DRUGS – POLICIES AND PRACTICES

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Issue's Topic:

Treating drug dependencies

Interview: Robert Newman

"The physician and the patient together should discuss what your goals are and what type of treatment might be best to achieve those goals… There's a wonderful saying 'nothing about us, without us' and that is absolutely correct, … because the treatment one gives cannot be maximally effective if one ignores the patient. It's absolutely impossible. One has to ask the patient."

Impressum

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Contents

The views expressed in DRUGS – Policies and Practices do not necessarily reflect or comply with the positions of the publisher – Association HOPS-Healthy Options Project Skopje.

Dear reader,

What you have in your hands is the first issue of **Drugs – Policies and Practices.** We put together this magazine quite quickly, but we went a long way until it materialized. The authors of the articles are people who have been working on drug related issues for a long time and are very well informed about both the situation in Macedonia, and about global trends and currencies. Their knowledge is supported by their long-term experience and hands-on work and contacts with people who use drugs, and also by their participation in initiatives related to the creation of a more humane drug policy and treatment for drug dependent persons. Of course, this magazine presents the experiences, opinions and needs of people who use drugs, also.

We are happy that through this, we have finally become able to present some rarely discussed topics before the wider public. We believe that the topics presented here are worth discussing if we are to form gain an objective idea about drug related issues. We believe that this magazine will serve as an incentive to widen the debate and produce more responsible actions towards the implementation of policies and practices for a humane treatment of people who use drugs, and at the same time will serve as a source of knowledge and information regarding drug related topics.

Sincerely,

The editorial staff
Drugs – Policies and Practices

" ...
Oh no love! youre not alone
No matter what or who you've been
No matter when or where you've seen
All the knives seem to lacerate your brain
Ive had my share,
I'll help you with the pain
Youre not alone! ..."

- D.Bowie -

Vanja Dimitrievski

Therapeutic models for drug dependence treatment

There might not be an ideal model for treating drug dependences, but that doesn't mean that the strivings to improve existing and introduce new drug treatment programs should be ignored. That is why we should consider different positions in relation to drug use related issues.

Treating drug dependences most often means a set of measures that provide the individual, the drug dependent person, with productivity within his/her family, work place and the wider community. Treatment measures may encompass health regaining, family and community re-socialization, development of skills for meeting personal needs, finding meaning and reason for self-realization, improving unethical and anti-social behavior, overcoming the feeling of guilt, preventing criminal conduct and in general, providing greater freedom. Still, regardless of these commitments, which are most often expressed declaratively only, there are many different ways to understanding the reasons and practices related to drug use, so it is expected there will be many different approaches, or models, for treating drug dependence. For an easier understanding, five basic models have been established, each with its own theory about drug dependence and the methods to be used in treatment. These models are: 1. The medical; 2. The psycho-dynamic; 3. The social; 4. The moralistic; and 5. The bio-psychosocial.

The medical model is based on the belief that drug dependency is the result of a "brain illness" caused by neurobiological/genetic factors. Adherents to this model think that dependence arises by disrupting the balance in neurotransmitters which causes a disease that can be treated, but there will always be a risk of relapse (reiterated drug use) under the influence of the environment. Treatment is possible only by actively engaging the patient, and the full recovery (to complete abstinence) is possible only by identifying and correcting the genetic factor.

The medical model is directed towards the biological component of dependence. Treatment is possible only by establishing a doctor – patient relation, founded on the doctor's authority and patient's will. It uses pharmacological products for detoxification up to full abstinence (sedatives, antagonists) or substitution therapy (agonists). Although this concept is non-moralistic, in reality it frequently gains a moralistic dimension, while rejecting psycho-social factors.

The psychodynamic model considers drug dependence a symptom which indicates to other, covert problems and believes that the resolution of those covert problems will resolve the dependence problem.

Based on the psychodynamic model, treatment is carried out with the rational-emotional therapy via which the individual faces his/her past traumas in order to release him/herself from the defense mechanisms of the ego (denial, projection). This model enables individual empowerment and shows success in preventing relapse. It is applicable in the work with people who use but are not dependent on drugs, and acquired skills are easily transferable to other life circumstances.

"We also need prevention and treatment approaches rooted in science, public health and human rights."
Ban Ki-Mun, UN General Secretary

The psychodynamic model does not insist on drug abstinence, but may be applied long before the desired results are visible. The weakness of this model is its lack of attention on decreasing direct consequences of drug use, but its application may affect the change of health damaging practices. Although unduly, using psychodynamic therapy to treat dependences has frequently been labeled as treating a "mental illness" and because of the fear of being stigmatized as "mentally ill", some people avoid this type of therapy.

The social model is based on the conviction that drug dependence is the result to social alienation, marginalization and anti-social attitudes, lack of cultural identity and acceptance of negative stereotypes and idols. The use of drugs is a replacement for healthy social relations. Adherents of this model think that dependence is an acquired behavior and if dependence was acquired, then also recovery can be learned.

In treatment, most attention is given to the impact of the community, especially the immediate surroundings, including other people who are treated from dependence and former drug dependent persons. Very characteristic of the social model are therapeutic communities in which drug dependent people live isolated from the "outside world" and in which emphasis is put on working groups, the community and empathy. The end objective is to help the individual establish a "real relationship" with him/herself, the community and the dominant culture, and to adopt generally accepted life values.

The low costs for the realization and engagement of the community in treatment are the big advantage of the social model, but it does not pay any attention to the physical and psychological factors and does not provide any opportunities for precise monitoring of the standards for care and ethics.

The moralist model is related to moral values which are frequently based on religious beliefs in concepts for "good" and "evil". Drugs are considered evil, and drug dependent persons are considered morally weak people who have distanced themselves from God and have chosen sinful life. Through the concept of "crime and punishment", this model insists on control of the behavior by threatening patients with a potential punishment, and people who use drugs are called upon to give up drugs, return to faithful life, and seek forgiveness and help from God.

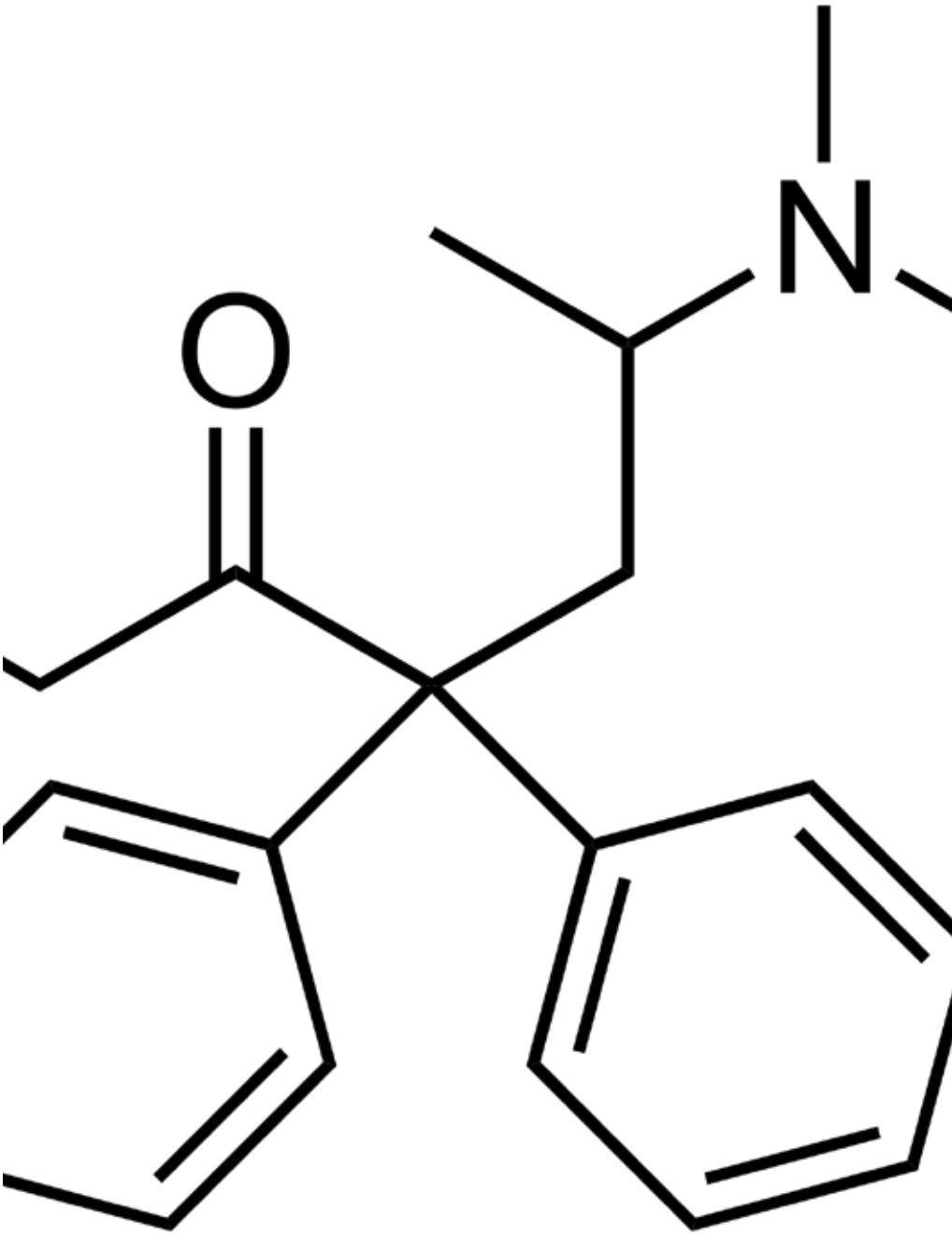
Although there are people who have managed to recover from dependence by following the moralist model, it treats all drug dependent people the same, and encourages stigmatization which leads to further social polarization and a feeling of shame and exclusion.

The bio-psycho-social model unites several viewpoints taking into consideration that drug dependence is a complex question based on biological, psychological and sociological reasons. According to this model, each drug dependent person has their own reasons for using drugs which is why treatment should be individual. A completely treated person is the one who has achieved full abstinence from the use of drugs. However, harm reduction from the use of drugs is also an acceptable alternative to abstinence. People who use drugs are not judged for their drug related practices, but instead, active efforts are put into reducing harm from drug use.

"Each penny invested in drug dependence treatment is returned ten-fold."

For a successful, comprehensive approach to treatment according to this model, well trained and motivated multidisciplinary teams are engaged. They can take into consideration the cultural peculiarities of the community, such as gender identities, ethnicity and religion, social structure, degree of education etc. The adjustability to the needs of drug dependent persons is one of the main features of this model, but also the inability to always provide a sufficiently professional cadre, would make the job of these multidisciplinary teams harder.

