

BOLETIN DE DOCUMENTACION
nº 1 marzo 1999

INTRODUCCION

La Delegación del Gobierno para el Plan Nacional sobre Drogas está realizando un importante esfuerzo para poner al servicio de los ciudadanos toda la información disponible en materia de drogodependencias. Para ello dispone de un Centro de Documentación especializado que pretende ser el punto básico de referencia para cualquier usuario, tanto público como privado, interesado en esta materia. Este Centro dispone de una amplia colección de libros, títulos de revistas, literatura gris, además de bases datos bibliográfico-científicas, de legislación, prensa, vídeos, y desde el mes de Junio pasado, el Plan Nacional sobre Drogas está en Internet con una página Web propia (<http://www.mir.es/pnd>).

El Boletín que ahora presentamos, es fruto de las tareas de selección bibliográfica y análisis documental de los técnicos del Centro, y tiene como principal objetivo informar trimestralmente a todos aquellos potenciales usuarios del Centro de Documentación relacionados con el ámbito de las drogodependencias de las novedades incorporadas recientemente a su fondo documental.

Destacamos como una de esas novedades, la Memoria 1997 del Plan Nacional sobre Drogas, que en su duodécima edición, adquiere un carácter más propio de informe de las actividades desarrolladas por las instituciones que componen el Plan Nacional sobre Drogas, dejando los datos y el análisis de la situación del consumo de drogas y de sus consecuencias a los informes periódicos del Observatorio Español sobre Drogas.

Los interesados en alguna de las referencias que aparecen en este Boletín, así como cualquier otra documentación o información relacionada con el ámbito de las drogodependencias, puede tener acceso a las mismas bien en el propio Centro utilizando la sala de consulta y el servicio de búsquedas en bases de datos o contactando a través de:

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Vol. 23, No. 6, 1998

Special Issue

**ADDICTIONS '98: "COMORBIDITY ACROSS
THE ADDICTIONS"**

Guest Editors: Nick Heather and Eilish Gilvarry

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AN INTERNATIONAL JOURNAL

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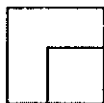
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La Unión Europea y la Directiva de control de la publicidad del tabaco

La dimensión europea de la salud pública se está haciendo más visible en los últimos tiempos. Con el tratado de Maastricht la salud pública pasó a ser competencia de la Unión Europea, y este cambio tiene traducciones concretas. De máximo interés es la Directiva Europea de prohibición de la publicidad del tabaco. Como es visible, apenas hay fumadores en la población mayor de 65 años: desaparecen por la muerte precoz y por que las enfermedades obligan a muchos a abandonar su hábito. La industria necesita sustituirlos. Pero los efectos del tabaco son ampliamente conocidos, y en los países desarrollados prácticamente ningún adulto empieza a fumar. Los nuevos fumadores se reclutan entre los adolescentes, antes de llegar a la mayoría de edad: un período de experimentación conduce en días o semanas al consumo habitual por 20-30 años, dados los mecanismos farmacológicos de tolerancia a la nicotina. La publicidad del tabaco va dirigida principalmente a los adolescentes, a asociar el tabaco con el éxito social y sexual, y con el riesgo, la aventura, el deporte o la música popular, creando las condiciones propicias para que muchos adolescentes acepten las ofertas de experimentación que se suscitan en su entorno. Aunque las compañías tabaqueras lo nieguen, un análisis de los contenidos subliminales de los anuncios, de sus formas y de los medios que los transmiten, evidencia que se dirigen básicamente al segmento adolescente, aunque ocasionalmente aparezcan en la prensa de información general (con mayor frecuencia cuando se incrementa el debate social sobre la regulación del tabaco por los poderes públicos, como estos días).

Controlar la publicidad del tabaco es proteger a los menores de la promoción de un producto dañino. El tabaco plantea un caso especial en el mercado: es el único producto de consumo que causa lesiones en sus usuarios utilizándolo según las instrucciones del fabricante. Por eso tiene sentido la regulación de su publicidad. Los cuatro países desarrollados que han prohibido totalmente la publicidad del tabaco han visto descender de forma clara el consumo de tabaco entre los jóvenes, con mayor intensidad cuantas más generaciones han llegado a la edad adulta sin haber sufrido la presión de la publicidad del tabaco.

