw on three studies conducted across Kenya from 2012-2014 to offer ethnographic insight into drug market mechanisms, local experiences of injection, and how current trends shape HIV risk.

RESULTS: Shifts in global heroin markets in the late 1990s from unrefined brown sugar to white powdered heroin precipitated the emergence of injection in Kenya. Despite a historic focus on heroin, recent indicators of cocaine trafficking and chemical diversion for synthetic drug manufacturing complicate our understanding of Kenya's current market. Evidence further suggests a fragmentation of distribution channels wherein drugs are locally adulterated for resale. Although heroin remains most widely available, reports of cocaine injection have emerged, particularly in western Kenya where injection has not been previously recognized. Ethnographic evidence suggests that some injectors experience erratic intoxicative effects while others appear unsure of what they are injecting. Furthermore, variable access promotes poly-drug and alcohol use to supplement injection.

CONCLUSIONS: Lessons from Kenya's dynamic drug market have applicability across sub-Saharan Africa where substance use is not well documented. We call for improved drug surveillance and health programming adapted to local contexts, particularly in emergent markets characterized by confounding patterns of drug injection.

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Is cannabis an illicit drug or a medicine? A quantitative framing analysis of Israeli newspaper coverage

BACKGROUND: Various countries and states, including Israel, have recently legalized Cannabis for Therapeutic Purposes (CTP). These changes have received mass media coverage and prompted national and international dialogue about the status of cannabis and whether or not it can be defined as a (legitimate) medicine, illicit and harmful drug, or both. News media framing may influence, and be influenced by, public opinion regarding CTP and support for CTP license provisions for patients. This study examines the framing of CTP in Israeli media coverage and the association between media coverage and trends in the provision of CTP licenses in Israel over time.

METHODS: All published news articles relevant to CTP and the framing of cannabis (n=214) from the three highest circulation newspapers in Israel were analyzed on content. Articles were published between January 2007 and June 2013, a period during which CTP licenses granted by the Ministry of Health increased substantially.

RESULTS: In the majority of CTP news articles (69%), cannabis was framed as a medicine, although in almost one third of the articles (31%), cannabis was framed as an illicit drug. The relative proportion of news items in which cannabis was framed as an illicit drug fluctuated during the study period, but was unrelated to linear or curvilinear trends in CTP licensing.

CONCLUSION: The relatively large proportion of news items framing cannabis as a medicine is consistent with growing support for the expansion of the Israel's CTP program.

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India's response to drugs flows along an extraordinary spectrum – of tradition and modernity; of widespread availability and stringent enforcement; of tolerance and prohibition; of production for medical use to lack of medical access to opiates. India's long history of cannabis and opium use, its role in the opium wars and the hemp and opium commissions of the late nineteenth century are well-known. Being a country with significant volumes of licit and illicit drug cultivation, a transit route as well as a consumer market, India's present policy dilemmas span 'demand' and 'supply' control. Its large chemical and pharmaceutical industry draws the country into deliberations on the illicit manufacture of drugs and precursor control as well as the non-medical use of prescription drugs. Some parts of the country report alarmingly high rates of drug dependence, HIV and viral hepatitis amongst people who inject drugs, making health and harm reduction important policy considerations. While India's harsh drug control laws, particularly the criminalisation of drug use and death penalty for drug offences, conform strictly with prohibition, its regulated opium cultivation industry provides insights for countries that are experimenting with alternatives to prohibition. The paper will examine the evolution of Indian drug policy, current challenges as well as drivers for reform. It will look at the revenue-oriented colonial policy of 'license and tax' opium and cannabis, growing 'anti-drugs' sentiment among Indian nationalist leaders in the first part of the 20th century and the adoption of prohibition as a constitutional aspiration for the independent Republic in 1950. The paper will then review how the enactment of the Narcotic Drugs and Psychotropic Substances Act in 1985 ("NDPS Act") ensconced India in international drug control and the problems that this draconian law has posed for health, human rights and criminal justice. It will finally examine recent policy changes, in particular around sentencing, harm reduction and access to controlled drugs and the mixed signals that the NDPS amendments of 2014 have sent for drug control and human rights.

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Self control, social learning and the drug-crime link in Uruguay in the context of legalization of marijuana

Uruguay constitutes one of the most recent and innovative cases of alternative policy to the prohibitionist model. In December 2013 the congress passed a bill legalizing marihuana. This law makes Uruguay the first country in the world where the state is the central player of a legal marijuana market, regulating its production, distribution and sale. Naturally, this project has faced a strong social and political controversy in Uruguay. While the left coalition government claims it is a way to overcome failed prohibitionist alternatives and will enable to combat the drug smuggling without side effects, an important part of the society and the political opposition strongly dispute the legalization project arguing that it will impact directly on youth crime. The main goal in this article is to show the weakness of the link between use of drugs and crime among youths in Montevideo, Uruguay. Particularly, we will use two well-known criminological theories, self-control and social learning, to show that the weakness of the link between use of drugs and crime and call into question arguments that reject drug reforms due to the 'criminogenic nature' of drugs. In order to do so, we first briefly review previous quantitative research in Latin America on the connection between drugs and crime and review the two theoretical frameworks to be used. Then we present results obtained from two data sets from Uruguay, a youth survey and a census of youth offenders detained in youth criminal justice institutions. Finally we will discuss results and make some conclusions and policy implications.

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Cost-effectiveness of prison health interventions

BACKGROUND: Prior studies have shown that community health interventions for post-release inmates, for example, methadone treatment, tuberculosis screening, hepatitis C screening and treatment are cost-effective as a result of decreasing crime, reducing re-incarceration, reducing mortality, and improving productivity. However, cost-effectiveness studies of prison-based health interventions have been very limited. The key reason is the complexity of conducting evaluations in prison settings and the dynamic prison populations.

OBJECTIVE: The study aims to review methodologies of prison cost-effectiveness studies. Methods: Literature were searched using literature databases: Medline, Embase, Cochrane Library. The following key words and syntax were used: (Prison or jail or detention centre or correctional centre) AND (QALY or ICER or cost-effectiveness or cost-benefit or cost-utility). Titles and abstracts were imported in Endnote 9 software (Thomson ResearchSoft, San Francisco, CA, USA) and duplicate literature were manually removed. Information from the papers was extracted into tables. A table was prepared that presented summary information about the population, comparator, time horizon, the model structure, and whether the incarceration was included in the analysis. A group of tables, one for each type of model structure (decision tree, Markov, dynamic compartmental model) was presented.

RESULT: Searching database identified 187 studies. After applying the inclusion criteria to those articles, 13 cost-effectiveness studies that met all the requirements for this review were identified. They included cost-effectiveness of methadone treatment (1 study), HIV care interventions, HIV screening, and HIV counselling and testing (3 studies), HCV screening and treatment (4 studies), hepatitis B vaccination (1 study), chlamydia and gonorrhea screening (2 studies), tuberculosis prophylaxis (1 study) and screening (1 study). Two studies were trial-based, eleven studies used models. Recent models included decision tree models (7 studies), Markov models (3 studies), and dynamic compartmental model (1 study). Only two models evaluated health intervention in places of incarceration, and only two studies included model validation based on the observational databases.

CONCLUSION: As prisoners are released and reenter the general population, future models should incorporate inmate incarceration. Model results should be validated using observational data to ensure model structural assumptions are appropriate and the results are likely to be accurate.

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From government to governance: the zig-zag course of cannabis policy in the Netherlands towards regulation

The Dutch coffeeshop policy, one element in the fundamental drug policy changes in the Netherlands of the 1970s, can be viewed as an example of a change in policy-making from 'government to governance' which can be identified in Europe and other parts of the world. While policy decisions in European societies were usually taken by politicians with little interference of other stakeholders until well into the 20th century, the drug policy changes starting in the 1970s are one of the examples of a growing involvement of various stakeholders, both in the policy-making process and the implementation of policy measures, one of the characteristics of governance. Governance is how policy is made and implemented rather than what policy is, following the definition that governance refers to the processes on how a problem is managed in a society. This presentation focuses on an analysis of forces and factors behind the developments in Dutch cannabis policy. It is based on one case study in a broader research undertaken as part of the ALICE-RAP project (Addiction and Lifestyle In Contemporary Europe – Reframing Addictions Project), in which we analysed a number of current trends in drug policy in the EU, trying to identify important factors that influence policy decision-making and policy implementation. The focus will lie on some aspects underlying the drug (cannabis) policy changes in the Netherlands.

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Better understanding of differences and similarities between online and offline drug distribution

In recent years, the Internet has become an important medium for promoting, distributing and retailing both 'traditional' and new drugs. The mechanisms of online drug dealing vary from traditional drug markets. Online marketplaces, at least those for illicit drugs, often operate in an encrypted part of the Internet, known as the Darknet. The Internet also plays a crucial role for new synthetic drugs regarding (mostly user-based) information as well as Darknet and Clearnet online markets. However, by using the infrastructure of crypto-markets, buyers and sellers of drugs are able to communicate and process their purchases anonymously. Furthermore, online drug marketplaces usually offer a customer feedback system that allows buyers to rate the vendors and review the products. A positive vendor feedback helps to build reputation and trust in an online environment in which consumers and vendors literally do not know each other. Another important factor of crypto-markets is the payment system. Purchase transactions are paid in decentralised and pseudonymous digital currencies like Bitcoin, which cannot be traced back to an individual person. Furthermore, the purchased drugs are delivered by traditional postal services or private package delivery enterprises, often to different addresses or to another name to conceal the identity of the buyer. Internet technology has also removed the time constraints and geographical boundaries for selling and buying drugs that can globally be purchased anytime. In this paper we will analyse differences and similarities between online and offline drug distribution mechanisms from a bottom-up perspective (users and retailers). The central question is which functional equivalents regarding the use of violence, building trust and logistics can be observed that stabilise online market processes? In order to answer this question properly, we will review state-of-the-art-literature including a recent German project on small-scale drug dealing, present results from an analysis of online discussion boards and analyse data from different online marketplaces in the Darknet regarding user feedback on purchase transactions, satisfaction with the purchased drugs, payment procedures, delivery time and place of delivery. The research is part of a larger ongoing Austrian-German research project on online and offline drug markets.