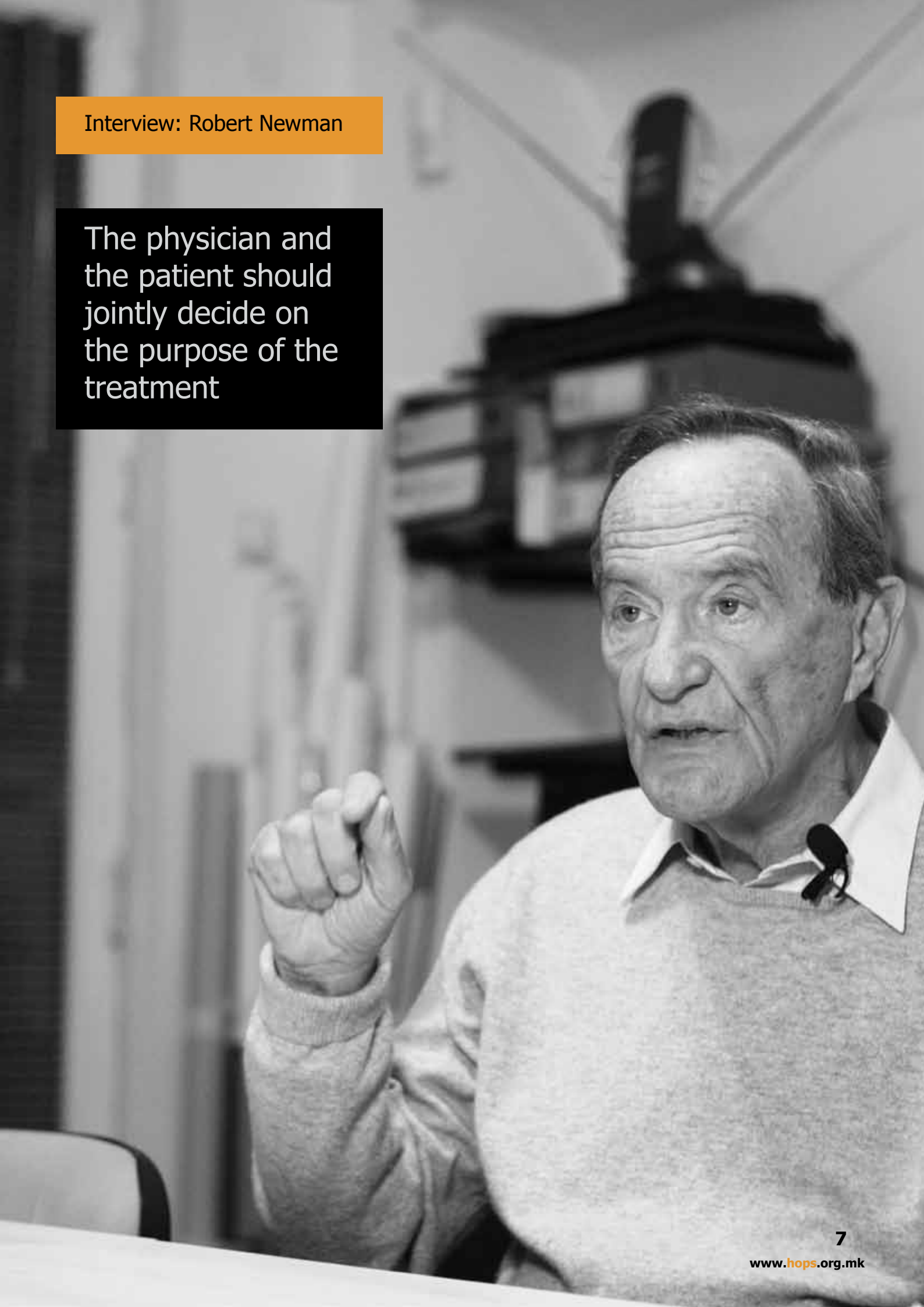
Practice shows that none of the above described models is ideal in the treatment of dependences, but this should not be a justification for ignoring the needs of drug dependent persons. The less humane ones, believing that drug dependent persons should not be treated on community budgets, should bear in mind that calculations from several countries globally show how every penny invested in treating dependences is returned tenfold. These savings come mostly from the decreased spending on fighting crime, judiciary, health and the legal system. When on top of this we consider all other benefits of the resocialization of people who use drugs, it is clear that society's benefits are much bigger.



"For an easier understanding, five basic models have been established, each with its own theory about drug dependence and the methods to be used in treatment. These models are: **1. The medical; 2. The psycho-dynamic; 3. The social; 4. The moralistic; and 5. The bio-psycho-social."**

Interview: Robert Newman

The physician and the patient should jointly decide on the purpose of the treatment



Interview: Robert Newman

The physician and the patient should jointly decide on the purpose of the treatment

Dr. Newman is one of the world's most respected experts on dependence treatment. He has been working in this field more than 40 years. He's a professor on several USA universities, author of a large number of scientific works, and currently works as a director at ***The Baron Edmond de Rothschild Chemical Dependency Institute of Beth Israel Medical Center, New York, USA.***

In February 2013 Dr. Newman made a working visit to Macedonia, which we used to talk to him.

We are very glad to have you here today, as you are a respectable expert on drug addictions, with long-term experience behind yourself. Would you please tell us, what inspired you, as a medical doctor, to work with drug users since at the beginning of your career you had worked in medical practice not related to drug use?

Yes, my initial work in medicine was in surgery, as a trainee in surgery, I became involved with addiction treatment purely by luck, I literally ran into somebody in an elevator, who mentioned to me methadone. I had never heard the word before. And by the time the elevator got to the tenth floor, he had me interested and we continued the discussion. But what kept me in the field of addiction treatment was the satisfaction of being able to help people, and what many of my colleagues do not understand is that there is a tremendous amount of help that we can give to drug addicts, and this is very satisfying and that is why I stayed in the field.

Can you tell us something about your experience with different models of addiction treatments?

My own area involvement has been with opiate addiction in particular, mainly heroin addiction, and methadone maintenance treatment, and also methadone for detoxification. I have great respect for every other type of treatment, with medication or without it, but my own experience and involvement for over 40 years has been with methadone used in the treatment of opiate dependence.

Do you think that there is some kind of ideal model for drug addiction, and how do you engage in this model?

No, and this is true in every field of medicine, there is no standard rule for how to treat any particular disease in every patient. You don't just say, oh, this is diseases under "B", so I will turn to the textbook, and see exactly how to treat the patient. What's important is that there be as many different forms of help available, as might actually assist the patient, and then the physician and the patient together should discuss what your goals are and what type of treatment might be best to achieve those goals. So it's not just one form of treatment, there should be many forms, and the decision on which specific form of treatment is best for a particular patient, should be the result of the discussion between doctor and patient, with the patient knowing, and being told by the doctor, as much about the different treatment choices as possible. In other words the patient should have the information about the benefits, and possible negative consequences of the treatment, so the patient can decide, with the doctor, what is best.

"There is no standard rule for how to treat any particular disease in every patient. You don't just say, oh, this is diseases under "B", so I will turn to the textbook, and see exactly how to treat the patient."

What is your opinion about heroin prescription treatment?

I think there are clearly many heroin, opium dependent people, who do not do well with methadone, or buprenorphine, or drug free treatment, many for whom the best approach, at a particular point in time, is making heroin available. And this is not just theory any more. We have wonderful examples from several different countries, of how heroin treatment can in fact make a tremendous difference in the lives of patients. Patients who are on the streets, buying heroin, using heroin on their own, are just in a steady downwards spiral, health-wise, socially and in every other way, for whom if heroin is made available, legally available, in pure form, under some kind of supervision, they can lead perfectly normal lives, they can work, be socially integrated. So we know from experience, not from theory, that heroin administration can be very successful for many patients who can get it. Not for all, but for some it could be very effective.

Do you have experience in treatment of children drug-addicts, especially younger than 14, and how should children addicted to drugs be treated?

I can say, fortunately, in my own country it is very rare to have such very young children become heroin dependent. I must say that when somebody becomes dependent on opiates, whatever the age, they can be 80, 15, or 10 years old, if they become dependent on opiates, I believe the best form of treatment for most patients is methadone. Maybe for a brief period, maybe for a longer period, I just don't know of any credible evidence, that treatment regardless of age can cure addiction in most cases. Some people can be cured without any treatment, they just stop using, but for people who need treatment, I think age does not make any difference at all. I think all should be treated, again after a discussion between even young patients and physician, decision should be made about treatment and in many cases maintenance treatment will be the best choice.

In Macedonia there are legal obstacles to treat under certain ages, especially those younger than 16 years of age.

I'll be happy to talk about that. I think it's wrong for the Government or professional societies to make rules that say that you need to become eligible to receive certain types of treatment, you must meet these conditions: you must be of certain age, you must have used for certain number of years, you must have failed in other forms of treatment. I think such general rules are absolutely wrong. I think when you have such rules that prevent a physician to act on what they think is best, you will end up with people dying, and lives destroyed, because some rule has been made. There's no justification for blanket rules that prevent people getting treatment that the patient and physician might think is useful.

You are here to share your experiences with drug treatment programs in Macedonia. In the last three days you visited some of these programs in Skopje and Ohrid. What is your opinion about the drug treatments, according to these brief visits?

The treatment centers we have seen and the people we have spoken have been very impressive. First of all, everyone is very friendly, hospitable, and all we have spoken to, and we have spoken to only very few people, are very interested and committed, and wanting to help the patients. On the negative side, I think that the treatment that is currently being provided is reaching only a very small proportion of those who need help and who would want help, if it were available. And I believe that people who provide treatment, especially for a condition like addiction, I think there is a responsibility not only to do the best job they can for their patients, but I think they also have to feel responsible to somehow try and get treatment for all those other people out there, who need help, and whole lives can be tremendously improved and often whose lives could be saved if they had treatment. So, I'm afraid that the treatment system that exists here is focused entirely on those very few patients who are lucky enough to get help, and I think there is no attention being paid to the very many people who also could be helped, if help were available.

Thanks for this recommendation. Do you have maybe other recommendations for improvement of the quality of drug treatment programs?