El panorama en España es deplorable. Los adolescentes se ven bombardeados por anuncios de tabaco en la prensa musical, deportiva, de moda, ... Las radiofórmulas llenan sus programas de publicidad de tabaco. Y la situación en TV es escandalosa. Aunque las competiciones deportivas tienen una importante presencia de las marcas del tabaco como patrocinadores, está prohibida la publicidad directa de tabaco en TV. Sin embargo, durante el último año se han emitido anuncios camuflados: Winston, American Campus, For Sun, Ducados Music, ... Y mientras los anuncios For Sun fueron suspendidos por orden judicial, el tema de Ducados Music aún colea por los tribunales. Por esto necesitamos una normativa que prohíba toda publicidad del tabaco, de sus marcas, y el patrocinio. Sólo así evitaremos lo que está pasando; que la industria, capaz de contratar los mejores publicistas y abogados, pueda burlarla. Necesitamos una normativa que proteja los intereses de la sociedad, que proteja a nuestros niños y adolescentes, vista la incapacidad de nuestros últimos gobiernos para aprobar una normativa efectiva para el control de la publicidad del tabaco. No será la primera vez que la legislación europea nos ayuda a resolver problemas que los conflictos de intereses eternizan en nuestro país: regulación de títulos profesionales, control sanitario de mataderos, ...

En el Consejo de Ministros de Sanidad de la Unión de diciembre de 1997, el actual Gobierno Español modificó su posición, tradicionalmente favorable a la directiva: un cambio que no ha sido explicado de forma satisfactoria. El pasado mes de mayo, el Parlamento Europeo aprobó la Directiva propuesta por los gobiernos, y su publicación en el diario oficial de las comunidades europeas es inminente, tras ser comunicada de oficio a los gobiernos en un consejo de ministros. Así se iniciará su paulatina entrada en vigor, que culminará en el año 2006, en beneficio de todos.

VÍCTOR LÓPEZ GARCÍA-ARANDA
JOAN R. VILLALBÍ

Comité Nacional de Prevención del Tabaquismo

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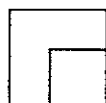
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Alternativas a la prisión

Número monográfico:
ATENCIÓN A LAS DROGODEPENDENCIAS EN CENTROS PENITENCIARIOS

El nuevo Código Penal prevé la posibilidad de aplicar medidas alternativas a la prisión a quienes delinquen en estado de drogodependencia. Esta vía venía utilizándose con anterioridad, sobre la base de la Ley Orgánica de Reforma Urgente y Parcial del Código Penal de 1983, que preveía una serie de medidas de seguridad aplicables a las personas en estado de enajenación, pero lo cierto es que la práctica jurisprudencial tendió a una interpretación restrictiva.

El nuevo texto detalla las medidas a las que puede recurrirse. Al margen de la suspensión de la ejecución de la pena que se contempla en el artículo 87 -que puede aplicarse en el caso de sentencias que no superen los tres años, si se certifica que el condenado no es un reo habitual y que se encuentra deshabitado o sometido a tratamiento en el momento de decidir sobre la suspensión-, se contemplan medidas sustitutivas de la pena privativa de libertad. Así, en caso de exención de la responsabilidad criminal (artículo 20.2), el juez puede dictar alguna de las medidas de seguridad previstas en el artículo 96, entre ellas el internamiento en centro de deshabitación; en caso de que la exigencia sea incompleta, actúa como atenuante y el juez puede aplicar una medida de seguridad seguida bien de una pena de prisión, bien de una medida no privativa de libertad, bien de una suspensión de la pena de prisión si con ella se pusieran en peligro los efectos conseguidos con la medida. Finalmente el artículo 88 dispone las medidas sustitutivas de carácter general -arrestos de fin de semana, multas, o trabajos en beneficio de la comunidad- aplicables a reos habituales, sean o no drogodependientes.

Las previsiones normativas ya están ahí. La adecuación de las respuestas dependerá ahora de los medios, económicos y humanos, pero también organizativos, con los que se dote a la administración para dar viabilidad a las nuevas disposiciones del Código Penal y cumplimiento a las sentencias judiciales. La cuestión dista mucho de ser sencilla, a juzgar por las distintas experiencias que se observan en el ámbito europeo.