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Strategies for a risky business: how drug dealers manage customers, suppliers and risks in Italy, Slovenia and Germany

This paper draws on interviews with 135 male drug dealers in prison in Italy, Slovenia and Germany conducted as part of the framework of Reframing Addictions Project (ALICE-RAP) funded by the European Commission. The aim of the study was to improve understanding of how dealers in cocaine and heroin entered the market, organised their dealing operations and managed suppliers, customers, risks, profits and costs. Interviewees were in prison at the time of the interview, having been convicted of at least one drug offence related to distribution or sale of heroin or cocaine. This paper sets out findings about the arrangements interviewees described regarding suppliers and customers, how they sought to reduce risks and maximise profit. Most dealers in our three samples reported having regular suppliers. Analysis of the interviews indicates that supply arrangements varied according to whether the interviewee was an independent dealer or worked as part of an organisation, as well as whether they were high or low quantity sellers. Dealers' relationships with their customers were described as revolving around trust and reputation. Dealers aimed to sell mainly to regular customers, and tactics employed to secure a stable customer base included offering discounts, providing credit, 'freebies' or 'extras' to regular customers. While dealers sought to maximise their profits by cutting drugs, they were at the same time concerned with the quality of the product being sold. Quality was perceived as a factor that could affect their reputation and thus their profits and position in the market. We also studied dealers' perceptions of how risky it was to deal cocaine and heroin, and the types of risks they faced. Drug dealers were motivated to develop their business in such a way as to avoid drawing the attention of the police and to minimize conflicts with competitors. They employed an array of strategies to mitigate risks: from being careful and creative regarding transportation and storage of drugs and communication with customers and suppliers, to keeping a low profile and 'blending in', and limiting their business operations. Keywords: drug markets, drug dealing strategies, cocaine; heroin; trust; risk, prison interviews.

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The production, consumption and export of Dutch cannabis in the Netherlands

MOTIVATION AND PROBLEM STATEMENT: The purpose of the study is to assess the possibilities and limitations of estimating the export of Dutch cannabis and to come to a new estimate of the amount exported.

APPROACH: The variables used to estimate the export (45) were based on an extensive literature study and secondary analyses on data from previous studies on cannabis use(rs). The export was estimated using multiple mathematical models for the production and consumption of cannabis. The production was estimated using three models: one based on confiscation data and the other two on the amount of stolen electricity related to cannabis cultivation. The consumption was estimated using studies on the prevalence of cannabis use. The export was calculated by subtracting the national consumption from the national production. The mathematical models and the collected data were discussed and validated in an expert group which adjusted the values or added an (additional) margin of error to account for uncertainties where needed. A Monte Carlo-simulation was performed to estimate a 95% confidence interval in addition to the lower and upper limits. A sensitivity analysis was performed to identify and quantify the most influential variables.

RESULTS: The consumption of Dutch cannabis by non-residents of the Netherlands can be defined as 'domestic consumption' or as 'export'. When the consumption of Dutch cannabis by non-residents is defined as domestic consumption the export amounts to between 53 tons and 924 tons (31% and 96% of national production). The Monte Carlo-simulation ranged from an estimated 206 tons to 549 tons (78% to 91% of national production). When the consumption of Dutch cannabis by non-residents is defined as export the export amounts to between 92 tons and 837 tons (54% and 97% of national production). The Monte Carlo-simulation ranged from an estimated 231 tons to 573 tons (86% to 95% of national production). The export estimate is very sensitive to the percentage of total electricity lost that is due to administrative causes, the percentage of this electricity loss related to energy fraud and the prevalence of recent cannabis use for the general population 15-64 years of age. Ten variables are responsible for roughly 86% to 93% of the variation in the export estimates. The average yield per plant and the percentage of electricity loss related to energy fraud are the most influential accounting for 50% of the total variation.

CONCLUSIONS: The wide ranges found are the result of the limited reliability of the available registrations and assumptions. Further research should focus on updating the registrations and improving the reliability of the most influential variables identified by the research. The independence of the mathematical models should also be improved. Such improvements should focus on the approximation of the 'capture rate' of Dutch cannabis.

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Assumptions underlying the 15% THC measure in the Netherlands under scrutiny

In 1976, the change of the Opium Act in the Netherlands already paid attention to the content of tetrahydrocannabinol (THC) in cannabis by placing hemp oil in Schedule I. Following this change, a recommendation for the further tightening of the classification based on the THC content was made in 2011. In 2013 a bill was proposed stipulating that all cannabis products with a THC content of 15% or more had to be classified in Schedule I, containing psychoactive substances with an unacceptable risk (hard drugs). Hashish and marijuana with a THC content lower than 15 % remain in Schedule II. The purpose of this measure is twofold. The aim is, on the one hand, to reduce public health risks and on the other hand to reduce illegal cultivation and export of cannabis - - by decreasing criminal risks.

In this presentation we focus on the public health aspects and describe the (explicit and implicit) assumptions underlying this “15% THC measure” and to what extent they are supported by scientific research. Taking the scientific literature and other sources of information into account, we can conclude that the 15% measure in theory can provide a health benefit for specific groups of cannabis users but certainly not for all cannabis users, and these gains must be weighed against the investment in enforcement and the risk of unintended (adverse) effects. Given the many assumptions , and uncertainty about the nature and extent of the expected changes in buying and smoking behaviour, the measure is a political choice based on the precautionary principle.

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Local implementation of the new national criteria for coffee shops in the Netherlands

The Dutch coffee shop policy became more restrictive on 1 January 2012. Two new criteria that coffee shops must adhere in order for them to be tolerated were added to the national Opium Act Directive for the Public Prosecutor, more specifically the private club and the residence criterion. Coffee shops were only permitted to give access to and to sell cannabis to registered coffee shop members and needed to maintain a verifiable member's list, and only residents of the Netherlands were permitted to become a member and hence to enter the Dutch coffee shops. The new policy aimed at a reduction of 'drug tourism', public nuisance and crime related to coffee shops, and smaller and better manageable coffee shops for the local market. In November 2012 the private club criterion was abolished. The residence criterion has remained in place, but the decision on whether to enforce it is left to the local authority. The enforcement began in May 2012 in the southern provinces of the Netherlands. The implementation and the consequences of the new criteria were evaluated. This presentation will focus on the implementation of the new national criteria in the municipalities.

METHOD: The evaluation study used the 'intervention logic' as a framework for evaluation. Implementation was assessed in a sample of 15 municipalities. Interviews were conducted with representatives of the national authorities, the Board of Prosecutors General, the district Public Prosecutor, municipalities, police and coffee shop owners (n=137) and took place during the initial phase in 2012 and after 6 and 18 months (end of 2012 - end of 2013).

RESULTS: In the initial phase, the local authorities found it difficult to put the national criteria into local practice. The police had to devote much effort to combatting the illegal market, which quickly took priority over monitoring the coffee shops. The approach gradually took form. Already in 2012, differences in implementation among the municipalities began to emerge, as some engaged actively with the new policy, while others took more of a wait-and-see attitude and changed little. The coffee shops largely adhered to the new rules. In 2013, enforcement of the residence criterion can be implemented on a locally tailored approach. Whether the policy is actively enforced is for local decision-makers to determine. This scope has introduced 'couleur locale' to the enforcement in 2013. There are municipalities (5 out of 15) that incorporated the residence criterion in their local policy and also enforce it actively. The intensity of enforcement varies. One pursues a very strict enforcement, four take a more lenient approach. The coffee shops here generally comply with the residence criterion. Six municipalities (out of 15) incorporated the residence criterion in their local coffee shop policy only on paper, without actively enforcing it in practice. Some have no nuisance related to cannabis tourism and hence no perceived need for active enforcement, others face a more complicated situation. Four municipalities (out of 15) did not implement the new rules, nor on paper nor in practice. The conclusion is that municipalities apply a customized and pragmatic approach with local differences in enforcement. There are non-residents in the coffee shops in not-enforcing municipalities, but their presence does not result in any uncontrollable problems. By late 2013, the general situation was, unlike 2012, relatively calm and manageable.

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When too much punishment decreases legality. The case of coca-reducing policies in Colombia.

States want their people to follow the law. They can either convince them, try to force them, or both. But force does not only alter people's perception of risks and costs; it also changes how people view their state and its legitimacy, unleashing a series of non-economic factors that determine compliance with the law. In fact, when force is perceived as unjust it may be inefficient and could crowd-out legality in other aspects of life. Law scholars warn against violating the principle of proportionality by exerting extreme punishment as it may result in the loss of citizen cooperation with the law. I have chosen one of Colombia's drug-reducing policies, aerial spraying of coca crops and then I have studied the effect of its disproportionate use on legal crops. My results point to a non-linear effect of punishment on legality: spraying shocks or extreme disproportionate spraying reduce engagement in legal crops, whereas "proportional" levels of spraying induce legality. I use four different sources of data to test this relationship: macro data on all coca growing municipalities in Colombia, and micro data of three very different sets of farmers, namely coca growers surveyed by the UNODC, farmers that are beneficiaries of Colombia's biggest alternative development Program (Forest Warden Families) and coffee growers in municipalities that have had coca. I have found the same results in all four samples and therefore conclude that when the state overdoes its coercive actions, these can backfire and crowd out legality.