I was struck by hearing that there is so much injection of methadone by patients, and by people who get methadone from patients. Injecting of methadone, first of all is dangerous, as is all injecting, but I think it is very unusual. I have not seen another country where injection of methadone is common. There are countries, probably all countries, where some few people inject methadone, patients and non patients. But it is extremely uncommon. Here it is a very major problem, because patients and other people who are injecting, are harming themselves with infections, and many different types of problems. It's a danger for the people who are injecting, and it is also a serious problem, by reinforcing the negative feelings towards the addict-patients and

"I think it's wrong for the Government or professional societies to make rules that say that you need to become eligible to receive certain types of treatment, you must meet these conditions: you must be of certain age, you must have used for certain number of years, you must have failed in other forms of treatment. I think such general rules are absolutely wrong. I think when you have such rules that prevent a physician to act on what they think is best, you will end up with people dying, and lives destroyed, because some rule has been made."

towards the treatment. When people see, on Macedonian TV, pictures of patients who are sticking needles in their groin, and injecting methadone, it is not surprising that the general public says, "this isn't treatment, they are giving them drugs to stick in their veins, what is the good that is being done?". That is a very incomplete picture, and a very inaccurate one, of what methadone and buprenorphine treatments can do.
So I think that great attention should be paid on how to reduce the misuse, inappropriate use, the selling of medication, and there are many things that can be done. Most importantly, one has to try to eliminate waiting periods. If somebody cannot get treatment legitimately it is certain that they will try to buy it illegitimately, and they will use it in a way that will harm them. So, number one, I think, waiting lists have to be eliminated. Number two, people who are not in treatment, but who need treatment, should be involved in the discussion - what is it that is keeping you from gaining access to treatment? Is it what you have heard about the treatment? Maybe we can provide education. Is it waiting periods, is it distance? Is it what you believe is the attitude of staff? I think there has to be an effort made, to identify what are the barriers that are keeping people who could be helped from seeking help. And finally, one can always try to reduce the likelihood that methadone will be injected. One way would be just to mix it with something like orange juice, that is what is done in almost every country, and the main reason is not that people want to sell orange juice, but that when you mix it with orange juice, some people will inject, but much less than if you mix it with water. That is almost an indication to inject. One could also combine methadone with naloxone, and if you inject it, it makes people very ill. That's what the manufacturers of buprenorphine have done, by making a product suboxon, which mixes buprenorphine and naloxone. It is used widely. There is no reason why methadone cannot be prepared together with naloxone. And this is not something that programs should do, but rather the Government and it can be done, because in Macedonia unlike America, England, or other countries, the one source of methadone is the Government. So if the Government decides from now on we will have all methadone provided with orange juice, if they want to add naloxone, from one day to the next they can do it, and every program in Macedonia will provide it. I think there is no reason why that is not being done.

What is your experience of the active involvement of patients in the improvement of drug treatments? Should drug treatments consider patient opinions and involve them in program's activities?

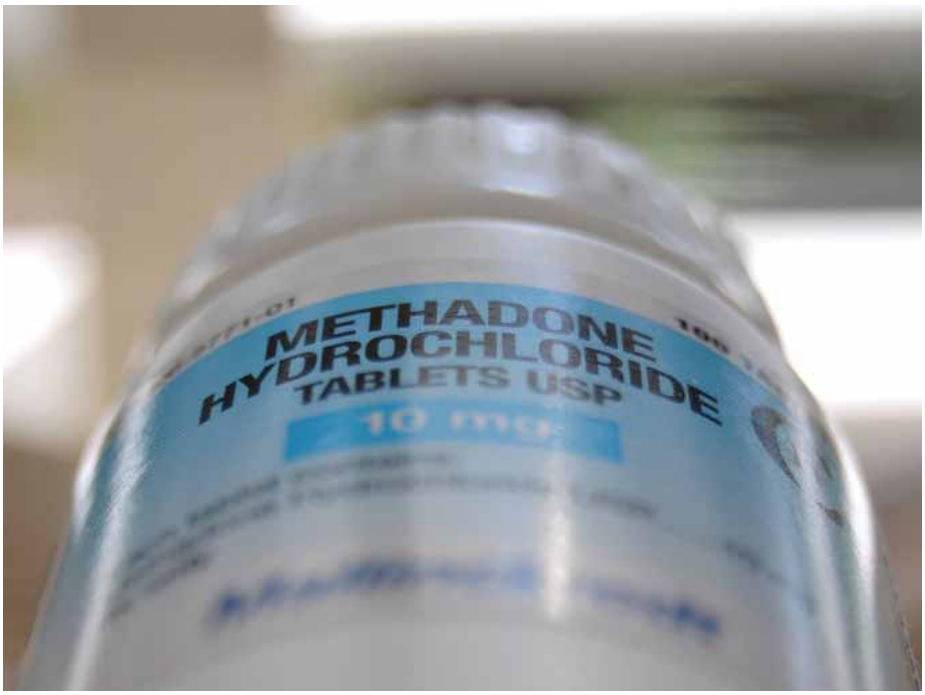
I think it is absolutely essential that patients be involved in all aspects of the treatment. In deciding location, staffing, what types of services, because programs are here to serve patients. It's like a manufacturer that produces iPhones but doesn't worry about what does the consuming public want, do they want a big or little phone. Before any product is made in any country, one always thinks what about the consumer, what does the consumer want. One has to ask those one wants to serve what do you think will make treatment more acceptable, more effective, you can only find that out by asking the patients and those that you would like to be patients. There's a wonderful saying: nothing about us, without us. And that is absolutely correct, not only because one wants to do what the dependent population wants, but because the treatment one gives cannot be maximally effective if one ignores the patient. It's absolutely impossible. One has to ask the patient.

Thank you. What is your opinion about the needle and syringe exchange programs, and how do you see the connection between these programs and the drug addiction treatment programs?

I think that needle and syringe programs are absolutely essential. We know, no matter how much treatment we provide, and how excellent the treatment is, there will always be some people who will continue to inject drugs. One has an obligation, Government has an obligation to ensure that the harm that is done by people who inject is kept as low as possible, for their sake and also for the entire community. So I think there has to be needle and syringe exchange readily available, not just from 12 to 2 in the afternoon, but should be readily available as easily as readily as possible.
As to the relationship between needle and syringe exchange programs and treatment programs, these are not two separate, opposing approaches to the problem. They are two approaches which are both absolutely essential. And of course, no group has as much contact with injecting drug users, than needle and syringe exchange programs. They are the ones who should be educating patients, saying, if you use today or tomorrow or whenever, you should do it in a way that minimizes harm, you should make use of needles and syringes that are sterile, so I think the treatment programs should encourage needle and syringe exchange, and the same is true in reverse: those programs that provide needles and syringes should consider treatment programs their allies. They should consider what they do an opportunity to keep people alive and to educate them, let them know there is drug free treatment, there's buprenorphine or methadone treatment. If you want any information, let us talk you through them, let us make you a referral if you want. So I think that needle and syringe exchange and other forms of harm reduction and also treatment programs should be working together, in pursuing their different objectives, but all towards the common good of the patients and the users, and the community. ■

Interviewed by **Vlatko Dekov**

Photos by Biljana Angeleska



Natasha Boshkova

Availability of drug dependence treating programs

"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

(World Health Organization)

The right to health is guaranteed as a human right in several national and international legal documents that define health as an individual right. The state bears specific obligations to protect this right and to refrain from activities that limit its enjoyment. The use of drugs is a phenomenon comprised of health, social and economic aspects, so the psychosocial support of treated persons is an important segment in the process. Health and social problems related to drug dependence and the nature of pharmacological and psychosocial treatment among it, create the need for easy access to treatment and rehabilitation/ resocialization programs. The responsibility to ensure appropriate treatment to drug dependence is solely pointed out in the Single Convention on Narcotic Drugs dated 1961 and the Convention for psychotropic substances from 1971 in which member states, among which Macedonia, are encouraged to put special attention to the prevention and treatment of chemical dependences. One of the purposes of these Conventions is to make narcotic drugs and psychotropic substances available for medical and scientific purposes and to prevent their distribution for other purposes.

The treatment of drug dependent persons in Macedonia is carried out within a national network of health institutions. The functioning of the public health and public institutions, goods and services as well as programs should be available in sufficient number in the Republic of Macedonia in line with its obligation undertaken by signing the International Covenant on Economic, Social and Cultural Rights. According to the Committee on Economic, Social and Cultural Rights, the type of health institutions goods and services may vary on several factors, including the degree of development of the member state, but they must include all basic preconditions for health among which are the basic medications as defined by the World Health Organization. In order to meet the minimum standards for treating dependences, Macedonia should provide methadone and buprenorphine for all persons who want to treat their dependence. According to the available data, 51% of the registered people who use drugs are located in the City of Skopje, where the lack of treatment programs that would include all those who want treatment also appears. In Skopje, treatment is carried out at the Center for prevention and treatment of drug misuse in Kisela Voda, within which is also the program at the Clinical Center Skopje. Since April 2012, there has been a program for drug dependence treatment within the central city hospital "8 Septemvri" in the Municipality of Karposh, Skopje. In 2012, a total of 450 people were entered into a methadone treatment offered by the public health system. Although there is no official data about the number of drug dependent people in the City of Skopje, still the assessment of the Public Health Institute is significant, stating that there are 3600 (3200-4000) drug injecting people in Skopje. This information, compared to the number of people on treatment, leads us to conclude that more than 3000 people who use drugs are not in treatment and have no possibility to get into treatment. This is a serious

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number of drug dependent persons who have no opportunity for treatment, i.e. the availability of treatment becomes very limited.

According to WHO recommendations, when planning national policies for treatment of dependences, all sources for managing this health and social problem should be included. In Macedonia, treatment is almost fully left to medical institutions, above all psychiatrists, financed by state health insurance, providing meager results, in circumstances of complete absence of support from other necessary systems. According to the principle of multi-disciplinary approach in dependence treatment programs, in addition to the pharmacological therapy made available to treated persons, individual and group therapies with a doctor, psychologist and a social worker are foreseen, plus (at least once a week) control from a psychiatric specialist, and seeing a work therapist. The multidisciplinary team creation is also a strategic commitment of the state when planning its dependence treatment related activities. Psychosocial support of treated persons is needed in order to improve their quality and length of life, and may range from the provision of food and accommodation up to organized psychotherapy. In accordance with the Law on Social Protection, the state has committed to open a Day Care Center for persons who (ab)use drugs and other psychotropic substances and precursors, in order to ensure extra-institutional social support. This Day Care Center's task would be to provide counseling, informative and educational services, working engagement and cultural-entertaining and recreational activities to people who use drugs and their families. Based on the Law on Social Protection, a Rulebook has been adopted, regulating the standards for the foundation and start of work of these day care centers, but in the City of Skopje the very first center for re-socialization and rehabilitation of people who use drugs has be opened in September 2012.

Despite commitments of the Republic of Macedonia to increase the availability of therapeutic services and the different options for treatment in public health institutions providing services for dependency treatment, six years after adopting the Drugs Strategy 2006-2012, a huge number of drug dependent people, especially in the City of Skopje, are facing problems to realizing one of the basic human rights. Providing easy access to dependence treating programs is the basic premise for enjoyment and improvement of the right to treatment for drug using people. The Republic of Macedonia, in line with positive legal provisions, should in the shortest term provide programs for the treatment of dependences which will ensure continuous availability of drug dependence treatment programs in all municipalities, proportionally to the total number of drug dependent persons there.

References:

The text contains quotes and references from documents and publications of the World Health Organization (WHO), the United Nations, the UN Committee on Economic, Social and Cultural rights, the Ministry of Health of RM, the Institute for Public Health of RM, The Ministry of Health and Social Policy of RM and the Official Gazette of RM: 33/2007, 79/2009, 20/2010, 36/2011, 51/2011.