Una de las principales dificultades estriba en el hecho de que, en la aplicación de las medidas alternativas, confluyen dos mundos, el de lo judicial y el de lo socio-sanitario, con dos concepciones claramente diferenciadas de la forma en la que conviene actuar. Desde la perspectiva del derecho penal, los profesionales de la justicia deben considerar tanto el carácter resocializador como el sancionador de la medida acordada. Si únicamente se fundamentaran en el primero, podría producirse un agravio comparativo entre quienes acceden a estas medidas y quienes, habiendo cometido delitos de la misma naturaleza y gravedad, no tienen la oportunidad de hacerlo porque no cumplen la condición de drogodependencia. El riesgo de quiebra del principio de igualdad es evidente, y este principio constituye uno de los fundamentos básicos del derecho penal.

Por su parte, los profesionales de las áreas sanitaria y social tienen, por su formación, a considerar, principalmente, la función resocializadora de la medida. Claramente, la divergencia entre ambas perspectivas origina en la práctica, dificultades para el trabajo conjunto. Estas dificultades sólo pueden, en nuestra opinión, irse solucionando por dos caminos. Sin duda, sería necesaria una mayor claridad y definición en los ordenamientos penales. Pero también resulta imprescindible incidir en la formación de los profesionales que intervienen desde los distintos ámbitos. Convendría que los técnicos del área judicial accedieran, en su curriculum formativo, al conocimiento de los aspectos sociales, educativos y sanitarios que, de forma directa o indirecta, inciden en la aplicación del derecho penal y en la mayor o menor eficacia de las medidas. Paralelamente, los profesionales de los servicios sanitarios y sociales deberían tener la posibilidad de complementar sus conocimientos en aspectos jurídico-penales.

Helena Sotelo

SIIS - Centro de Documentación y Estudios

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Il timone
**UNA NUOVA "FRONTIERA"
PER LA FORMAZIONE**
di don Mario Picchi



SPECIALE
**le paure dei genitori
e le paure dei figli**
a cura di Enzo Caffarelli
e Giulia Amoruso

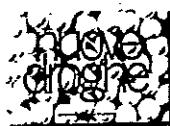
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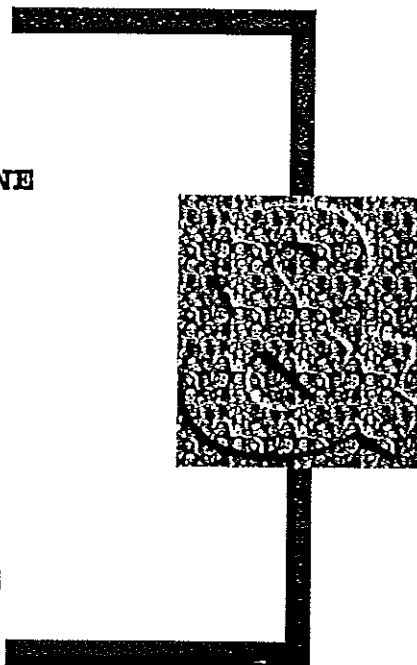
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il sito in **Internet** www.ceis.it





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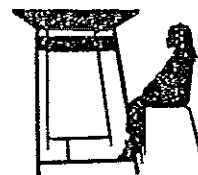
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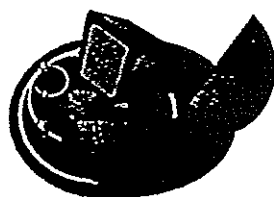
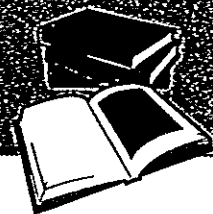
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in this issue

From soft to hard and all points in between

Cannabis is in the news once again with the Home Office giving the green light to extensive medical research on the drug (page 5). And research already indicates that some heroin users may take cannabis to alleviate withdrawal symptoms and deal with depression, restlessness and sleeping disorders (page 14). But why are we in this position in the first place? If you want to find out, read about the history of cannabis prohibition beginning on page 10. Cannabis, however, is only half the story – heroin fills in the other end of the drug spectrum, and disturbing research indicates that unless we do something now, localised heroin outbreaks could spiral into full-blown epidemics (page 17). If that wasn't worrying enough, the latest figures on Mandatory Drug Testing seem to confirm that 'switching' from cannabis to heroin could become an established fact (page 7). And finally, our social exclusion series draws to a close with a look at the most socially excluded group of them all – homeless drug users (page 21).