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Methodological considerations in estimating the public expenditures related to health for addictive substances: a literature review

BACKGROUND: Tobacco, alcohol, illicit drug, and psychoactive medication (mis)use is associated with a higher likelihood of developing several diseases, injuries and consequently increased health care expenditures and reduced health-related quality of life, which imposes a considerable burden to the individual and society. The discussion about the impact of addictive substances on the public budget has become increasingly important in view of drug policy evaluation and austerity. Multiple social cost studies have measured the economic impact of addictive substances, but there is a lack of consistent methodologies to estimate these costs. A literature study was conducted to assess the methodological heterogeneity across social cost studies, with focus on public expenditures, to estimate the substance-attributable costs for health.

METHODS: A comprehensive literature review through the electronic databases Medline (Pubmed), Web of Science, and EconLit was conducted. Studies in English published from 1997 on were included if they examined the public expenditures of the addictive substances tobacco, alcohol, illicit drugs, or psychoactive medication.

RESULTS: Seventeen studies met the inclusion criteria. Methodological heterogeneity across and within studies was considerable. Important methodological considerations included lack of reliable data, different calculation approaches to estimate substance-attributable cost items, exclusion of welfare-related costs and costs to others, and limited uncertainty analyses around the cost outcomes.

CONCLUSIONS: Social cost studies allow for an overall estimation of health care expenditures. A more sound methodological framework for estimating the substance-attributable costs would likely result in more reliable findings for policy makers assisting them in their decisions related to funding and interventions.

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Cannabis use and social supply: a personal network perspective

This research puts social supply in its relational context and develops a view on supply as a tie in a wider social network in which cannabis is present. Several studies describe retail-level suppliers as friends, acquaintances or relatives and suggest supply has an important social aspect (e.g. Coomber & Turnbull, 2007). Social supply captures this social side and is considered different from a more traditional form of dealing. However, it is unclear what this social aspect is all about. One way of putting it is to consider suppliers as (friends of) friends who supply cannabis. A definition of who these (friends of) friends are is very subjective (Crossley, 2010). Therefore, it is particularly difficult to compare different accounts of the social aspect of supply. The concept is further complicated because of differing interpretations of the goal of supply. There is a wide range of possible rewards that can be exchanged, ranging from cannabis, money or other material goods to even immaterial goods (see Potter, 2009; Coomber & Moyle, 2013). Social network analysis can provide a more profound insight and understanding of the nature of cannabis supply. Drug market research, as well as criminology in general, increasingly uses network analysis to describe different types of organisations as well as to further nuance existing concepts (Morselli, 2009; Pearson & Mitchell, 2000). Based on drug market and social network literature we developed a sensitizing concept of supply: "Supply is a transaction moment which is the result of an exchanging process and can take multiple forms. Supply is part of multiplex tie between two individuals which is embedded in multiple social circles, part of a collaborative setting and shaped by the wider relational context." This concept is studied through a personal network study of 18 to 30 year old Flemish respondents who indicate they have used cannabis in the past three months and/or supplied cannabis in the past six months. Through participatory mapping the structure and composition of 40 respondents' leisure time networks as well as the networks in which cannabis use is present, is described. In addition, the research explores the nature of the relation between respondents and other members of their network. The paper reports on the quantitative and qualitative findings and reflects on policy implications. With this study we want to contribute to the understanding of drug markets as networked and embedded in people's broader leisure time activities.

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E-mail: jonas.vonhoffmann@lac.ox.ac.uk***The international dimension of drug policy reform in Uruguay***

In 2013, Uruguay became the first country in the world to legally regulate cannabis from seed to smoke. Eight years earlier, then head of the National Drug Secretariat (JND), Milton Romani, was cited in a newspaper article that Uruguay could not pursue drug policy reform, even if it wanted to, because powerful countries would not allow it. Recently, Julio Calzada, current head of the JND, remarked in an interview with the author that enacting cannabis legalization in Uruguay was possible because a “window of opportunity” existed. This and other evidence suggest that drug policy reform in Uruguay had an international dimension. The existing literature has not sufficiently covered the international dimension of drug policy reform in Uruguay. Studies focus on different domestic aspects and factors of cannabis reform, such as social mobilization, the history of cannabis prohibition in Uruguay, parliamentary debates, popular opinion or the instability of the field of drug policy. This paper intends to address this shortcoming. The qualitative research of the paper is based on a review of the pertinent literature, media reports, government documents and interviews conducted during the author’s fieldwork in Uruguay. Adopting a pluralist and constructivist perspective, four ways in which the international dimension influenced drug policy reform in Uruguay are identified and assessed.

First, the international debate sparked by former presidents and sustained by sitting Latin American Presidents, has cumulated in a path-breaking report of the Organization of American States about alternative drug policy scenarios. Substantial changes to drug policy practices have occurred in Europe and Australia and sub-nationally in the US. Traditionally the driving force behind prohibitionist drug policies, the US has softened its stance on cannabis prohibition. Consequently, the consensus underlying the international drug policy regime has “fractured”. Second, “activists without borders” were involved in Uruguay. They supported domestic social movements logistically and financially. Uruguayan activists came in contact with and learned from earlier successful cannabis reforms in Washington State and Colorado. Transnational activists enabled the professionalization of local activists and the campaign of “Regulación Responsable”. Third, “epistemic communities” of international experts provided legitimacy. On several visits, international experts advocated for drug policy reforms and informed the Uruguayan public, activists and lawmakers about international experiences of alternative forms of cannabis control. Cannabis social clubs in Spain and the separation of “hard” and “soft” drugs in the Netherlands inspired Uruguayan legislation. Fourth, the escalation of drug-related violence in Mexico and elsewhere highlighted the high costs of punitive drug policies for Latin America. To preempt Uruguay to go down a similar path, President José “Pepe” Mujica characterized drug policy reform not as the legalization of cannabis but a measure to fight narco-trafficking.

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Effects of medical marijuana laws on arrests in California

While considerable attention has been given to variation in medical marijuana laws across states, far less attention has been given to the variation within U.S. states in the implementation of these laws. The heterogeneity in implementation within states, when ignored, might explain a substantial amount of the inconsistency in results from various policy analyses of state policies. This paper attempts to shed some light on the importance of the heterogeneity in implementation within states, by examining the variability in medical marijuana laws in California. We estimate the relationship between county medical marijuana laws pertaining to supply (dispensary allowances/bans and home cultivation limits) and various types of arrests (drug arrests, violent crime arrests, property crime arrests, drugged driving, and other nuance crimes). California became the first state to legalize medical marijuana in 1996, and since then counties have established their own laws regarding medical marijuana use and production. This provides a rich source of data from 58 counties that vary in terms of ease in obtaining a card for purchase of medical marijuana, types of cultivation allowed for residents and producers, the number of dispensaries allowed, among many other factors. We have created a dataset that codes the ordinances for the various types of marijuana-related laws in all 58 counties in California over the period 2004-2013. We have also put together count data on the number of arrests by categories of crime in each county by year, in addition to other economic and demographic variables of these counties. We estimate difference-in-difference models that allow us to identify the extent to which more liberal supply provisions (allowance of dispensaries and large scale cultivation) are associated with different types of crimes. We find no direct evidence of an impact on violent crime arrests, but preliminary analyses show interesting results for some property and DUI related offences.

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Legal issues for German-speaking cannabis growers: results on delinquency, risk assessment and precautionary measures from the Global Cannabis Cultivation Survey (GCCS).

Due to the illegality, cannabis cultivators are permanently threatened by law enforcement, and sometimes also threatened by burglary or other criminal activities. This applies particularly to countries that did not (yet) decriminalize small-scale cannabis growing, like Germany, Austria, and Switzerland. These uncertainties result in a number of possible measures of precaution taken by growers. In this context, it is interesting to determine which of these measures are successful in avoiding prosecution, and how this relates to the perceived risk and actual experiences with law enforcement. Based on GCCS data from the German-speaking countries (n=1,561), this paper presents results on law- and crime-related issues. Apart from the assessment of the general risk of getting charged (which is an issue for almost all respondents), this applies to other perceived 'secondary' dangers of growing, e.g., conspicuous noises or light emissions when growing indoors. Other relevant questions include actual experiences with law enforcement, the exposure to criminal activities such as theft of plants or blackmail, and other self-reported criminal activity. We compare these data, as well as questions on precautionary measures, between countries, types of users and other relevant variables. Thereby, we gain evidence about the links between perceived risk, measures to avoid this risk, and the actual exposure to negative consequences. In addition, we examine the amounts of cannabis grown by the respondents within one period, and relate them to the degree of penalty for the possession of such amounts. It becomes apparent that in many cases, even small-scale cultivation exclusively carried out to cover the own demand, is subject to relatively harsh punishment.

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Do police arrestees substitute new psychoactive substances (NPS) ('legal highs') for alcohol and other drugs?

BACKGROUND: Proponents of 'legal highs' containing new psychoactive substances (NPS) have argued their use could potentially reduce overall levels of substance related-harm if users substituted lower risk legal high products for more harmful alcohol and other drug use. Police arrestees have particularly high levels of alcohol and other drug use and related problems.