For more information:
http://hops.org.mk/biblioteka/final-REPORT-cip-web.pdf

Buprenorphine treatment in Macedonia

WHAT IS BUPRENORPHINE AND WHAT'S ITS USE

Buprenorphine is an integral part of the program for medical, social and psychological therapy of patients dependent on opioids (narcotics). The buprenorphine therapy is intended for adults and young adolescents above the age of 16.

Buprenorphine is used as a substitution therapy for the treatment of opioid dependences, but can also be used as a replacement for the methadone substitution therapy. Buprenorphine is partially an agonist which means it stimulates opiate receptors in the brain. This makes it applicable in the treatment of drug dependences, and it also has a beneficial anti-depressant activity, while its other part is antagonist, which means it blocks opioid effects in the brain, tying receptors down without stimulating them.

This means that buprenorphine acts as an opiate blocker which makes it rather beneficial in the treatment of opioid dependences.

Buprenorphine sublingual is used orally, by putting the tablet below the tongue and waiting for 5 to 10 minutes for it to melt. This is the only way to use this medicine!

INTRODUCING BUPRENORPHINE THERAPY

The substitution therapy with buprenorphine starts with an induction period, lasting from 7 to 10 days, carried out as a hospital procedure. During the induction phase, patients receive buprenorphine free of charge, but pay for the hospitalization themselves. Hospitalization costs are calculated based on the number of days needed for the buprenorphine induction phase.

After the successful induction, a two month test period follows, during which patients buy the buprenorphine prescribed by a competent doctor from pharmacies with own budget, and appear on scheduled controls at the PHI University Clinic of Toxicology where the buprenorphine treatment is carried out. If during this period of two months no fallbacks have occurred, they acquire the right to receive buprenorphine free of charge from the PHI University Clinic of Toxicology.

"...this is why I alarm to state institutions and the Health Insurance Fund to add buprenorphine on the positive medicines list, thus making it easier to get if for people who are keen on treating their dependences."

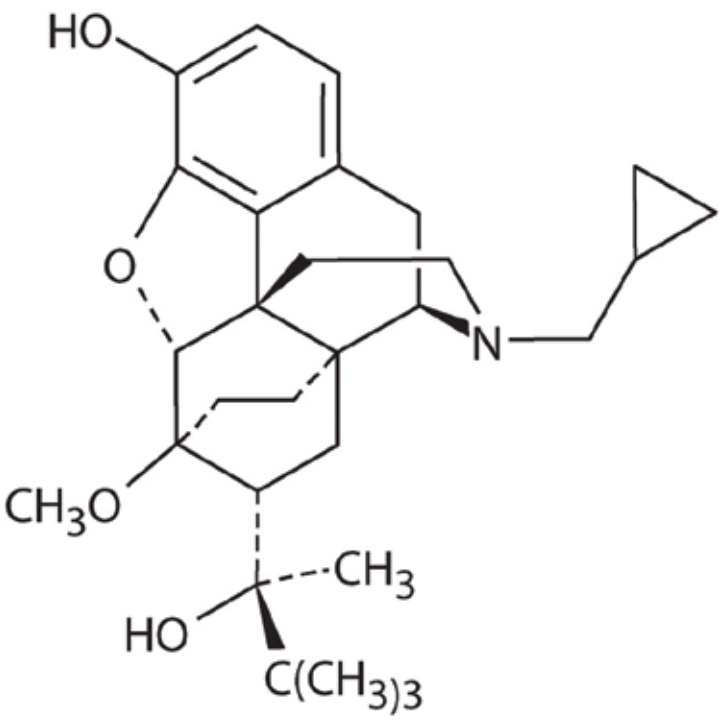
A PERSONAL INSIGHT OF THE BUPRENORPHINE THERAPY

In the Republic of Macedonia, the buprenorphine therapy is given at the PHI University Clinic of Toxicology in Skopje.

As one of the people using the buprenorphine therapy, I want to point out to several issues that we have discussed with other patients from across Macedonia, as well as those from Skopje. It seems that we all share a position on some issues that concern both us and future patients on buprenorphine therapy. Although buprenorphine is a registered medication in Macedonia, it is still not on the positive list of essential medicines, which is contrary to the WHO standards for establishing a list of essential medicines. Many of the users of buprenorphine therapy have shown interest to stop using buprenorphine, although it helped them, because they could not keep up buying the medicine from their personal budget in the test period, as a result of financial exhaustion. I had the same problem and this is why I alarm to state institutions and the Health Insurance Fund to add buprenorphine on the positive medicines list, thus making it easier to get if for people who are keen on treating their dependences. Many of the people using methadone therapy want to transfer to buprenorphine, but are afraid that they won't have enough money to buy the buprenorphine, and thus could stay without therapy, because of the rule which states that once you cancel therapy you cannot go back. The same problem is encountered by users of buprenorphine therapy who are financially exhausted because of the high price of buprenorphine. Many patients stopped the therapy one week after getting out of the hospital because of not having enough money.

Another problem that patients on buprenorphine therapy encounter is the availability of the medicine. Patients who are not from Skopje take the buprenorphine therapy every two weeks, i.e. every 15 days, at the PHI University Clinic of Toxicology in Skopje from 9 am to 1 p.m. They may collect it in the presence of a parent or another family member. This causes additional strains to the patient's relation with his/her family and increases the pressure on the patient to feel guilty because of this instruction to come accompanied and wait in line. The family members who accompany them feel additional pressure because they have to leave their work for a day. Patients from Skopje also collect therapy in the presence of a parent or other family member, but every seven days, i.e. once a week. This creates additional costs for patients and their families which are not to be underestimated. I, as a buprenorphine therapy patient, meet other users whenever I go to the clinic to pick up my therapy and we discuss that if we overcome some of these drawbacks we will be more determined to the treatment, supported by the buprenorphine therapy. But, the biggest of all stated problems is the availability of buprenorphine therapy which is given out in only one clinic in the whole country.

This is my opinion about the problems which should be resolved if we are to have more patients and more success stories related to buprenorphine therapy. With this text I would like to turn the attention to all concerned parties to help make buprenorphine more available for treating drug dependences.



Prim. Dr. Slavica Gajdatzis-Knezhevikj, psychiatrist, sub-specializing in dependence illnesses, family and systemic psychotherapist, ECP

What helps in the treatment of people dependent on opioid drugs? – The place and role of psychosocial programs

If opioid dependence is a bio-psychosocial disorder, how is it possible that we cannot see that an effective treatment may be only that which provides simultaneous application of different pharmacological and psychosocial programs, individually designed?

There is a serious and disconcerting discrepancy between the officially adopted definition of opioid dependence and the therapeutic approaches towards its resolution. Drug dependence does not mean intensive use of opioid drugs, but a complex health condition which has social, psychological and biological consequences, including changes in the brain. It is a serious, chronic, disorder conditioned by many factors, which according to its epidemiological model, it arises as a result of the complementary effect of the repeatedly used psychoactive substance, the individual (biological, sociological and psychological factors) and the environment.

In line with this definition, it is expected that treatment objectives would target the resolution of all above stated issues, and not only part of them. That means that treatment should be all-encompassing, systemic, integrative, and long-term. It is a universal approach in the treatment of all chronic, complex health conditions conditioned by many factors.

But is it so? Unfortunately, NO!

Instead of being based on scientific facts, evidence-based medicine, and positive practice, treatment of opioid dependent persons is still mostly under the intensive effect of ideological attitudes, myths and deceptions. Because of this, opioid dependent persons, their family members and the wider, including the expert, public are in constant search for quick, short-term, simple and cheap solutions, complemented with extremely high and unrealistic expectations from the treatment. They seek for an "effective", almost "magical" cure which is expected to quickly and effectively terminate drug use and provide successful maintenance of the achieved abstinence, possibly lifelong. At the same time, it is expected that with the drug absence, spontaneous changes will occur in the treated person on a personal, educational, professional, family and social plan. Unfortunately, in reality we are often faced with failure or insufficient success in the treatment, and they are immediately defined only as the personal failure of the treated person who is described as "lacking seriousness, having weak will and character...", because the belief that dependence is a "self-inflicted illness" and consequence of the free choice and will of the individual is still prevalent.

I wonder what would help us see that the responsibility from the insufficient success in treatment cannot and must not be placed on patients only and that it is high time that we organize treatment so that it would respond to the complexities of the dependence it is treating. I also wonder, if opioid dependence is a bio-psychosocial disorder, how is it possible that we cannot see that the treatment that provides simultaneous application of pharmacological and psychosocial programs, individually designed, and would be most effective?

Psychosocial interventions refer to a wide spectrum of psychological and social

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Psychological interventions – these

"Although the effects of pharmacological therapy in the treatment of opioid dependence are proven and it has its part in the recommendations coming from evidence-based medicine, still, debates continue. Pharmacological therapy is not in the focus of this article and we shall keep to the psycho-social interventions and programs."

range from ventilation techniques, counseling, psycho-education, unstructured, support psychology and motivation interview techniques, up to highly structured psychotherapeutic interventions. In line with research, the most effective and thus most used are the Cognitive Behavioral Therapy (CBT), family and systemic psychotherapy, as well as the programs for planning and handling unforeseen situations.

The application of CBT in the treatment of dependences is based on the principle of acquired behavior which is prone to modification. Cognitive approaches aim, above all, to change dependency behavior by changing the thinking that supports the negative behavior or by promoting positive thinking or motivation for change of behavior. Behavioral approaches aim, above all, to change behavior supported by conditioned learning.

Programs for planning and handling unforeseen situations use structured, transparent techniques for awarding or punishing specific types of behavior in order to strengthen desired behavior. Motivational interviews aim to raise the level of preparedness for change in the person using drugs or a family member, in the sense of initial acceptance, and later persistence in the treatment. For some people who use drugs, motivation for change may at a given moment only mean change of behavior from more to less risky.