articles

- 10 **What's in a sausage? The roots of cannabis prohibition**
Drug laws can't be changed because of international obligations, is a common refrain. But why exactly? Ask no questions and you'll hear no lies, warns Harry Shapiro
- 14 **Cannabis cures all?**
It's the drug that always gets sidelined by treatment agencies, but – David Jackson asks – could cannabis actually hold the key to successful withdrawal management?
- 17 **Heroin still screws you up: responding to new heroin outbreaks**
You'll have seen their research in the news, but here for the first time, Roy Egginton, Catherine Bury and Howard Parker give the drug field an in-depth look at how we can try to stop heroin outbreaks in their tracks
- 21 **Out in the cold: drugs, homelessness and social exclusion**
They are the ultimate social excludees, but are we really doing justice to Britain's homeless drug users? Toby Seddon found out

regulars

- 4 **news**
Within a few years, cannabis could be patented, licensed and packaged as a medicine, but also within a few years, the sports world could have redefined its relationship with such medicines and drugs. Our own analysis of Mandatory Drug Testing does not bode well for the scheme's success, while the Office for National Statistics has also begun to analyse the scale of the drug market. And there's someone called the Enforcer wanting a word with you.
- 9 **connections**
A big thank you and support, as ever, is sought.
- 24 **reviews**
A thought-provoking directory of prevention activities and an innovative approach to education get the *Druglink* treatment.
- 26 **listings**
Publications.



DRUGLINK is about 'disapproved' forms of drug use – seen, used, socially and/or medically – as 'misuse'. **Druglink** does not aim to cover alcohol and tobacco use. **Druglink** is for all specialist and non-specialist workers and researchers involved in the response to drug misuse in Britain.

ISDD provides Britain's information service on the misuse of drugs and conducts research. **ISDD's** reference library is unique in Britain and an important international resource. Services include current awareness bulletins, publications and an enquiry service. **ISDD** is an independent charity grant-aided by the Department of Health.

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IN THIS ISSUE

Research on a shoestring

For the last *Druglink* of 1997, take some sticky-backed plastic and a washing-up bottle – and you too can become a drug researcher. Don't be intimidated, it's easier than it looks: rough and ready research on diet (page 11) and drug-using patterns (page 14) is cheap and relatively simple, and it can really help you understand your local situation. Such research can act as the basis for some tough thinking as generic youth agencies and multi-disciplinary community teams are put in the picture (pages 8 and 12). And as the nights draw in, you don't even have to leave the comfort of your armchair – a good book can do the work for you (page 16).

8 A new kind of user – a new kind of service?

'Drug users are getting younger' goes the refrain, but what can we do about it? Margaret Woolgrove and Jan Keene come up with some new and radical solutions.

11 Feed me

We all know the stereotyped skinny junkie, but how bad is your clients' health? Alan Davis set out to find out, and discovered some worrying connections.

12 Feeling our way in the dark: matching client need to service function

Right, so we need new services. But how do we structure them? Bryan Masterson and Anna Hindhaugh try to make sense of multi-disciplinary partnership.

14 Drought warning: rapid assessment in practice

1996 – the year of the great cannabis drought . . . Jim Sherval and Ian Grant wanted to sort the rumour from the fact, and their 'rapid assessment' can provide the key to 'rough and ready' research.

ALSO IN THIS ISSUE: *Eurolink* regular supplement

4 NEWS

Surprise, surprise – Keith Hellawell gets the job, but what can he realistically do? We can also give you the expert analysis of the British Crime Survey ('drugs are uncool, alcohol's hip'), the latest music uproar, the Dance Safety evaluation and – yes – the final swansong of the Addict Index.

16 REVIEWS

A special review looks at how real-life stories can plug the gaps left by research, while the lowdown on 'culturE' gets the thumbs up.

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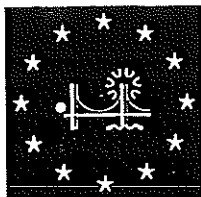
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Publications. Meetings. Conferences. Courses. New Service.