AIM: To investigate the extent to which police arrestees substitute legal highs for alcohol and other drugs.

METHOD: Over 800 police arrestees were interviewed about their substance use at four central city police stations in New Zealand from March-August 2013. Those who had used legal highs were asked if this use had any influence of their alcohol and other drug use.

RESULTS: Twenty-eight percent of arrestees reported their use of legal highs had influenced their alcohol consumption. Eleven percent of these arrestees had 'stopped drinking', 52% were drinking 'less', and 37% were drinking 'more' alcohol, as a result of their legal high use. Twenty-five percent of arrestees reported their use of NPS had influenced their other drug use. Ninety-four percent of these arrestees had changed their cannabis use as a result of their legal high use. Of these, 18% had 'stopped' using cannabis, 58% were using 'less' cannabis, and 23% were using 'more' cannabis, due to their NPS use.

CONCLUSION: The use of legal highs may result in lower levels of alcohol and cannabis use. However, it is yet to be determined, based on the relative harm of these substances, whether this type of substitution will result in lower levels of drug related harm.

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The opium policies of Shanghai Municipal Council before and after International Opium Commission: 1905-1913

In the early 20th century, due to the anti-opium act by the Qing government, as the Shanghai foreign settlement administration institution, the Shanghai Municipal Council had to put the opium policies into the discussion schedule. With the influence of the British embassy and the development of the current situation, the Municipal Council started making certain prohibitions toward the opium sale industry within foreign settlement. In 1909, the International Opium Commission took place in Shanghai. It did not get enough attention from the Shanghai Municipal Council board, but after the meeting, the opium policies within foreign settlement changed tremendously. This article refers to "The Minutes of Shanghai Municipal Council", elucidates the situation before and after the International Opium Commission, elaborates on the changes in opium policies within Shanghai foreign settlement, and discusses the changes of ideology of the Shanghai Municipal Council towards opium.

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Other than being isolated compulsory

In the wake of the continuously deteriorating situation of drug addiction and related infectious diseases among injecting drug users (IDUs) in China in recent years, the Standing Committee of the National People's Congress of China adopted the new Drug Control Law which came into force on 1 June 2008. This law is part of a broad reform movement in China where drug addiction is no longer simply a legal or moral issue but rather a series of complicated medical conditions requiring comprehensive therapeutic strategies. Although the Drug Control Law tries to draw a distinct line from previous drug control regulations in the country, there still have been dilemmas and challenges along the implementation process. On the one hand, isolated compulsory detoxification centers remain controversial. It is an open question whether the drug users should receive compulsory detoxification for up to two-three years. High rates of relapse following compulsory detoxification truly challenge the effectiveness of isolated compulsory detoxification programs. On the other hand, methamphetamine abuse has overtaken heroin, becoming the most abused drugs in many provinces of China. It is of great importance to discuss the dilemmas and challenges we are currently facing, since the traditional compulsory detoxification programs were largely customized for heroin abuse. The present study aims to improve our understanding of how methamphetamine abuse and related issues are dealt with in the country's isolated compulsory detoxification centers. Based on the observations and practical experiences the authors have obtained in China, we would like to present what we have implemented in the local compulsory detoxification centers to improve treatment outcomes specifically for methamphetamine users. The current studies also assess the feasibility of environmental enrichment intervention to treat methamphetamine users in these facilities. It should be noted that isolated compulsory detoxification centers remain the main body of drug addiction treatment programs in China, which they will remain for a long period of time. It is critical to be integrated into the system, in order to improve drug policies and treatment programs in China.

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Cocaine business and money in the Netherlands

Although most research on cocaine trafficking in Europe focuses on the actors involved (drug traffickers, law enforcement agencies) or on the effects of drug policies and interdiction efforts, very little or no attention has been paid to the financial side of the business, except for the studies on money laundering that often do not restrict themselves to one specific legal or illegal market. In this contribution, we present the main findings regarding the financial aspects (costs, payments and investments) surrounding the cocaine business in the Netherlands. For this particular research on the financing of two illegal businesses in the Netherlands, 21 respondents, mainly researchers, experts and officials, were interviewed between March and June 2014, and secondary sources were studied including scientific literature, reports and some statistical data elaborated by law enforcement agencies.

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Users' perspectives on cannabis and cocaine uses: suggestions for a change in models of drug interventions

BACKGROUND: From 2009 to 2013, a number of qualitative studies were carried out by the Italian NGO Forum Droghe, in collaboration with the University of Florence, on patterns of drug use in natural settings. More specifically, a study led in Turin in 2009 through 21 in-depth interviews with cocaine users; a two steps research in Tuscany in 2010/2011 among 115 cocaine users, through a semi structured questionnaire, 10 in-depth interviews and 2 focus groups. A new study on alcohol and illegal drugs patterns of use and on the "drugs of choice" was carried out in 2013 among 103 users, interviewed in the entertainment scenes in Florence and other main cities in Tuscany, through a semi-structured questionnaire: following the high prevalence of cannabis use (designated as the "drug of choice" by the far majority of participants), cannabis use was further investigated through 5 in-depth interviews. These studies aimed at investigating patterns and levels of use over time, users' perceptions of control/diminished control over drug use, advantages and disadvantages of use, the function/non function of drug use within the context of everyday life, "rules" users develop over time to maintain use "under control", the reasons for selecting a particular substance as the "drug of choice", multi drug use and its reasons.

PURPOSE: The most promising findings of these studies - in view of their impact on models of intervention in drug services - will be illustrated. In particular, the concept of "controlled use", mainly interpreted by users as "conscious use", with a strong commitment to maintain the original "reasons" of drug use (to attain pleasure and for socialization purposes); the different levels of "normalization" in cannabis and cocaine use, and its impact on (different) patterns of use and (different) perceptions of control over use; the prevalence of "dynamic" careers, with peaks of less controlled use alternating periods of more control, but with a general trend towards moderation; the discovery of multi drug use as a mean to balance the effects of drugs, so as to enhance the "advantages" and/or minimize the "disadvantages" of the various substances in particular settings and sets.

RESULTS: The above findings are in contrast with the pathological approach to drug use implemented by most professionals in drug services. The assumption of "helplessness" of drug users under the pharmacology of substances leads to underestimate users' capacities to be "over the influence" of drugs and prevents to realize the "rationality" of the behaviour of the users.

Poster Presentations



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The Green Ray. Regulation of marijuana in Uruguay.

In 2014 Uruguay became the first country with a comprehensive regulation of marijuana market. The law number 19.172 legalized self-cultivation, cannabis clubs and a mechanism of production, distribution and sale controlled by the state. This paper has two main objectives. First, by analyzing press, interviews and focus groups with key stakeholders, it describes the approval process of law, with three great moments: the "maturation" of demand, focusing on the logic of "rights" and starred by social movements; the "turning", with greater public notoriety, the advent of new actors involved and a shift in the definition of the problem to safety and public health; finally, the "synthesis", characterized by a new concern for public opinion and broad articulation around political parties. The second aim is to present the development of the three mechanisms that the law prefigures, during its first year of implementation.

Through interviews and focus groups between self-growers, allows to develop a typology of them and their positions towards regulation; with a case study, interviews and press analysis, the organizations and innovations involving the clubs are studied; with press analysis and interviews, the obstacles and the public debate related to the state sale of cannabis are interpreted. The research is accompanied by quantitative data provided by the Institute of Regulation and Control of Cannabis, created by law, and by the evaluation and monitoring of the law, coordinated by the Friedrich Ebert Foundation in Uruguay. Both during the process of reforming drug policy, and on its first year of implementation, progress and setbacks, criticism and several specific discussions (medicinal cannabis and productive, controls on vehicles and businesses, building institutions, etc.), allow to transcend the case study and advance towards an interpretative hypothesis that can function as a reference and historical lesson for other countries in the paradigmatic cleavage drug policy, with the decline of prohibition in the West.

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Knowledge, attitudes and practices of key stakeholders in Serbia regarding new psychoactive substances

Parallel to criminalization of "traditional" substances, modern chemistry has enabled the synthesis of an infinite number of chemical compounds– new psychoactive substances (NPS), which are used as a legal alternative, but have unknown biological, behavioral, health and social risks.

OBJECTIVE: To analyze the knowledge, attitudes and practice of key stakeholders towards new psychoactive substances in Serbia.

METHODOLOGY: This is a qualitative study, a part of an international research about the extent, patterns and policy responses of new psychoactive substances use in Europe. Data was collected in January and February 2013, through 25 semi-structured interviews with key stakeholders (regarding harm reduction and prevention programs, treatment providers, police representatives, policy makers and NPS users) for evaluation of their knowledge, attitudes and practices towards new psychoactive substances.

RESULTS: There still is a small number of new psychoactive substances available on the Serbian drug market compared to other countries in Europe and in the region. Interviewers reported on the existence of synthetic cannabinoids, mephedrone and GHB, available in urban areas. Identified predictors of such slow development of NPS market were geographic position of the country (Balkan drug route), cultural characteristics and low level of technological development. However, national drug policy is extremely rigid with emphasis on supply reduction; drug users, who fear harsh prison sentences and social stigmas, shift from their traditional drug of choice to new psychoactive substances. Challenges of national policy are represented in lack of risk assessment procedure, absence of Early Warning System and no prevention and treatment responses targeting NPS users.