Family and system psychotherapy (FSP) is based on the standpoint that treatment should also involve people from the patient's surrounding, because treated persons, like all other people, actually, live, grow and develop in a close social community (family, peers, neighbors, school, local community....) and are in constant interaction and inter-influence with members of this community. The family system is not the only, although particularly important factor in the development and maintenance of drug dependence, as well as an insurmountable source of power for overcoming

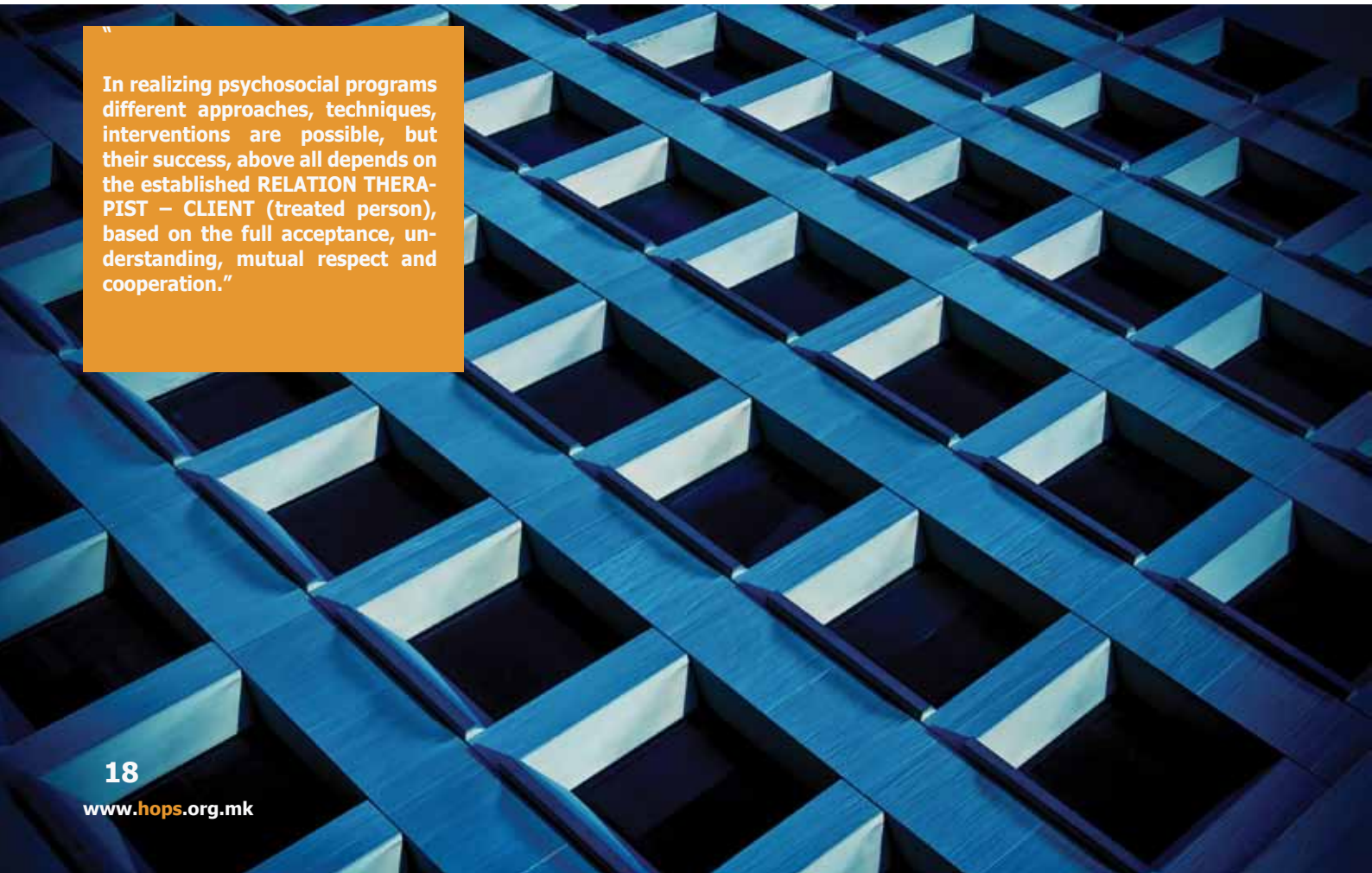
dependence.

FSP focuses on and strengthens individual and family power and creates change based on it through the change in existing dysfunctional models. Using a broad spectrum of techniques and interventions which are individually designed, well dosed and timely matched, FSP introduces some new perspectives and helps the treated person and his/her family to increase the repertoire of possible solutions. FSP focuses on resolving dysfunctional models by teaching skills of communication, reconciliation and conflict resolution, negotiation and agreeing, respecting individual needs and differences, building trust, emotional exchange, behavior check, establishing functional (individual and family) barriers, recognizing and resolving risks

that lead to relapse. The simultaneous changes in the functioning of the treated person and his/her family provide stable environment as a strong support for long term maintenance of the established drug abstinence.

Socio-therapy – social interventions are interventions on a social level and they include help in meeting basic needs (food, clothes, accommodation and employment), providing basic health protection, as well as learning social skills for recreation and improvement of the social functioning through individual or group work (support group, self-help group, social network etc.). Social interventions also include programs for vocational training and professional education, designed to help clients acquire professional knowledge and skills, and find and keep a job. In addition to this, they also include housing programs, and creative skills learning programs, sports and recreation.

Rational handling of opioid dependences means balanced combination of pharmacotherapy, psychotherapy, and psychosocial rehabilitation and risk and harm reduction interventions. As in other chronic medical conditions, for example hyperglycemia, diabetes, heart diseases, people who use drugs can stabilize their condition with the appropriate use of medications and inclusion of psycho-social programs that increase the effectiveness of applied medication. In addition to this, today we increasingly talk about psychosocially assisted pharmacological therapy as a proven effective method in the treatment of opioid dependence because it enables patients to continue to live with dignity and to be functional on a personal, professional, family and social level.



"In realizing psychosocial programs different approaches, techniques, interventions are possible, but their success, above all depends on the established RELATION THERAPIST – CLIENT (treated person), based on the full acceptance, understanding, mutual respect and cooperation."

Socrat Manchev, Psychologist/ psychotherapist and President of the civic association **IZBOR – Strumica**

A method and a model for treating drugs, alcohol and hazard dependencies

Driven by a great challenge, in 1997 we formed the association IZBOR in Strumica, which represents a realistic response to the growing needs of all those who struggle with the use of drugs, alcohol and hazardous games, members of their families, the possibility of HIV infection and other infectious diseases characteristic for the target group.
The association "IZBOR" implements harm reduction programs, free legal aid and achievement of basic human rights. It provides acceptance, treatment, rehabilitation and reintegration of people with problems arising from the use of psychoactive substances. The therapeutic community "POKROV" (located 5 km from Strumica, near the village Vodocha) is the first long-term rehabilitation program for treating drugs, alcohol and hazard dependences in Macedonia, operating since 2009, structured on the principle of other global therapeutic communities. The program is oriented towards the change of the negative identity and lifestyle of the individual, for which the social structure of the therapeutic community is necessary and exceptionally useful.

The model of therapeutic community is based on contemporary methods of giving up alcohol, drugs and hazard, including an integrated approach to professional psychotherapies: CBT (cognitive-behavioral therapy), EMDR (Eye Movement Desensitization and Reprocessing – psychotherapy for working with traumas), systemic family therapy, psycho-drama and the therapeutic community method.

The program lasts 18 months and consists of the following phases:

- Adaptation phase
- Intensive treatment phase (psychological awareness, socialization, personal development)
- Re-socialization phase
- Re-integration phase (social network therapy)

What can you expect at the therapeutic community Pokrov?

1. Therapeutic activities (group and individual psychotherapy);
2. Occupational therapy;
3. Seminars, courses and training;
4. Sports activities;
5. Leisure activities

What we are different in is the development of social entrepreneurship which should encourage positive social changes and social inclusion of all clients who complete the program.

In the absence of an national adequate response in meeting the basic economic and social needs of marginalized groups and in time of great unemployment which is around 35%, a realistic response to the growing need for greater social inclusion in the socially excluded groups and people with special needs, we have created the concept of POKROV which should enable all clients included in the process of rehabilitation and reintegration in the therapeutic community "POKROV", after the successful completion of the program, re-inclusion in the community as acceptable, productive and equal members of the labor market. Our overall strategy in the past several years has been directed towards creating a sustainable development of production capacities which we create in order to be able to open decent job positions for the different needs of our clients, and the community as a whole.

Strategic partners in the realization of all our activities are: Macedonian Orthodox Church – Strumica Eparchy, the local self-government and the business sector.

Our team is dedicated to promoting change, building healthy lifestyles, and providing care for our clients at the highest level, with the support from the latest methods and techniques with proven efficacy.

Association for counseling, treatment, re-socialization and reintegration of persons with drug abuse problems

You can get more information about the work of **POKROV** on the phone: **075/495-470.**

"...At "Pokrov" I found the best in me. That's where I learned to understand myself and others. It gives me great joy that I am alive and well, happy, not sad, but not ecstatic. For the first time in my life I had the courage to persist and move on..." **A.V.**

"...I like the honesty of the members of the community and the positive atmosphere. If there is motivation and will by the client, the team will make anything necessary for the successful completion of the program. It is created of professionals who understand our problem and who are fully dedicated to helping us..." **D.M.**

"...According to me, "Pokrov" is the only therapy community in the region or on the Balkans, which can perfectly answer my needs according to all criteria and norms. My call for help was desperate, but my fear from previous experiences I had in similar communities was huge and this caused great resistance to even think to return to any kind of institution. But, because the fear from death was too big, I knew that if I stayed outside I would soon end up pretty grimly! I dared to come one day to the center with my parents, and I was truly pleasantly surprised. The decision was mine, I went back home and made it right away. I packed my bags and made my first step on the road to recovery..." **I.I.**

Emotional sharing from a client in POKROV

"My stay at the therapeutic community "POKROV" has changed my views about life. I have learned here things I didn't even think could help me make huge changes. I am ever grateful to those who helped me understand that achieving success is quite simple, you just have to wish it, have the motive to succeed, and get rid of the habits you wish to change. Very frequently that seemed like an incredible task and an unattainable objective. I needed to only make the right step and not be afraid from my objective, because at the end of that road an award was awaiting, which I could only dream about. There are certain rules. I first needed to change not to postpone anything for later. I didn't get that simple truth at once. Not all obligations seemed pleasant to me, that's why I postponed them for some future day hoping that things would just settle in by themselves or that the next morning I would have better motivation or be in the right mood.

Then I stopped living in the past, it's over no matter whether it was good or bad, it is simply here to serve as a lesson for the way I live my life today.

I was a man with no self-confidence, I was uncertain, doubtful, procrastinating on important decisions. I was under great stress, many unresolved problems piled in, insomnia and headaches settled in, I started losing faith in myself, and I thought that everybody was dissatisfied with me. Trying to change the hard situation I was in, I decided to live in the present without turning towards the past and without thinking about long-term consequences. That's when new feelings and emotions arose…

As time went by, I started understanding the question "do you love yourself?" For me, that always meant being narcissistic, egoistic and only taking care for your own needs, not thinking about others, but it seems I was mistaken. Without self love, you always look concerned and you are not a pleasant company, you cannot build a house and raise children, it will all be without harmony. When you are unhappy you are also trying to make others unhappy. But, if you love yourself then you find what makes you happy and satisfied, and with that you remove your stress and bad habits, and you make life more interesting. If you love yourself, then you care about the environment, nature, animals, people around you, and they return love, beauty, happy moments..." **J.K.**

Vlatko Dekov

The last years of the prohibition?

