EU model – evidence based

- Out of 100% of people who tried drugs, only 10% get to chronicle stage
- There are two significant subgroups
  - Primary mental health problems
  - Socially deprived and/or excluded group (including problem of dysfunctional families)
- Drug problem is a bio-psycho-social (BPS) one

The British vs. American Models in history

The British Model	The American Model
Drug addiction is illness	Drug use is a criminal aktivity
Medical model: based on controlled dispensation of drugs to addicts	Criminal justice model: based on repression and punishment
Services are primarily Harm reduction oriented	Services are primarily abstinence oriented
	Needle exchange programs are not on official agenda
In favor of prescribing common drugs (e.g. Diamorphin/heroin) or Dexedrine as part of treatment	Prescribing drugs (e.g. heroin) as part of treatment is an “undesirable development”
Discussing liberalization of cannabis and permit its medical use	“War on drugs”
	Harsh punishment even for minor possession of cannabis

Percentage drug use in the UK (16-24 year-olds)

	1997	2002/3	2003/4	2004/5	2005/6	2006/7
Any drug	31.8	28.5	28.3	26.5	25.2	24.1
Cannabis	28.2	26.2	25.3	23.6	21.4	20.9
Cocaine	3.2	5.2	5.4	5.1	5.9	6.1
Ecstasy	5.1	5.8	5.5	4.9	4.3	4.8
Amphetamines	9.9	3.8	4.0	3.2	3.3	3.5
Hallucinogens	3.4	2.2	2.9	3.0	3.4	3.1
LSD	3.2	0.9	0.9	0.5	0.9	0.7
Heroin	0.3	0.2	0.4	0.2	0.2	0.2
Methadone	0.1	0.2	0.3	0	0.1	0.1

Source: Home Office Statistics Bulletin, Crime in England and Wales 2006/07

Percentage drug use in the US (16-24 year-olds)

	2001	2002	2003	2004	2005
Any drug	53.9	53.0	51.1	51.1	50.7
Cannabis	49.0	47.8	46.1	45.7	45.3
Cocaine	3.7	3.8	3.6	3.7	3.7
Ecstasy	11.7	10.5	8.3	7.5	7.1
Methamphetamines	-	6.7	6.2	6.2	6.3
LSD	10.9	8.4	5.9	4.6	3.9
Heroin	1.8	1.7	1.5	1.5	1.6
Tranquilizers	10.3	11.4	10.2	10.6	10.9
Inhalants	13.0	11.7	11.2	10.9	9.9

Source: NIDA report, 2006, Lifetime prevalence

European model - Pragmatic measures for prevention of HIV-AIDS/Hep C etc. among IDUs

- Early detection – dealing with the syndrome of the hidden population (low number of problematic drug users come to services alone
- Pragmatic policy - harm-reduction orientated (including prescribing programmes, out reach work and low threshold services)
- Networking - working with/through differences
- Community cooperation
- Multidisciplinary approach
- Information campaign aimed at
  - Drugs awareness = lowering risk behavior
  - Challenging the public attitude towards IDUs and HIV positive people

Theoretical background BPS model

- Assessment – process of drug problem development:
  - History of a drug use
  - Stages of drug problem
  - Development of awareness of the drug problem
  - Co morbid problems
  - Indication to effective intervention

Theoretical background – BPS model

- What do we work with when we say a synthetic drug problem? Is it only drug addiction/dependency?
  - Withdrawal – physical addiction
  - Craving - psychological
  - Flashbacks
  - Overdoses
  - Social context issues – changes in traditional social structure = family, education, job situation, peer environment/socializing
  - Chaotic life style
  - Criminal behavior
  - Risky behavior in drug use, sex…
  - “Spiritual emptiness…”

Theoretical background – forms of interventions

- Medical
- Psychological
- Educational
- Social
- Self-support
- Spiritual

European model today – BPS model in practice

- Integrating both abstinence and Harm Reduction model = services run different programs = indication for services/interventions depend on:
  - Good assessment of individual client situation = case management – work with a care plan in the community
  - Possibility of (clients) choice
- Client has a right to be the co-author
- Drug demand reduction policy/strategy has to reflect the need of:
  - Service Users
  - Service Providers
  - Service Donors
- Funding being redirected from drugs supply reduction to drug demand reduction

Network of Services – working with a drug user is a process

Prevention and HR

- Prevention Centre
- Low threshold centre Drop-in centre (inc. Club “Sklenik”)
- Street work/out reach (inc. Synthetic drugs prevention)

Treatment

- Day care (inc. Methadone programme)
- Psychiatric clinic
- Therapeutic community
- After-care centre
- Skills learning and supporting employment

Other services

- Drug services in prison
- Skills learning center
- Pastoral (spiritual) care
- Self-support groups and advocacy

Our values…

- Regard for human life
- Assistance and support for people
- Primary human ethical principles based on the European culture
- Tolerance, respect and equal opportunities
- Openness
- Trust
- Innovation and creativity
- Professionalism and professional ethics
- Team work
- Transparency
- Perseverance and courage

…and the determination to survive each day as it comes

Professor Michael Gossop MD

"The urgent need to respond to the threat of HIV and AIDS has radically altered the drugs agenda. The rhetoric of United States and some other countries may continue to promote the discredited ideals of the "war against drugs" and "zero tolerance", but living with drugs has now become an imperative."