CONCLUSION: Though availability of NPS is limited, evaluation of the existing drug policy in Serbia is necessary. Focus of repressive drug policy aimed at punishing drug users should be shifted to health-oriented drug policies and practice, in order to prevent the growth of NPS market.

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New psychoactive substances – epidemiology of use in different target groups, a one year follow-up

BACKGROUND: In the Czech Republic, use of these substances in general population has been shown as neglectable, despite an outreach of legal highs in the period 10 / 2010 - 05 / 2011. A continuous inquiry into the most vulnerable populations is needed in order to assess the risks of NPS use within the country.

AIMS: The aim of the paper is to assess the use of NPS and associated risks in specific user groups – problem drug users and party population.

METHODS: An on-the-spot administered online survey was prepared for the party population, and a paper questionnaire was administered by interviewers to the population of PDUs. In 2014, participants of several major summer dance events were surveyed (n = 482; out of them 293 on “commercial” parties and 189 on “free parties”; 322 filled the questionnaire in an online application and the remaining 150 in paper form), as well as clients of 7 low-threshold facilities in the Czech Republic (chosen as a one year follow-up to a 2013 NPS study among PDUs), n = 197. Respondents who used NPS in the last 12 months responded to specific questions on the type, content, effects, risks and purchase mode of the NPS used last time, and were offered an option to provide NPS sample for chromatographic analysis. Those who have used an NPS repeatedly in the last 12 months were subjected to in-depth interview.

FINDINGS: More than a half of PDUs (51 %) in our 2014 sample used an NPS in the last year, once (15 %) or repeatedly (36 %), in this. In comparison to 2013, the rate of NPS use remained similar (48 % in 2013), but the share of repeated users has increased.

Up to 15 % of respondents in specific populations have used an NPS in the last year. The paper will present characteristics of NPS users in these populations, the most common substances reported and the patterns and risks of NPS use in these sub-groups. In the party population, no more than 5 % of respondents used NPS in the past year, which has been an almost threefold decrease from a pilot study conducted in 2013.

DISCUSSION AND CONCLUSIONS: The poster will discuss the methodological difficulties with surveying NPS use that yield from un-specific terminology among the users. The preliminary conclusions are showing that the risks of NPS use are most prevalent in the most vulnerable populations of substance users.

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Local approach of soft drugs (ab)use and trade among youth

INTRAVAL is currently monitoring the pilot approach soft drugs (ab)use and trade among youth in Noorddijk in Groningen. The INK model is used to gain insight into the pilot's developments and progress. Two components are distinguished in this model, i.e. efforts and results. Efforts can be separated into input and process, while results are divided into output and outcome. Based on the goals and sub goals of the plan of action, indicating factors for input, process, output and outcome have been established. In reaction to various signals of police and social workers, INTRAVAL has investigated soft drugs (ab)use and trade among youth in Noorddijk in Groningen in 2011. This investigation indicated that substance (ab)use among youth in the Noorddijk area is alarming. Cannabis use occurs frequently, while various (underage) youths also engage in the trade of cannabis. Following this investigation, a plan of action was devised at the beginning of 2012. Three components are central in this plan, i.e. prevention, cure and enforcement. For each component, several concrete measures have been drawn up based on an extensive literature study and conversations with key informants. For these measures, use was made of (effective) interventions for substance abuse as classified by NJI, CGL and RIVM as proved effective, likely to be effective, theoretically sound, well-described. The main goal of the plan is to reduce and prevent the (ab)use of soft drugs among youth in Noorddijk. The plan of action was discussed and drafted, in broad terms, during a meeting with all institutions involved at the beginning of 2012. The institutions have started the pilot of the action plan soft drugs issues among youth at the end of 2013/the beginning of 2014. INTRAVAL will monitor the developments and progress of this pilot in 2014 and 2015. The presentation will not be limited to the issues at hand, the plan of action, the execution and its results in the first and second half-year of the pilot. Attention will also be paid to the role and commitment of local government (management and policy) and other parties involved such as addiction care, youth welfare, schools, police, the Public Prosecution Service and Halt.

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Are NEETs in need for harm reduction? An overview of three years experiences of working in a youngster Harm Reduction project in the urban area of Antwerp, Belgium

Harm reduction is one of the pillars in the Belgian drug policy. Harm Reduction (HR) for youngsters, however, is still a controversial issue. During the past years, more youngsters got in contact with low threshold drug services (ngo Free Clinic and others) and needle exchange gave signals of the whereabouts of young PWID's. These youngsters are too young to mix with the chronic group of PWUD and they don't feel the urge (yet) to connect with recovery based drug services. We believe that these youngsters would benefit from the HR approach. According to the British "Birth Cohort Study", having the NEET-status for six months (Not in Education Employment or Training) at the age of 21 induces to four times more risk for unemployment, three times more risk for depression or psychological problems, five times more risk for a criminal record and six times less chance for obtaining a diploma. This leads to a lack of income followed by a high risk for homelessness. In 2012 Free Clinic, in cooperation with others, started a pilot named Plug-INN. A HR approach for young PWUD based upon Brief Motivational Interventions and the FRAMES model. We strongly believe that young people can manage their own treatment and life. Our job is to show them a menu of options and support them in their chosen path. We have seen about 120 young PWUDs. The first results of three years experience will be presented. We will discuss the young PWUD profile, risk behavior, prior (welfare) assistance, drop out and NEET-status. Conclusions NEET and substance issues can't be settled, not even with the best intentions, with solo work of one organization. It needs a wide spectrum solutions approach on multiple life domains. We need to have a broad network with all concerning agencies, service providers, education and business on a youth and age appropriate way to co-create solutions with and for youngsters. Besides family, schools are the second most important influencers for youngsters social development. First work experience is less predictable, often fragmented and delayed. Longer periods of youth unemployment cause "scars" with a lasting impact on their lives. In this neoliberal, individualizing and market driven knowledge society youngsters' struggle to adulthood is hard. In this "struggle time" we must prevent harms on all terrains as much as possible to give the future a chance. A HR approach can fill in the needs of NEETs.

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The place of drug user's expertise in the drug policy debate

Our research is centered on the place of drug user's expertise in the drug policy debate and how this question raises political and social issues for harm reduction models. Our research focuses on the way drug users are allowed to play an active role in implementing public health policies by their involvement in self-support groups or by their individual embodiments. Contrary to the Netherlands and other European countries, France decided to adopt a so-called "weak rights" harm reduction policy. This "weak rights" model tends to propose risk reduction tools without changing the legal context, since the legal ban on drug users is still maintained in France. This model limits also access to some tools such as supervised consumption rooms that are perceived as a form of social acceptance of drug use and a social recognition of the pleasure linked to drug use. On the contrary, a « strong rights» version focuses on human rights and recognises drug use as a basic right. This raises the question of the individuals' right in general to do what they want with their own bodies, and therefore to take drugs if they wish to do so. Our work highlights that drug users' organisations and drug user's embodiments are taking part in this debate with epistemological, political and identity claims. The epistemological claim demands that drug users' experience be considered as valuable; the political claim requires a « strong rights » version of the harm reduction policy; and the identity claim urges changes in the conceptualisation of drug user's by society. In France, the claim for citizenship linked to drug users' expertise is often used as a sort of magic incantation, and content may be lacking if public health policies are not accompanied by broader policies that attempt to pay attention to the political, legal, economical and social conditions of stigmatised social groups like drug users. The French debate on the implementation of supervised consumption rooms is also revealing by the place according to drug users' expertise in the harm reduction debate. A qualitative method is used for this research including semi-directive interviews and ethnographic observations. Seventy-five in-depth interviews were conducted with drug-users, activists involved in self-support groups, harm reduction professionals and public health authorities.

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Discussion and reflection based on practice: the articulation of a local drug plan and associations of drug users. Emic vs. etic.

In October 1998, a group of professionals decided to create an association of drug users in the city of Reus (Tarragona), a city of 100,000 inhabitants south of Barcelona. The group of professionals from the city's Attention to Drug Users Program had the following objectives when they began this initiative, i.e. to recognize the need to propose interventions for active users that are especially visible at the clinics where methadone and other drugs are distributed and to those users who do not get the services and to create a DROP-IN to provide alternative activities and participation, to respond to their direct or indirect demands: free time activities, training, the defense of their rights, provide tools to reduce risks and damages, to integrate European experiences and the experiences of other user associations that had already begun to work in Europe and Catalonia (ASUD, ASUT ...), to promote the participation and empowerment of the beneficiaries of harm reduction programs, to provide a more horizontal relationship between professionals and active drug users and to articulate joint strategies, to encourage peer education. The objectives of the association are to promote consumer participation, to fight discrimination and to form support group structures, to provide harm reduction services (automatic syringe exchange mechanisms, clean-up public areas, outreach work ...), to inform and raise awareness about preventing drug use (workshops, awareness campaigns, radio: <http://liberarsu-rtv.blogspot.com.es/http://liberarsu-rtv.blogspot.com.es/>), to establish opportunities for dialogue with leaders of drug use programs and to establish relationships with other similar organizations. After the creation of a Local Plan on Drugs in 2004 it is essential to reflect and analyze the actions undertaken so far. Have the objectives been achieved? What is the degree of real participation in local drug policy? Is this the most effective strategy? What should the role of the professionals be? And the users? Have changes been accomplished? Is it an experience exportable to other local realities? What projects or activities have been effective? What are the strengths and weaknesses of this strategy? All these points will be exhaustively covered in the talk from both the emic and etic perspective to ensure a proper visualization of the points and to nurture a rich debate.