In November 2012 two USA federal states, Colorado and Washington, legalized the possession and use of marijuana, and there are some announcements that their example will be followed by other states.

This might not sound like some important news to most people, but to those who follow drug policies across the world it is probably one of the most significant ones of the decade. The question arises: why? The answer is not simple, but this is what it would look like. Because USA are the initiators, promoters and the biggest advocates of the "war on drugs" policy, i.e. the prohibition policy, legalizing marijuana in these two American states largely weakens the US prohibition policy, and consequently the global drug policy which is under the heavy influence of the USA.

So, the wheel has started turning in a direction opposite to prohibition and there is probably no stopping. What this will mean, i.e. whether the wheel will stop at legalizing marijuana or will continue spinning until it reaches other drugs, only time will tell, but it is now obvious that the wind is blowing at the backs of those supporting legalization and drug regulation.

Should drugs be legalized, regulated differently, or should we keep to the prohibition?

Let us take a look at the two concepts regarding drug policies: the prohibition, i.e. the war on drugs, and the legalization, or regulated use. The policy of prohibition bans any production, distribution, possession and use of drugs. It is also a concept primarily based on the moral judgment of drug use and people who use drugs and is not an evidence-based approach. The prohibitionist concept itself gives a very clear and direct moral support or moral authority to its adherents, and negates and rejects anti-prohibitionists marked as unethical and politically irresponsible. The prevalent public attitude is that prohibition is the most moral position, which makes the debate on the influence and consequences of the prohibition harder. That's why we can frequently see how analyzing prohibition actually means questioning the ban on drug use. This in itself is considered an immoral act and the one who does the analysis risks to be labeled as naïve, not serious or criminal, siding with dealers etc. This is quite ironic, because exactly by supporting the status quo condition of prohibition, what is supported are the criminals, illegal drug production and all the harm it causes. But, we will come back to that later. Prohibition or the war on drugs represents drugs as an existentialist threat on humanity. In their media and public appearances, prohibitionists talk that drugs are a threat not only to users but to all citizens, a threat to national security and the moral tissue of society. And very aggressive rhetoric is being used in the process. The notions and qualifications used are evil, death, devil, reminiscent of some form of crusades against this evil that is threatening humanity. Problematically, this discourse is prevalent both in the national and in the international legal framework. Let us take as an example the UN Convention on Drugs from 1961. This very significant document made prohibition a global policy. Here is a direct quotation from the Convention: "...We are aware of our duty to prevent and fight this EVIL". The Macedonian Law on Drugs contains the belligerent term "repressing" as the

"All above stated parameters indicate that prohibition is not the best solution."

main purpose of this law: "...for the sake of repressing illegal drug use..." This representation of drugs as an existentialist threat generates a policy that even justifies radical measures. So, we witness complex police raids, abuse, beating and violation to a series of human rights in the name of prohibition all over the world. On the other hand, the budget for these types of actions is continuously increased, this leading to increase in power of state security forces as compared to financing social and health institutions. A war like that bears many casualties. In Mexico only, there have been more than 40.000 victims, and stigmatization of users, crowded jails, and financial implications all over the world (each citizen of the USA has given 165 dollars for the war on drugs policy) etc. It is usually thought that the replacement of prohibition with the regulation approach will lead to a free-for-all situation in regards to the availability and use of drugs. It is certainly not so. Practical examples from several countries, such as Holland, Portugal, Czech Republic etc., have shown that this is an irrational fear and such reforms are much more effective than prohibition. On the average, 7% of the EU citizens have used marijuana or hashish during the past year. Italy and Spain are on the top of the list with 11%, and Holland with its 5%, is below the European average. In Holland, the introduction of the liberal laws did not lead to increase in the use of marijuana. Plus, the heroin use is dropping. In 2001, Portugal decriminalized almost all kinds of drugs, including marijuana, heroin and cocaine, which for users mean they don't face punishment prison for possession for personal use or for drug use. The results from this step have been fascinating. Namely, five years into this change an evaluation showed the following: 1. In young people aged 14 to 16 the use of illegal drugs has decreased from 14,1% to 10,6%; 2. The use of heroin at least once by youngsters aged 16 to 18 has decreased from 2,5% to 1,8%; 3. The prevalence of HIV in people who use drugs has decreased for 17%, and the drug related mortality has decreased for 50%; 4. The number of people who use drugs who have sought treatment has increased from 6000 to 14800; 5. The

"Legalization of marijuana in the two US states largely weakens the prohibitionist political stance of the USA, and consequently of the global drug policy which is under the heavy influence by the USA."

use of marijuana among adult population above 18 years of age (at least once in a lifetime use) is below 10%. For comparison, in the USA, where most of the states have criminalized the use of drugs, 40% of the adult population has used marijuana. In fact, in the USA people use cocaine more than people in Portugal use marijuana. Any drug policy must be evidence-based, on evidence of effectiveness. Prohibition has demonstrated that it is ineffective. If we take a look at the key parameters in regards to the success of this policy, it shows that the availability of drugs – prohibition has not resolved this problem, drugs are pretty much available today; price – most drugs today are sold cheaply; use – the number of persons using drugs does not decrease, on the contrary, it is constantly increasing; the number of drug-related mortalities has also increased, and prisons are filled with people who use drugs. All this costs the state a lot more, having in mind that the annual costs for one prisoner in the EU range between 30 and 40 thousand euro. It would be much better to use these finances in prevention, education and treatment programs. All above stated parameters indicate that prohibition is not the best solution. The use of drugs can be more or less risky. This is exactly the reason why their use should be regulated differently. And that is the reason the market is now in the hands of criminals. They define the quality, purity, availability etc. Drugs can be harmful, but will be much less harmful if it wasn't for the prohibition. Regulating drugs as a model as opposed to the prohibition will not be the panacea or the silver bullet as far as drugs are concerned, and magically solve all problems once in place. But, I am convinced that it is a much more humane, civilized and effective model.

"Penalties against possession of drugs should not be more damaging to an individual than the use of the drug itself." Jimmy Carter, former US president

"Dependence should never be treated as a crime. It has to be treated as a health problem. We do not send alcoholics to jail in this country. Over 500,000 people are in our jails who are nonviolent people who use drugs. Ralph Nader, USA, political activist, author, lecturer and lawyer

Irena Cvetkovikj

Propaganda

"Few are those that see with their own eyes and feel with their own hearts."

Albert Einstein

Irena Cvetkovikj

Propaganda

"You've never heard of a positive drugs story in the news, which is strange, because most of the drug related experiences I've had are really positive. Where do they find those morons? At one time I wanted to call them: Come, shoot in our house!" This is a small part of one of the most popular stand-up shows of the comedian Bill Hicks, in which he talks about the one-sided perception about the use of drugs produced by the establishment (the political elites, institutions, media...). What is really the subject of Bill Hicks' criticism, but in an exceptionally humorous way, is the propaganda as an inevitable part, among the many other aspects, of what is called "the war on drugs". Propaganda as a technique represents a communication strategy. Garth S. Jowett and Victoria O`Donnell, through two perspectives, that of communication history and rhetoric, in their work "Propaganda and persuasion" they define propaganda as a form of communication which is trying to achieve a response that furthers the desired intent of the propagandist. The simplest definition of propaganda is that is it represents a process of use of different communication strategies which create emotional attraction for accepting certain beliefs or attitudes, for adopting certain behavior and actions. Exactly through the most developed propaganda techniques, war on drugs, a project worth an enormous amount of money, remains a legitimate and unproblematic for most people.

Several years ago in Macedonia we witnessed a campaign for drug use prevention, produced by the Government of Republic of Macedonia, under the title "Life is my movie". Probably all of us remember the many videos through which perfect camera, light and actor play, the state apparatus warned us of the fatal risks brought about by drug use. If we turn to Bill Hicks' point, the question that becomes relevant is why the use of drugs is always tied to horror stories when millions of people in the world relate the use of drugs for exceptionally positive experiences? In order to reach a relevant judgment for something, it must be based on arguments, information and knowledge. In the contrary, the set of opinions built on propaganda techniques is a prejudice, rather than a judgment. In the four propaganda movies from the campaign "Life is my movie" four fictional stories are told about the use of marijuana, heroin, cocaine and ecstasy. What's common for all of them is that the story is told through two perspectives: one when the main character decides to consume the drug and the other when s/he refuses. The first perspective, through an elaborated scenario shows the fatalistic consequences of the decision, while the other doesn't get into the consequences of the choice, and instead ends with an abrupt NO! of the main character. I suppose that many found the marijuana video funny. The main character accepts the offer from his two friends to take marijuana and immediately afterwards short, but pretty crazy scenes ensue about what the three "high" friends do. First they start running fast and furiously on the traffic crowded street, while running hit one nice old lady, then run again towards her and grab her bag from her hand, run because she trying to chase them, falls down, some one more joint, climb on the top of a building, where one of them walks on the very edge of the roof, amazed from the height on which he is, as if flying, laugh, go to a public parking, steal a car, smoke another joint, scream and jump in the car, while driving change seats so that the passenger becomes the driver, and then hit a girl and kill her. Any person who has tried

"The simplest definition of propaganda is that is it represents a process of use of different communication strategies which create emotional attraction for accepting certain beliefs or attitudes, for adopting certain behavior and actions."

marijuana at least once, or is at least minimally familiar with the effects of marijuana, will notice that their conduct is in no way characteristic to that resulting from the use of marijuana. In a realistic situation, the three friends would hardly move from the place where the movie starts, let alone have Trainspotting happen to them in less than 24 hours.

Well, what is then the purpose of these video clips? Exactly that – these films are propaganda and their purpose is not to comprehensively inform the public of the causes, manners, actions and consequences related to the use of drugs, but rather creating fear and paranoia among the population and strengthening the stigma and prejudices for people who use drugs. Propaganda always presents only one side of the argument. In this case, those are simply the negative effects from the use of drugs, which through the different techniques are hyperbolized to the level of horror stories and monstrous sights. Worth pointing out is the use of the technique called transfer, a tool which the propagandist uses to relate the authority of prestige and respect with the thing he wants us to accept. So, in the ecstasy movie, the decision not to take drugs is connected to a family life of a cute girl and her family, in the cocaine movie, with his successful carrier and job. Juxtaposed to this is the use of the drug, related to family rejection, forced sex work and death. Propaganda films are based on logical fallacies. The "bad logic" technique is a logical manipulation for the sake of persuasion. An example for this is the marijuana movie which main point is: people who take marijuana are a danger in traffic and cause deadly accidents. One more tool, similar to the previous one is easily noticeable in these movies. It is a propaganda technique for creating hyperbolized assumptions based on several minor facts. Thus, starting from the fact that the regular use of ecstasy leads to the decrease of serotonin (the so called happiness hormone) which may cause depression, the movie comes to the conclusion that people who consume ecstasy will commit a suicide.