Cover photo: Oswin Baker

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E.M.C.D.D.A.

European Monitoring Centre
for Drugs and Drug Addiction

DrugNet

Bimonthly Newsletter of the European Monitoring Centre for Drugs and Drug Addiction

September - October 1998 • Issue No. 13

ISSN 0873-5379

Director of the US White House Office of National Drug Control Policy (ONDCP), General Barry R. McCaffrey, visited Lisbon on 17 July to participate in an unprecedented United States-European Union Informal Drug Forum at the EMCDDA. The Forum marked the end of General McCaffrey's eight-day fact-finding tour of seven European cities.

The Drug Forum, involving some 30 high-level US and European officials, described the state of the drug problem on both sides of the Atlantic; examined US and EU drug strategies; and discussed mutual US-EU drug-policy perspectives. Taking place outside any formal framework, the Forum also allowed free discussion on, and comparison of, different situations and approaches to drugs.

Commenting on the Forum, Franz J. Bindert, Chairman of the EMCDDA Management Board, said: 'America and Europe are different in many ways. At present, as the importance of the EMCDDA grows as an information centre and an international partner in the field of drugs, it is particularly important to take transatlantic dialogue on the subject a step forward. It is therefore with great pleasure that the Centre welcomes this opportunity to provide a forum for an exchange of experience at such a high level'.

EMCDDA Director Georges Estievenart said: 'The comparison of experiences, situations, responses and ideas between the US and the EU on the global drug problem is an essential element in the

US-EU DRUG FORUM

Opening doors for transatlantic exchange



Photo: EMCDDA

international effort to curb the consumption, trafficking and production of drugs. A way to achieve this comparison is to provide new opportunities for free discussion with no formal agenda or conclusions between high-level officials and personalities. That is the purpose of this first US-EU Informal Drug Forum'.

The Forum concluded with a series of innovative ideas for US-EU co-operation and a regular exchange of ideas and research on drug-related matters.

General McCaffrey underlined the importance of collecting accurate and comparable data - the mandate of the EMCDDA - to inform the decisions of drug policy-makers. He emphasised his commitment to an open exchange of ideas and information between Europe and the United States, affirming that 'by the turn of the century we must replace ideology with science' in the development of drug prevention.

Both European and US representatives stressed the diversity of drug consump-

tion and recognised that drug epidemics were frequently regional phenomena that crossed national boundaries both in the European Union and the Americas. It was pointed out that while there were many problems, there was no single solution. A particular issue for decision-makers was how to translate policy into action at local level.

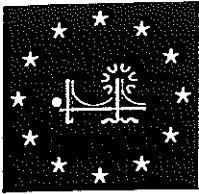
The meeting opened the doors for several forms of co-operation: discussing mutual problems in data collection; improving the tracking of drug trends world-wide;

exchanging information on ways of identifying newly emerging trends in different localities; opening access to the US national drug clearing house; and sharing experience in developing performance and outcome measures of policies and interventions.

Bernard Kouchner, French Secretary of State for Health, expressed the view that meetings such as the Forum should be held on an annual basis to discuss specific topics such as synthetic drugs. The EMCDDA will propose this idea to its Management Board for consideration.



General B. McCaffrey and Georges Estievenart - 'heads together' at the US-EU Drug Forum.



E.M.C.D.D.A.

European Monitoring Centre
for Drugs and Drug Addiction

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November – December 1998 • Issue No. 14

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EURO-IBERO AMERICAN SEMINAR

Speakers underline shared responsibility in tackling global drugs problem

Co-operation between the European Union and Latin America in the field of drugs was the topic of a Euro-Ibero American Seminar organised from 8–9 October in Oporto, Portugal, under the patronage of Vice-President of the European Commission, Manuel Marín. Conceived and promoted by President of the Portuguese Republic, Jorge Sampaio, the event was organised in co-operation with the Portuguese Government and with the support of the European Commission and the EMCDDA.