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Cannabis social clubs in Spain: from hope to threat

In Spain there are about 400 cannabis social clubs. The model cannabis clubs is observed by the international community. At first, the model of social clubs represented a hope for access to cannabis in a controlled manner, moving away from the black market. The reality, however, is more complex and behind the boom of social clubs, bad practices are hidden. The operation of the clubs must submit a closed circuit, i.e. only members can access the cannabis club and the club can never have benefits. Despite this, there have been different clubs operating illegally under the appearance of a cannabis social club. Given this situation, the autonomous communities of Catalonia, the Basque Country and Navarre have promoted laws to regulate these clubs. But the Spanish government (central government) acts in a belligerent way against the clubs and will not, under any circumstances, activate a law that allows the control of good praxis of clubs. The malpractice of some clubs and prohibitionist ineffectiveness of the Spanish State represents a threat to a model of clubs that has proven to be effective. At this time, when global policy discussions of cannabis are gaining much notoriety, we have observed that this model of clubs, which has presented a promising model for the international community, is seriously threatened because of the ineffectiveness of the central government. In communication, the historical development of model clubs, the legal laws that support the cannabis clubs, different types of clubs, bad praxis related regional laws and the response of Spanish sample will be exposed.

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Assessing serious evil: bioethical issues of drug control

Concerned with the health and welfare of mankind, the 1961 Single Convention on Narcotic Drugs aims to prevent and combat the „serious evil” constituted by addiction and abuse. However, besides a sole reference to the religious concept of profound immorality, this international treaty has never been further justified by secular ethics based on logic, reason, or moral intuition. Despite addiction and abuse being behavioural patterns, countermeasures fail to address these problems at the level of human psychosocial interactions. Instead, legislations exert control merely at the level of material interaction (e.g., possession and consumption), and with only a biasedly selected subset of psychoactive substances. Furthermore, it is also ethically questionable that current drug control policies ignore all other outcomes, forms, and functions of drug use apart from the assumed dipoles of current medical use, and non-medical “abuse”. Recently, more ethical concerns have been raised by the rapid emergence of a large number of new psychoactive substances (NPS), as these drugs are becoming increasingly controlled by “analogue laws” on the basis of their molecular similarity to other substances, or due to unknown long-term effects. My presentation discusses several bioethical considerations of drug control, such as the ethics of risk assessment and substance scheduling, the legitimacy of self-medication and self-enhancement, the ethical basis for using the precautionary principle, and the feasibility of evidence-based drug policies.

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Afghan refugees in Iran, drug use and the first harm reduction policy: the first report from Asia

BACKGROUND: During the past four decades, Iran has hosted the largest group of Afghan refugees in the world. Some Afghan refugees in Iran have a drug use problem. Therefore, some Iranian non-governmental organizations (NGO) such as Rebirth Society have initiated implementing drug treatment and harm reduction services for this group. The current study aims to describe the general profile of the clients and types of implemented services at the first established harm reduction center for Afghan refugees in Tehran.

METHODS: In 2009, the first one-year contract was signed by Rebirth Society and the United Nations High Commissioner for Refugees (UNHCR) to implement free drug treatment and harm reduction services in Afghan-populated Islamshahr and Ghale Hassan Khan areas in Tehran. First, six well-trained Afghan outreach members identified high risk areas. One drop in center was established for the project. The Afghan ambassador in Tehran, police stations, mosques, schools, city council members, drug treatment centers and the municipality in the high risk areas were informed about the center.

RESULTS: 81 Afghan refugees were admitted at the center. 60.5% were in the age range of 20-30 years. 92.6% had less than 12 years of education. 46.3% were single. 39.7% had a job. Most of them were opiate smokers and injectors. 7.4% received methadone maintenance treatment at the center. 29.6% received medical check-ups and medical services for regular infections such as drug-related injuries. One quarter received harm-reduction packages such as condoms and sterile syringes. 43.2% and 56.8% received family and peer counseling sessions respectively. 27.2% received HCV and HIV education. 32.1% received safe sex and injection education. 19.8% were referred to triangular clinics and 61.7% were referred to the therapeutic community centers.

CONCLUSION: The center provided a number of drug treatment and harm reduction services. More drug treatment and harm reduction services and policies should be provided for this group with the support of UNHCR. The outcomes of the implemented services and policies should be rigorously evaluated.

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Methadone maintenance treatment for intravenous drug users in Iran: implication for medical policies

INTRODUCTION: Injection drug use among People Who Inject Drugs (PWID) is a serious health concern in Iran because of the risk of HIV transmission. In 2002, Methadone maintenance Treatment (MMT) was officially implemented for Iranian PWID. In 2006, the first study (e.g. the current study) evaluated the effectiveness of MMT policy in Iran.

METHODS: This case-control study was conducted at Persepolis Harm Reduction Center, a main drug treatment center in Tehran. Data were collected from two groups of randomly-selected PWID. The first group consisted of 75 PWID who completed at least six months of MMT (MMT group), and the second group consisted of 75 newly-admitted PWID (control group). PWID completed a questionnaire including demographics, drug use details, high risk behaviors, criminal activity, social status and mental health status. Urine specimens were collected and test before and after MMT implementation.

RESULTS: The average ages of PWID in the two groups were almost the same (35.6 years in MMT group and 34.2 years in the control group, $p = .05$). After MMT implementation, the prevalence of drug injection in MMT group was significantly lower than in the control group (16% vs. 100%, $p = .05$). There was also a significant difference in needle and syringe sharing (4% in MMT group vs. 40% in the control group, $p = .05$). Those in MMT group reported a better relationship with their families, partners, colleagues, and neighbors compared to the controls. There was no significant difference in high risk sexual behaviors and other factors between the two groups.

CONCLUSION: MMT can play an important role in reducing drug injection and high risk injection behaviors related to HIV. It can also improve social relationships. Implementation of MMT policy is still required for a greater number of PWID in Iran.

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State assistance to substance abuse treatment programs resp

The Affordable Care Act (ACA) dramatically expands health insurance coverage for substance abuse treatment (SAT) in the United States. It provides unprecedented opportunities for service growth and delivery model reform. Yet many SAT providers lack the staffing and technological capacity to respond successfully to ACA-driven system change.

In light of these challenges, we conducted a national survey to examine how state governments may be assisting SAT providers to respond to challenges presented by ACA implementation.

Although the majority of states assisted SAT providers in developing collaborations with other health service providers, fewer than half reported providing help in modernizing systems to support insurance participation and use of electronic health records. Only one in three states provided assistance to SAT providers in offering enrollment outreach services. We also found striking differences in state activities based on partisanship and ideology: In particular, states' willingness to expand Medicaid as made possible under the Affordable Care Act. These findings suggest that state and federal governments must increase assistance to SAT providers order to realize fully the ACA's potential to improve service access and quality.

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Public health approach to Uruguayan and Mexican drug policy

Several Latin American leaders have expressed the need of a shift in international drug policy. It is pertinent to analyze drug policy reforms in Latin American and more importantly, the role public health has on this reforms and how health professionals contribute to the implementation of an evidence-based strategy against drug related harms. This study focuses on the importance public health has had in the legalization of use and commercialization of cannabis in Uruguay and how this case may serve as background for a more informed drug policy in other Latin American countries such as Mexico. A qualitative analysis was performed on a total of semi-structured interviews of Uruguayan and Mexican public health researchers, psychiatrists, psychologists, academics, and government officials. In Mexico, most of the informants commented on the “war on drugs” that exponentially increased the violence in the presidential term of President Calderón and how any shift to a health perspective would improve lives of drug users and general population. Although participants were aware of harms of drug use, they stated that a harm reduction strategy is preferred over the current violence trends and lack of treatment for people with drug dependence. However, corruption and lack of a long-term health strategy are major problems that need to be solved before any drug reform. It may be that this perspective on the importance of the social context made several public health officers and academics shift to activism in non-governmental organizations with a broad social perspective on drug use factors. In Uruguay the process was the opposite than in Mexico, most of the people working at the government in drug-related departments, had a long trajectory of activism prior moving to a bureaucratic job. Most of the informants commented on the importance of health and human rights in a broad drug policy. When comparing their country to others in Latin America, several interviewees mentioned the importance of having a drug reform before drug cartels became powerful in Uruguay. Overall, we found an important difference in the type of academic background people in charge of the drug policies have in both countries. In Mexico, physicians have key positions (such as directors, heads of departments, etcetera) whereas in Uruguay are sociologists. However, this does not mean there is a stronger role of public health in drug policy in Mexico than in Uruguay but the opposite. In Mexico, physicians and health professionals in bureaucratic jobs have a conservative tendency and do not necessarily promote harm reduction policies. In contrast, although health is not the priority in the law reform in Uruguay, the fact that the current administration has a human rights approach facilitates harm reduction approaches in health services for drug users.

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Psychiatric inpatients with methamphetamine-induced psychosis in the Western Cape, South Africa: an emerging crisis

BACKGROUND: The Western Cape, South Africa, has emerged as one of the world-regions with the highest levels of methamphetamine use. Methamphetamine-related psychiatric problems, especially methamphetamine-induced psychosis places a significant burden on psychiatric inpatient services. The majority of studies have been carried out outside South Africa, therefore findings may not be generalizable to the local setting given the differing patterns of methamphetamine use, our ethnically diverse population, and unique socio-environmental factors.

METHODS: A cross-sectional survey was conducted between March 2014 and August 2014 at three South African Mental Health Care Act designated hospitals prior to admission to a psychiatric hospital. Patients with psychotic features associated with methamphetamine use according to the DSM 5 criteria were eligible. Structured face-to-face interviews were conducted and the Brief Psychiatric Rating Scale was employed as a measure of current psychopathology.