The main propaganda technique used in the context of the war against drugs is fear. By showing frightening images and discourses of shock, the propaganda machinery creates images of people who use drugs as dangerous criminals and transmitters of diseases for which the public (at least the one that is of interest to the state) should be kept away from and be wary of. Frightening propaganda is based on deeply seated fears among the majority, and its purpose is to warn the audience that a disaster will follow should they not follow state apparatus instructions about how they should behave, what they should do with their bodies, how they should think, or bottom line, until they succumb to the state's power. In all these propaganda movies, drug use ends with death or disaster, either to the main character who used the drug or to people in his/her surrounding. Thus, the marijuana smoking boy kills a girl, the girl that uses ecstasy decides to kill herself, the heroin girl ends up as a pimped sex worker in permanent hysteria, the boy taking cocaine bleeds and loses consciousness, maybe almost dying in the middle of a working meeting. All other characters from the movie that main characters encounter are in some way damaged by people who use drugs (robbed, hit, insulted).

To date, no Government of the Republic of Macedonia has produced a movie which would explain the possibilities for dependence treatment, the conditions and quality of this treatment, the programs for employment and re-socialization of people who use drugs. The reason for this is that budget money is easier and more frequently spent on propaganda rather than medical protection. The purpose is causing fear, and thus increasing control of the state apparatus on citizens as well as creating and maintaining the black market, instead of investing in public health and equal care for all citizens. ■

"To date, no Government of the Republic of Macedonia has produced a movie which would explain the possibilities for dependence treatment, the conditions and quality of this treatment, the programs for employment and re-socialization of people who use drugs."

12 heads of state who support drug policy reform

The commitment of heads of state is crucial in pushing for drug policy reform since they have the power to challenge the current prohibitionist framework at its political roots. Sadly, when in office many key players like Barack Obama and David Cameron seem afflicted by post-election amnesia when it comes to rethinking the War on Drugs. Indeed, historically, the issue has been taboo and thus it was that was only former presidents were willing to speak out.

Nevertheless, in the absence of much significant engagement on the side of Western consumer countries, Latin and Central American presidents have taken the lead in challenging the prohibitionist status quo. And what is increasingly encouraging is that more and more incumbent political leaders are now daring to challenge the prevailing orthodoxy. Below is a selection of some of the more prominent past and present heads of state who are not afraid to champion reform, divided up into 'Incumbents' and 'Formers'

Incumbents

José Mujica

José Mujica, 'the world's poorest president' who famously donates 90% of his salary to charity caused quite a stir back in October 2012 when he declared that Uruguay will be legalising the production and supply of cannabis under monopoly state control. When asked about his motives he replied that "The traditional approach hasn't worked [...] Someone has to be the first.

Since then, he has announced that the plan has been delayed due to lower than hoped public support in ongoing polling. Nevertheless he remains committed to the reform and the Bill continues to make its way through the Uruguayan parliament.

He hopes to go ahead with this groundbreaking policy when the population understands the intent of the measure, underlining that "The majority has to be in the street and the people have to understand that with shootings and putting people in prison we are giving a gift to drug traffickers."

Juan Manuel Santos

Juan Manuel Santos. Colombia's president is an increasingly vocal proponent of reform, who, since coming to power, has drawn significant attention to the suffering of Latin American producer countries, the unintended consequences of current international drug control. He is now a major advocate calling for a rethink of the failed War on Drugs.

In contrast to his Uruguayan counterpart, he rules out any possibility of unilateral action on the issue on Colombia's side, instead calling on the international community to address the obvious failure of the War on Drugs and stressing that responsibility has to be shared among producing, transit and consuming countries. In his calls for a debate he is much bolder than other politicians, bringing up both the legalisation of cannabis and perhaps even cocaine as a subject for international discussion.

Laura Chinchilla

Laura Chinchilla, president of Costa Rica, joined the group of incumbent presidents calling for a rethink of the prevailing prohibitionist approach stating that drug legalization in Central America merits a 'serious' debate in order to reduce the crime and violence spreading through the region, even if it runs up against U.S. opposition; once more drawing on the fact that Central Americans "have the right to discuss it" because "we are paying a very high price". ■

Evo Morales

Evo Morales, the Bolivian president, now serving his second term, hasn't endorsed wider drug policy reform, but has instead focused on the legalisation of the practice of traditional coca leaf chewing in Bolivia. In his campaign he dared to withdraw the country from the 1961 UN Convention on Narcotic Drugs, and despite objections from several countries later managed to re-accede to the convention with a special dispensation recognizing the practice as legal in Bolivia, effectively renegotiating the UN conventions to allow for more progressive reforms.

Morales has also been highly critical of the broader 'war on drugs' paradigm - which he views as failed and counterproductive. See, for example, this speech at the UN Commission on Narcotic Drugs earlier this year. ■

Otto Pérez Molina

Otto Pérez Molina of Guatemala is another Central American president leading the debate on a need for a global shift in drug policy and challenging the U.S to move in the same direction.

"I believe that as he is entering his second term, [Obama] is going to be more open to this debate. In the end, this is the direction we all have to move in. There is going to be a change away from the paradigm of prohibitionism and the war against drugs, to a process that will take us towards regulation. I would expect a more flexible and open position from President Obama in his second term."

Molina's engagement with the issue is a welcome development, though his role as an advocate of reform may be overshadowed by the serious (though unconfirmed) allegations of human rights abuses that he faces. ■

"Once brave politicians and others explain the war on drugs' true cost, the American people will scream for a cease-fire. Bring the troops home, people will urge. Treat drugs as a health problem, not as a matter for the criminal justice system" Larry Elder, radio and TV personality

Ruth Dreifuss

Former heads of states
Ruth Dreifuss. Former president of Switzerland, member of the Global Commission on Drug Policy (which supported an experiment with legal market regulation of cannabis and other drugs), and pioneer of innovative harm reduction strategies. She introduced heroin-assisted treatment whilst she was Minister of Home Affairs for Switzerland and she frequently speaks out for decriminalisation and a public health approach to drug policy.

César Gaviria

César Gaviria. The former president of Colombia, and a former Secretary General of Organization of American States, recently reiterated his support for drug policy reform, writing a joint letter with Fernando Henrique Cardoso, Ricardo Lagos and Ernesto Zedilla on the new, groundbreaking report by the OAS that recommends exploring alternatives to the war on drugs:

"The OAS and countries across Latin America are positively contributing to the breaking of the taboo that blocked for so long the debate on more humane and efficient drug policy. It is time that governments around the world are allowed to responsibly experiment with regulation models that are tailored to their realities and local needs."

George Papandreou

George Papandreou who served as Greece's Minister of Foreign Affairs and later became Prime Minister, is another member of the Global Commission on Drug Policy who was a serving head of state at the time of publication and as such was therefore possibly the first head of state to publicly back legalization/regulation. He has long advocated the need for a rethink of the current global drug policy framework.

Speaking at a High-level Conference on Drugs entitled "Towards an effective drug policy: Scientific documentation, everyday action and political choices", which was organized during the Greek presidency of the EU in 2003, Papandreou said:

"I do not hide that I personally have from time to time supported the need to see the addict as someone in need of treatment rather than a criminal, the need to make full use of the conclusions of a number of bold pilot projects, regarding the supervised administration of substitute narcotics in an organized way, including by the State itself."

"I can't claim a Bill Clinton and say that I never inhaled." (Sara Palin, Governor of Alaska, USA, from 2006 to 2009)

Fernando Henrique Cardoso

Fernando Henrique Cardoso, former president of Brazil, and Chair of the Global Commission on Drug Policy, has been one of the most prominent former leaders calling for radical changes in drug policy:

"There is still a long way to go. The trend towards decriminalisation for possession helps to empower a public health paradigm. It breaks the silence about the drug problem. It enables people to think in terms of approaching drug abuse in a way that is not first and foremost a matter for the criminal justice system. Reducing the harm caused by drugs goes hand in hand with reducing consumption."

In a joint letter written with Cesar Gaviria and Ernesto Zedillo he reasserts their support for the legal regulation of the drug market:

"The full enforcement power of the state and the social and cultural pressure of society should be aimed at a relentless fight against organized crime -- rather than persecuting people in need of treatment.

Our second core recommendation – which is more complex but just as important for ensuring peace and public safety – is to encourage experimentation with different models of legal regulation of drugs, such as marijuana, in similar ways to what is already done with tobacco and alcohol.

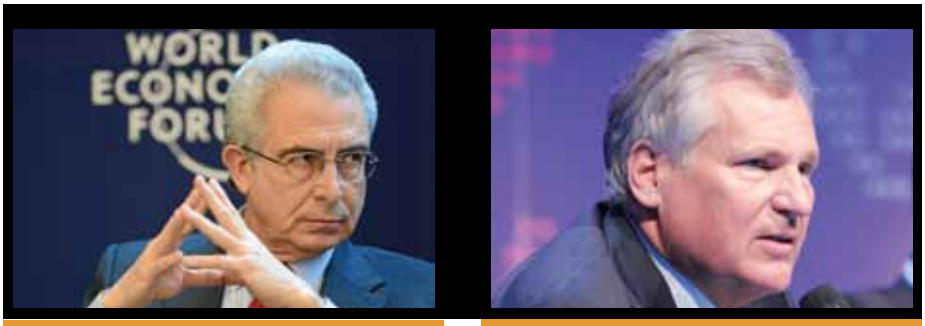
Research has consistently demonstrated that marijuana is a less harmful drug than tobacco or alcohol. Regulation is not the same as legalization. This is a critical point. Regulation is a necessary step to create the conditions for a society to establish all kinds of restrictions and limitations on the production, trade, advertising and consumption of a given substance to deglamorize, discourage and control its use." ■

Jorge Sampaio

Jorge Sampaio. The former Portuguese president was at the beginning of his second term when his country became one of the pioneering EU countries introducing a decriminalization policy in July 2001.

The pioneering law was introduced in response to Portugal's growing drug abuse problem, and meant drug possession/use was no longer treated as a criminal justice issue. Instead, it would now be dealt with as a purely administrative violation. This legal reform, alongside a more fundamental realignment of policy from punitive enforcement towards public health interventions, resulted in a decline in problematic drug use, drug-related mortality rates and drug-related disease transmission. Twelve years after the law was enacted there is widespread political consensus in Portugal in favor of decriminalization. ■

"Pot had helped, and booze; maybe a little blow when you could afford it. Not smack, though." (Barack Obama, President of the USA, in his memoirs "Dreams from My Father")



Ernesto Zedillo

Ernesto Zedillo, the former Mexican president, and another member of the Global Commission, has also been a co-author of previously mentioned letters calling for alternatives to prohibition to be explored. Zedillo is also the Director of the Yale Center for the Study of Globalization. In one of the Center's publications entitled 'Rethinking the War on Drugs through the US - Mexico Prism' he writes that:

"Of course, we must believe that the architects and subsequent followers of the 'war on drugs' strategy though that they were acting on behalf of the public interest, but that is hardly a reason not to examine the basis for and the results of their policies. In this process, we should not ignore the possibility that their idea of public interests might have been distorted by a sense of short-term political urgency."