The Seminar was organised in the perspective of the Ibero-Latin American Summit, later convened in the same town from 16–18 October, and the Euro-Latin American Summit to take place in Rio de Janeiro early next summer. Its purpose was to identify new and better forms of co-operation in the field of information on drugs, demand reduction and inter-city co-operation and to draw up recommendations to the forthcoming Summits that could inspire concrete projects between the two regions. The two-day gathering of over 50 participants from both sides of the Atlantic* led to the adoption of 'The Oporto Declaration' which was welcomed by the October Summit and annexed to its conclusions.**

At the Seminar's opening session, President Sampaio reiterated that drugs are a world-wide problem and recalled the Declaration approved at the United Nations General Assembly Special Session on Drugs (UNGASS) in June which underlined the need for shared responsibility, co-operation and solidarity. He affirmed: 'We must now make the drugs problem a priority in relations

between our countries. Political dialogue and co-operation have improved but these relations must have a new scope because drugs are a real threat to the well being and democratic stability of some Latin American countries. Europe and Latin America can co-operate in establishing new strategies with a broader, more multi-faceted understanding of this problem'. The President then called for a new social policy that would prioritise prevention, make good use of objective information and promote co-operation both locally and with NGOs.



Opening ceremony at the Euro-Ibero American Seminar

Commissioner Marín also stressed the need for co-responsibility, stating that resolving the drug phenomenon relied on a constant dialogue between the two regions. He highlighted new initiatives being developed by the European Commission with Latin America including: a project using satellite technology to track drug trafficking in Colombia; a programme related to alternative development in Peru; and a social reinsertion programme for young drug addicts. Marín also indicated the willingness of the European Commission, in close co-operation with the

EMCDDA, to support the creation of a National Drugs Monitoring Centre in Venezuela to be extended in time to the whole Andean region.

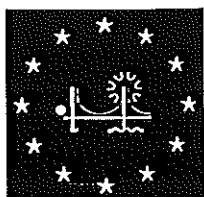
Director of the EMCDDA, Georges Estievenart, presented the recent work of the Centre and said that this Seminar 'offered the opportunity to construct a solid framework of co-operation on the drugs problem'. Other speakers at the opening session included: Raul Dominguez, Minister of State of Venezuela and Head of the Anti-Narcotics Commission; Alexandre Quintanilha, Chairman of the Portuguese *ad hoc* drug strategy committee; and Rosa del Olmo, President of the José Felix Foundation, Venezuela.

Three workshops focused on the following themes: information on drugs in Latin America and Europe; reducing drug demand and related risks in the two regions; and co-operation between cities in Latin America and Europe. The potential contribution of the EMCDDA strongly emerged in the conclusions. Among others, the Centre was proposed as the bridge between Europe and Latin America in the drugs field and the facilitator of fora presenting demand and harm-reduction initiatives. It was also stressed that specialised regional bodies, such as the EMCDDA, were key to improving information on drugs.

The Seminar was closed by Portuguese Minister responsible for Drugs, José Sócrates, who called for clear and effective collaborative projects on drugs between the two regions.

* Participants included: one official from each Latin American government, Spain and Portugal; and experts from both regions selected by the Seminar's Scientific Committee composed of 8 members including one representative of the EMCDDA.

** See full text on page 8. Results of the Seminar workshops are available on: <http://www.presidenciairepublica.pt>



E.M.C.D.D.A.

European Monitoring Centre
for Drugs and Drug Addiction

DrugNet

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• Amphetamine use is rising and is likely to be more significant than ecstasy use in the future.

• Hepatitis C infections remain extremely prevalent among drug injectors (an estimated 500,000 in the European Union), while new AIDS cases are markedly decreasing as a result of new treatments delaying the disease.

• The prevalence of HIV infection is stable or declining in most countries, despite continued transmission in young and new injectors.

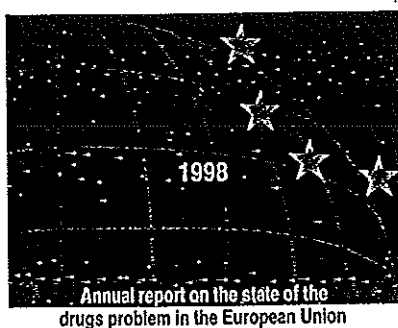
These are among the findings of the EMCDDA's 1998 Annual Report on the State of the Drugs Problem in the European Union launched on 18 December 1998 at the Austrian Federal Ministry of Labour, Health and Social Affairs, Vienna. Speakers included: Lore Hostasch, Austrian Federal Minister for Labour, Health and Social Affairs; Marcel Reimen, Vice-Chairman of the EMCDDA Management Board; Georges Estievenart, Director of the EMCDDA; and Peter Hacker, Co-ordinator for Drug Affairs of the City of Vienna.