RESULTS: Fifty-six participants were included. Participants were predominantly male, single, unemployed, and most had completed some secondary level of education. Almost half the participants (43%) had previous episodes of methamphetamine-induced psychosis. Within this group all had defaulted on the prescribed treatment prior to admission. Only 29% of the participants had received prior formal substance-use rehabilitation. High rates of comorbid cannabis and alcohol use (51%) were recorded. Most of the participants required transfer to specialist psychiatric hospitals. The amounts of methamphetamine used did not predict the persistence of psychosis, however the pattern of use did. An average of 3 hours of sleep per night prior to admission was reported.

CONCLUSIONS: The currently employed model of sequential (non-integrated) psychiatric treatment and substance treatment services is ineffective. Service providers will need to address barriers to the effective uptake of both psychiatric and substance treatment within this patient group. Novel harm-reduction methods suggested include reducing comorbid substance use, altering patterns of use and improving sleep-quality.

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E-mail: ujvary@iif.hu***New psychoactive substances have their raisons d'être – P & R & D?***

Currently, a total of 234 controlled substances (119 narcotics and 115 psychotropic agents) are regulated internationally by the UN conventions of 1961 and 1971. Most of these drugs had been scrutinised pharmacologically before scheduling and many of them are used in human therapy. New psychoactive substances (NPSs), drugs not covered by UN conventions, have been emerging in unprecedented numbers since 2007.

Data collected by EMCDDA and UNODC suggest that there could be over 350 NPSs in global circulation. These substances are usually picked from recent scientific publications and patents. During medicinal chemistry research, however, focused in vitro assays confined to one single pharmacological target are typically used thus extrapolation of any pharmaco(toxico)logical effect to humans is problematical; a 'global uncontrolled human clinical trial' has been going on with NPSs. These substances are manufactured and marketed in bulk like fine chemicals and the active ingredients of medicines and pesticides and, since NPSs are marketed as 'research chemicals' and/or for 'non human consumption', there rarely are justified reasons and/or legal tools to curb their large-scale commerce. While the NPS phenomenon is a global one, customs seizures/detections most frequently indicate Asia, particularly China, as the source country with individual shipments amounting to 100 kg or above (active ingredient with high purity). In contrast to illicit drugs, data on the estimated local or global market of the legitimately produced and traded NPSs are conspicuously lacking.

After a brief review of the real or perceived advantages of and incentives to producing synthetic drugs rather than natural products in general (industrialisation), the presentation examines recent dramatic changes occurring on the 'supply side' and suggests reasons for the attractiveness, both for producer and users, of NPSs attempts to explain why only a few NPSs appeared during the 1972–2006 period, describes changes occurring in the fine chemicals & pharmaceuticals area in China (R & D, capacity for sophisticated production), demonstrates the enabling role of globalisation (economies of scale, fast shipping services and the Internet) and, in conclusion, challenges the notion that 'prohibition' (P) has a key role in the NPS phenomenon.

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Comparing sewage-based epidemiology with epidemiological research on drug use in the general population; preliminary data

BACKGROUND: Drug use is quite prevalent in the European Union. For example, over 21% of all adults (15-64 years of age) indicate having ever used cannabis. To estimate the number of drug users, population surveys are the most used technique. However, these self-report measures suffer from report biases. Therefore, policy makers and scientists who want to make use of this information will experience disadvantages because the data might be biased. One possible way to circumvent this issue is to add more objective measures of drug use to the current methods. Sewage-based epidemiology is such a measure. Hereby, samples of wastewater are collected and analyzed for the presence of drugs and their metabolites. Since this is a relatively new technique, no studies have been performed to compare the results of sewage-based epidemiology to more conventional epidemiological techniques. This study aimed at combining these two measures to provide a validation for sewage-based epidemiology.

METHODS: During a 12-week period (Autumn 2014), a website was opened for inhabitants of a selected community. The response rate was low (1%), possibly due to the sensitive nature of the topic. Future research on combining the two approaches should focus on either a more general approach, such as in national population surveys, or take place in a more focused setting, such as festivals, where a higher degree of drug use can be expected.

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Drug testing of welfare recipients

Over the past five years, proposals to introduce drug testing for welfare recipients have proliferated across the globe. In England, it was included in the Welfare Reform Act 2009 (yet never implemented) and in 2013, the New Zealand government introduced legislation which requires claimants to take pre-employment drug tests when requested by a prospective employer or training provider. There has also been speculation that Australia was proposing to introduce a similar policy to its New Zealand neighbour. Similarly, in over 20 US states there have been attempts to initiate drug testing of welfare recipients as a condition of eligibility for welfare, although frequently these controversial plans have either stalled or once introduced they have been halted through legal challenge. Using Hudson and Lowe's (2004) multi-level analytic framework, which disputes 'top down' rational models of policy-making, the poster maps out the mechanisms used for challenging drug testing policies in each jurisdiction. In so doing, it identifies the key policy actors involved noting the alliances forged and strategies adopted to persuade the government to pursue alternative policies. A comparative approach is used to consider the different types of policy networks which emerge to oppose similar policies proposed in different socio-political contexts, and the forms of argument and/or evidence they inject into policy discussions. It is argued that a heavy reliance on rights-based arguments was a feature of opposing drug testing in the UK, US and New Zealand, and these featured more heavily than attempts to refute evidence underpinning these policies. However, there were important differences between jurisdictions in relation to the mechanisms used to challenge drug testing policies. These do not simply reflect the nature of the policies proposed but instead are reflective of different modes of governance, which influence the character of the policy networks formed and their judgements about the most effective ways of opposing what they regard as essentially flawed drug policies.

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Governing IDUs under neo-liberal drug policy in Macao

This study analyses the construction of the risk environment with the emergence of a harm reduction policy in Macao, China which, I propose acts as a regulatory regime to address the HIV/AIDS epidemic among injecting drug users (IDUs). On the one hand, the policy has endeavoured to address the various levels of the risk environment on the IDUs; on the other hand, it is also portrayed as a bio-political project situated in the history of drug control and public health surveillance in Macao. With harm reduction imperatives such as the methadone maintenance treatment (MMT) and needle and syringe programme (NSP), addict citizens are refashioned and made up to be a particular form of drug using subject – health conscious citizens who rationally and calculatingly perform in the use of drugs in a controlled manner in order to minimise drug-related harm to themselves as well as the general society. With the conferral of neoliberal subjectivity, they are offered political benefits in symbolic and material resources, such as recognition, trust and legitimate status, to obtain welfare. However, the tradeoffs are their freedom and mobility in being constrained by the methadone treatment, which is metaphorically represented as “liquid handcuffs”.

The study utilises ethnographic research methods, such as video-recording, photo-taking, field observations and in-depth interviews, as its data sources. The data analysis is informed by a thematic approach, especially discourse and content analyses.

Inspired by risk governmentality, IDUs are not passively subjugated to the surveillance of the treatment regime. Contrarily, they actively display modest amounts of agency, which they assert themselves by developing various streetwise risk strategies to handle overdosing. A code of ethics with regard to moral economy and responsibility are cultivated in the drug user community under the impacts of harm reduction (expert) discourses. In the face of entrenched double stigma around drug addiction and HIV/AIDS which shape their risk environment and spoiled identity as junkies, the drug users in this study endeavour to innovate strategies of resistance with the use of harm reduction measures to properly manage their spoiled identity and reclaim their citizenship. This gives them more freedom, autonomy and pleasure in their life experiences through the negotiation process that is embedded in the risk environment. The theoretical implications of this study include: to draw “risk governmentality” for exploring various aspects of risk environment, and to consider an alternative way of assessing harm reduction imperatives, including their effect as a more recent form of governance on IDUs, which might conceal the material constraints that they face. In short, harm reduction requires a critical focus on the benevolence of biopolitical projects, such as the MMT and NSP, which, while not intentional, might legitimise the repressive measures directed at drug users – who ultimately are not willing to trade their freedom to take part in “healthy self-care” projects under a neoliberal drug policy.