Aleksander Kwasniewski

Aleksander Kwasniewski, former president of Poland who joined the Global Commission last year seems to be a good illustration of the short-termism that Zedillo wrote about. In 2000, as president, Kwasniewski signed the bill introducing a prison sentence of up to 3 years for the possession of any amount of illicit drugs, no matter how small. Not surprisingly, the result was a drastic increase in numbers of arrests, more than half of them under the age of 24.

Such an approach hardly merits a place on the list of top reformers, however what is interesting is that he publicly admitted that introducing those policies was a serious mistake. In an op-ed published in the New York times in May last year he declared:

"It is my hope that political and community leaders in other countries, especially in Eastern Europe, will learn from Poland's experience in criminalizing drug possession, a move that clearly fell short of its goals. Such a policy failure should not be repeated anywhere else in the world."

Basia Cieszewska, Transform Drug Policy Foundation

Taken from:
Transform Drug Policy Foundation
http://www.tdpf.org.uk

Original text available on:
http://transform-drugs.blogspot.com/2013/06/top-heads-of-state-who-support-drug.html

Tomislav Ruzhin

Project: "Introducing drug treatment tailored for children"

Since January 2013, the association HOPS – Healthy Options Project Skopje has started realizing the one year project "Introducing a drug related treatment for children", financially supported by the Open Society Institute Budapest, Hungary. The purpose of this project is to propose an appropirate model for achieving the right to treating children who use drugs and for imporving the right to treatment of Roma people who use drugs.

The need for this project arose out of the insights coming from the long experience of HOPS working with people who use drugs in Shuto Orizari, as well as from prevoius projects in this community. Once of the conclusions from the research carried out in January/February 2011 regarding the "Improvement of the right to access to social and health services for drug using Roma people" was that the position of minor people who use drugs is very complex because of the trend of increasing the use of heroin among children and the existence of institutional and legal barriers for their proper treatment and rehabilitation. For the successful improvement of the right to health of children who use drugs programs for the treatment and rehabilitation of children should be implemented and adopted, and continuous cooperation between concerned institutions and organizations should be fostered.

One of the first activities within the project was the estabishment and development between institutions that work in the area by founding a working group comprised by professionals/representatives from the Minsitry of labor and social policy, Hospital for Psychiatry "Skopje", the Pediatric Clinic – Skopje, The Psychiatry Clinic – Children's psychiatry ward and the Clinic of Toxicology. The working group, via the exchange of information about the current circumstances, shall have as its objective the development of directions for further activities towards resolving the problem with children using drugs.

Due to lack of local, as well as global experiences in the treatment of this problematic, the need arose for a study visit. In the period from 12th and 14th May, 2013 the members of the working group had a study visit in Vienna. Their host was the organization "Dialogue" which has been working on the treatment, rehabilitation and resocialization of children who use drugs. Participants were familirized with the ward for young people at the Dialog Gudrunstraße and exposed to the experiences from their work with young people who use drugs. A special focus was provided to the medical treatment of young people who use drugs with substitition therapy and psychosocial care and cooperation with other institutions, including general legal regulations that regard the young people in Austria. Participants had the opportunity to also visit the treatment ward within the Dialog Gudrunstraße. We also visited other institutions in Vienna, specialized for drug dependences or youth care, such as: Jedmayer and Ambulatorium suchthilfe Wien – a low threshold center for treatment of people who use drugs, with an open day center, a shelter, medical treatment and substition program, as well as access to services from social worker and a program for exchange of injecting equipment; Caritas Vienna "a_way") – Youth shelter for children and Caritas Vienna "ReStart" – New project for young people, which uses working therapy and activities provides the young people who use drugs an opportunity to earn some money, mostly because of their unreadiness to compete at the

regular labor market.

The study visit was documented on video which will be used for sharing acquired experiences to other representatives of relevant institutions part of the social and health system in Macedonia.

The purpose of the working group is to prepare a Manual for acceptance and referal of drug using children, which defines the steps each institution should undertake in order to ensure safe and timely treatment for rehabilitation of drug using children.

The project foresees strengthening of the free legal aid for drug-using Roma with special focus on children, in case of discrimination and violation of their right to treatment by ensuring free legal representation. Also, monitoring and documenting shall be performed for cases of violation to the health rights of Roma people, and results shall be used to prepare shadow reports for international human rights organizations.

Aleksandra Spasovska

Center for rehabilitation and re-socialization of people who use drugs and their families

Since the September 1, 2012, the association HOPS – Healthy Options Project Skopje, with financial support from the City of Skopje, opened a Center for rehabilitation and re-socialization of people who use drugs and their families.
The purpose for opening this type of center is promotion and improvement of the health of people who use drugs and their families via social integration.
The center offers services for psychosocial support of people who use drugs for creative expression. With this it will contribute to the promotion and improvement of social inclusion of people who use drugs and their families.

In line with the needs of service users, the center has engaged a psychologist/psychotherapist, psychiatrist and a pedagogue. Some of the activities and services that can be found and used by people who use drugs and their families are:

- Psychosocial support for people who use drugs and their families, which includes: ventilation and support psychotherapy, counseling for therapeutic models, individual gestalt therapy, individual counseling and group work, work with people who use drugs and their families;

- Pedagogical and psychosocial support for children people who use drugs that include: individual and group activities with a child pedagogue (literacy, socialization, group and individual educational workshops for children, help for home work)

- Andragogic activities for adults: literacy for adults, counseling for parents about proper care of their children, counseling for parents on developmental needs and possibilities of children

- Activities for creative expression (creative workshops), in order to encourage creative potential of people who use drugs in the process of rehabilitation.

All meetings are organized upon prior registration on the phone number: **02/511-2684.**

Daniela Simovska

The HOPS creative workshop

Within the harm reduction program for people who use drugs in HOPS, a Day center operates – The drop in center no. 2, Kapishtec. In addition to other services provided within the Day center, for a third year now a creative workshop. Its activities are intended for clients – people who use drugs, and are led by two instructors.

Through an interactive program the client's creative potentials are encouraged. This influences a change on a behavioral level and development of skills via drawing/paining making jewelry and objects from skin and beads, designing prints with textile colors etc.

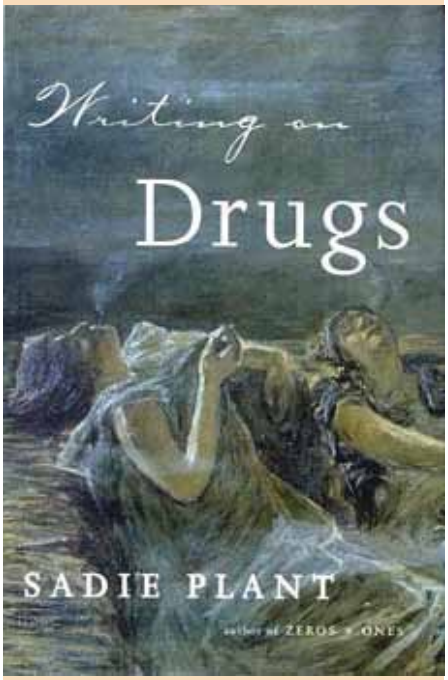
The workshop is financially supported by the City of Skopje with an intention to grow into a self-sustained activity, thus encouraging social entrepreneurship.

In the past three years, the creative workshop was present at several events such as: Basker Fest, Beerland, VineSkop etc. On one of these events, the workshop presented itself with a project of decorative Easter eggs and it won the "Most original Easter egg" award.

The activities related to the festivals Baskerfest, Beerland and other similar events make it possible to clients to participate in an alternative earning model. By using their own creative potential, clients are provided the possibility to earn by selling produced items, which is part of the process of rehabilitation and re-socialization, but is also the main point of the creative workshop.

Book:
Writing on drugs, Sadie Plant

Description: Modern culture is based on drugs. Their psychoactive effect has shaped part of the most essential philosophies of the modern era, and they have even helped to break through the neuro-chemistry in the human brain. Experiments with writing under the influence of drugs, including Coleridge on opium, Michaux on mescaline, Freud and Burroughs on everything, are an examination of the deep and protruding influence of drugs on the culture of modernity and past. The author builds on the stand point that drugs were an integral part of modern policies, media and technology.



Film:
Grass

Description: Grass is a documentary film investigating the propaganda struggle of the American government against marijuana in the 20th century. Via permanent xenophobia towards Mexican emigrants and their practice of smoking marijuana through the film we see the seriously erroneous policies on drugs by the USA establishment, foremost in the form of exclusively positioning this specific phenomenon and problem within the domain of crime, instead of taking the aspect of public health policies. Dosed with prejudices, hysterical propaganda and political opportunism, but also with the reasonable voices of concerned subjects, this film tells us the story of one expensive and pointless crusade against the substance with problematic effects on health, a propaganda war which has shattered basic human rights and freedoms.

Believe it or Not

Since the American president Richard Nixon announced the war on drugs in 1971, USA have spent one thousand billion US dollars for its implementation.

The police in Quincy, Massachusetts, USA, distributes naloxone to people injecting opiates. The Massachusetts Public Health Institute started this pilot-project upon the initiative of a group of opiate users and their parents in order to decrease the mortality by drug OD, which is 60% in this federal state of all cases of poisoning. The effectiveness of the project justifies the commitments for carrying out these activities in the whole state of Massachusetts.

NEWSFLASH

- From the 26 to 28 February 2013, HOPS – Healthy Options Project Skopje organized a training for financial planning intended for organizations concerned with harm reduction from drug use, support of sex workers, organizations for people who use drugs and sex workers.

- From 29 to 31 March 2013, in HOPS – Healthy Options Project Skopje, organized a seminar for active inclusion of people treated from dependences by advocacy for improving the quality of drug dependency treatment programs.

- From 27 to 29 April 2013, in the organization of the Association HOPS – Healthy Options Project Skopje, training was held for capacity strengthening in order to maintain sustainability of activities and strengthening the process of advocacy for organizations providing support to sex workers.

- On 22 May 2013 in Ohrid an international symposium on dependences was held in organization of the South East Europe and Adriatic Dependences Treatment Network.

- On 31 May and 01 June 2013, in organization of the association Doverba, in Skopje a seminar was organized on psychosocial support – self-help groups, intended for the work with people treated for drug dependence.

- From 25 June to 02 July 2013, organized by Association HOPS – Healthy Options Project Skopje, in Ohrid, the second summer school on dependences was held which offers a multidisciplinary approach to educating professional cadres for working in the field of drug dependences. At the same time, participants at the school supported the global initiative, Support. Don't punish. http://supportdontpunish.org

www.hops.org.mk

HOPS
Healthy Options Project Skopje

CSHRMC
Coalition 'Sexual and Health Rights of Marginalized Communities'

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