Author Index

① All authors are included in this index, both presenting authors and co-authors. **Page numbers marked bold and in italics denote a presenting author.**

A

ABDOOL, Rey Chad **6**
 ABRAHAM, Amanda J. 131
 AGHABAKHSHI, Habibollah..... 130
 AGUIAR, Sebastián **120**
 AHMED, Tanvir **14**
 ALAM-MEHRJERDI, Zahra .. **15**, 69, 71, 129, 130
 ALEXANDER, Caleb..... 80
 ALLEN, Matthew 19
 AMLANI, Ashraf 47
 ANDREOTTI, Alessandra 34
 ANDREWS, Christina M..... 131
 ANNEMANS, Lieven 108
 ARSENIJEVIC, Jovana **121**
 ASIASIGA, Lanuola 113
 ASMUSSEN FRANK, Vibeke..... **16**
 ATUESTA, Laura H..... **17**
 AZIANI, Alberto..... 46

B

BAGUMA, Peter 58
 BALDASSARINI, Antonella..... **18**, 20
 BALDUINO DA SILVA, Jéssika 45
 BALHARA, Yatan Pal Singh..... 23
 BALJAK, Yuko 47
 BÁRD, Imre 128
 BARNES, Helen Moewaka..... 113
 BARRATT, Monica..... **19**, 63
 BASSO, Sara **18**, **20**
 BEAR, Daniel **21**
 BELACKOVA, Vendula **22**, **122**
 BELETSKY, Leo..... 132
 BERENDS, Lynda 88
 BERLUSCONI, Giulia 46
 BERRIDGE, Virginia **7**
 BERSAMIRA, Clifford S. 131
 BERTOLETTI, Stefano 117
 BHAD, Roshan..... **23**
 BIELEMAN, Bert **24**, **123**
 BJERGE, Bagga 53
 BOBASHEV, Georgiy..... **25**
 BOIDI, Maria Fernanda..... **26**, 35, 82

BOIVIN, Rémi 37
 BOUCHARD, Martin 73
 BOUSO SAIZ, José Carlos..... 78
 BRETTEVILLE-JENSEN, Anne Line **27**
 BRIGHT, David 54
 BROEKAERT, Eric 28
 BROUWER, Kimberly C..... 36
 BRYSSINCK, Dirk **28**
 BRYSSINCK, Kristof **124**
 BUXTON, Jane 47

C

CAMERON, John..... 87
 CAULKINS, Jonathan **29**, 59
 CHALMERS, Jenny 54, 88
 CHATWIN, Caroline **30**
 CHEN, Weifeng..... 115
 CICCARONE, Daniel **31**
 CLELAND, Charles..... 86
 CLINTON, Saloga **32**
 COLSON, Renaud..... **33**
 COOMBER, Ross 70
 COSTA STORTI, Claudia **34**
 COVACI, Adrian 135
 CRUZ, José Miguel..... 26, **35**, 82

D

DASET, Lilian 40
 DAUBRESSE, Matthew 80
 DAVIDSON, Peter **36**
 DE MAEYER, Jessica 28
 DE RUYSSCHER, Clara..... 28
 DÉCARY-HÉTU, David **37**
 DERLUYN, Ilse..... 58
 DIMOVA, Margarita 96
 DISLEY, Emma 29, 77, 103
 DOLAN, Kate 15
 DUKE, Karen **38**

E

EZARD, Nadine 15

F

FARHOUDIAN, Ali.....	69
FASSINATO, Daniele	34
FERNÁNDEZ, Julián	39
FERNANDEZ, Maria Eugenia	40
FISCHER, Benedikt	41 , 45
FÖHRIG, Alberto	42
FORBERGER, Sarah	77, 103
FORDHAM, Ann	43
FRASER, Suzanne	44
FRIEDMANN, Peter D.....	131

G

GALLASSI, Andrea	45
GENETTI, Bruno	34
GIOMMONI, Luca	37, 46
GREENFIELD, Victoria	75
GREER, Alissa M.....	47
GRIGG, Jodie	63
GROGAN, Colleen M.....	131
GUERRERO, Javier C.....	48
GUILLAIN, Christine	49
GUISE, Andy.....	86, 96
GUPTA, Rishab.....	23

H

HAKKARAINEN, Pekka.....	50
HARDYNS, Wim.....	90
HAYASHI, Kanna.....	51
HAYLE, Steven.....	52
HAZEKAMP, Arno.....	76
HELDERWEERT, Erik.....	124
HOFFER, Lee	25
HOUBORG, Esben	53
HUGHES, Caitlin.....	54
HUMPHREYS, Keith.....	131
HUNT, Priscillia	55
HUONG, Phan Thi Thu	14

I

IDLER, Annette.....	56
IKUSHIMAM, Yuzuru.....	51
IYAVARAKUL, Tongyai.....	57

J

JACOBSON, Mireille	74
JANIKOVA, Barbara.....	122
JAUFFRET-ROUSTIDE, Marie.....	125
JAWALKAR, Pratyusha	113

JELSMA, Martin	43
JOVI-VRANEŠ, Aleksandra	121

K

KALEMA, David	58
KAMMERGAARD, Tobias	16
KERSTEN, Loes.....	75
KIDD, Martin	133
KILMER, Beau	59
KINYUA, Juliet	135
KLANTSCHNIG, Gernot.....	60
KLEIMAN, Mark A. R.....	59
KLEIN, Axel	81
KORF, Dirk J.....	62
KRAUS, Ludwig.....	8
KRUIZE, Annelies.....	123
KURTH, Ann.....	86

L

LATEGAN, Helena.....	133
LENTON, Simon	19, 63
LI, Meng	115
LI, Pengping.....	115
LIEVENS, Delfine.....	90, 108
LIN, Deyong.....	115
LIVINGSTON, Michael	88
LLORT SUÁREZ, Antoniu.....	126
LONG, Thanh Nguyen.....	14

M

MACCOUN, Robert J.	59
MADDOX, Alexia	19
MAKSABEDIAN, Ervant.....	64
MALINOWSKA-SEMPRUCH, Kasia.....	65
MALM, Aili.....	73
MARTÍNEZ ORÓ, David Pere	127
MASAO, Frank.....	9
MCCURDY, Sheryl.....	84
MCFADDEN, Michael	54
MEESEN, Dirk	28
MEIN, Arnt	66
MENNES, Ralph.....	24
MERINGOLO, Patrizia	117
METSCH, Lisa.....	80
MEYLAKHS, Peter	67
MIDGETTE, Gregory	59
MOKRI, Azarakhsh	15
MONAGHAN, Mark	68
MOOLENAAR, Debora E.G.	104
MOORE, David	10

MÓRÓ, Levente	128
MOSTAFAVINASAB, Nazgol	69, 71, 129, 130
MOYLE, Leah	70
MRAVCIK, Viktor	122
MUSTO, Clara	120

N

NAKANO, Eduardo	45
NDIMBII, James	86
NGUGI, Elizabeth	86
NIESINK, Raymond	105
NOORI, Roya	69, 71, 129, 130
NORTON, Jacob	25

O

OGLESBY, Pat	59
O'GORMAN, Aileen	72
OUELLET, Marie	73

P

PACULA, Rosalie Liccardo	55, 59, 74, 111
PAOLI, Letizia	75
PAPPAS, George	76
PARDAL, Mafalda	29, 77, 103
PARDO, Bryce	85
PARÉS, Franquero Oscar	78
PARISH, Carrigan	80
PARKER, Karl	113
PARSONS, Jim	79
PAUWELS, Lieven	90
PEREYRA, Margaret	80
POLLACK, Harold	80, 131
POTTER, Gary	81
PUTMAN, Koen	108

Q

QUEIROLO, Rosario	26, 35, 82
QUIGLEY, Eoghan	83

R

RAFFUL, Claudia	132
RATLIF, Eric	84
RENA, Alice	77, 103
REUTER, Peter	59, 85, 88, 93
RHODES, Tim	86, 96
RIGONI, Rafaela	87
RITTER, Alison	88
ROCHA-JIMENEZ, Teresita	36

S

SALLUSTI, Federico	18, 89
SÁNCHEZ AVILÉS, Constanza	78
SCHILS, Nele	90
SCOTT, John	63
SEDDON, Toby	91
SERPELLONI, Giovanni	34
SEVIGNY, Eric L.	92
SHAH, Hemali	29
SHIELS, Kelly	116
SIMEONI, Elisabetta	34
SIMIC, Snežana	121
SNIPPE, Jacco	24, 123
SNITZMANN, Sharon	27
SOLANO, Eric	25
SOUDIJJN, Melvin	93
SPEROTTO, Milena	34
STEFUNKOVA, Michaela	94
STEWART, Donald Edwin	14
STONE, Katie Alexandra	95
STRATHDEE, Steffanie	86, 132
SYVERTSEN, Jennifer	96
SZNITMAN, Sharon	97

T

TALIC, Sanela	77, 103
TANDON, Tripti	98
TARUI, Masayoshi	51
TEHRANI, Mehrnoush Bonkdar	129
THOMAS, Eileen	133
TOMKOVA, Alexandra	22
TOUFIQ, Jallal	11
TRAJTENBERG, Nicolas	99
TRAN, Anh Dam	100
TRAUTMANN, Franz	101
TZANETAKIS, Meropi	102
TZVETKOVA, Marina	29, 77, 103

U

UJVÁRY, István	134
UNICK, George Jay	31

V

VAN DER GIESSEN, Mark	104, 106
VAN DER POL, Peggy	105
VAN HAL, Guido	135
VAN LAAR, Margriet	105
VAN NUIJS, Alexander	135
VAN OUYEN-HOUBEN, Marianne	66, 104, 106
VAN WEL, Janelle	135

VANDER LAENEN, Freya	28, 90, 108
VANDERPLASSCHEN, Wouter	40, 58
VANDERSTRAETEN Johan	28
VANDEVELDE, Stijn	28
VASQUEZ, Juanita	107
VERHAEGHE, Nick	108
VERSTER, Chris	133
VICKERMAN, Peter	86
VINDEVOGEL, Sofie	58
VLAEMYNCK, Marieke	109
VON HOFFMANN, Jonas	110

W

WAKABAYASHI, Chihiro	51
WEICH, Lize	133
WEINBERGER, Gabriel	111
WERSE, Bernd	102, 112
WILKINS, Chris	113
WINCUP, Emma	136
WINDELINCKX, Tessa	124

WING-YIN HO, Cecilia	137
----------------------------	------------

X

XU, Shun	115
----------------	-----

Y

YEOMANS, Henry	68
YILUN, Du	114
YU, Liu	115

Z

ZABRANSKY, Tomas	22, 122
ZAITCH, Damián	116
ZARIC, Greg	100
ZEMAN, Petr	94
ZHANG, Xiaoke	29
ZHOU, Wenhua	115
ZUFFA, Grazia	117