The 120-page Annual Report reveals that trends in supply, use and dependence on heroin and other opiates appear relatively constant, although there is some evidence of a new generation of heroin smokers. Only between 0.2% and 0.3% of the EU population is dependent on opiates, and the prevalence of heroin use is lower than for many other illicit drugs. However, this group creates disproportionate social costs in terms of treatment, criminal justice and social welfare. Some evidence shows that heroin use is spreading out from cities to rural areas, while cocaine use is rising steadily, although prevalence is still low.

In the prevention field, a two-pronged strategy has developed in the EU: broad education and health promotion targeting the general population on the one hand; and specific actions aimed

1998 ANNUAL REPORT:

new findings and new ground



Design: EUR-OP

at vulnerable groups on the other. Achievements in prevention recorded in the Report emphasise the need for community partnerships, with evaluation becoming increasingly important. Also recorded is the increasing number of harm-reduction initiatives throughout the EU which focus on groups experimenting with ecstasy and other drugs on the dance scene.

In addition to new findings, the 1998 Report also covers new ground by examining the nature and extent of drug use in the 13 Central and Eastern European Countries (CEECs) participating in the European Commission's Phare Programme (of which 10 are accession countries to the EU).* The Report reveals that the political changes in the region in the early 1990s led to an increase not only in drug trafficking through much of the region, but also in the domestic consumption of imported drugs. Since the early 1990s, many CEECs have experienced an

increase in heroin consumption and, more recently, the intravenous use of imported heroin. The abuse of pharmaceutical drugs in combination with illicit drugs has become more common and cocaine seizures point to a rise in trafficking. Moreover, almost all CEEC countries report increased seizures of synthetic drugs.

In a second new chapter covering public spending on drugs, the Annual Report analyses the breakdown of public expenditure in three areas: enforcement and control; treatment (particularly health costs related to AIDS); and prevention. The Report notes that the drug budget as a proportion of Gross Domestic Product is similar in three European countries studied (France, the Netherlands and the UK), but is substantially higher in the United States. In a chapter on actions taken by the EU, the Report reveals that in 1997, more than MECU 53 were spent on drug-related activity – 62% on internal initiatives within the EU and 38% on external action. Within the EU, 55% was spent on rehabilitation, while outside the EU, the majority of the budget was spent on the African and CEEC regions.

The EMCDDA's Annual Report is a key reference document for understanding the major features of drug problems and the legal, political and social responses to them within the EU. In the words of EMCDDA Director Georges Estievenart, the Report is: '...central to the continued advancement of a concerted knowledge base on which to build a strategic approach to drug policy within and beyond the European Union'.

The 'Summary and Highlights' of the Annual Report may be downloaded from:
http://www.emcdda.org/html/ar_98.html/.

During the two weeks around the launch of the Annual Report, over 1,500 new visitors accessed the document on the Centre's web site. Approximately 1,000 journalists were provided with information through a press campaign.

* Albania, Bosnia and Herzegovina, Bulgaria, Czech Republic, Estonia, Former Yugoslav Republic of Macedonia, Hungary, Latvia, Lithuania, Poland, Romania, Slovakia and Slovenia.

ESUELA Y SALUD

PROGRAMA DE PREVENCIÓN DE DROGODEPENDENCIAS EN CENTROS EDUCATIVOS DE LA COMUNIDAD DE MADRID. (PPD)

NO ELIGES

Creado el Observatorio Español sobre Drogas

Entrevista: Gonzalo Robles.

Delegado del Gobierno para el Plan Nacional sobre Drogas

Experiencia: Un día sin televisor. Una intervención que pretende favorecer el uso discriminado y racional de la tele y el enriquecimiento del tiempo libre.

Colegio Virgen de la Poveda. Villa del Prado

IV Encuentros Intercentros PPD

Algunos datos significativos del PPD

Ocurre en las zonas

Noticias

Libros

Euro Meth

WORLDWIDE

Journal for methadone providers in the European region

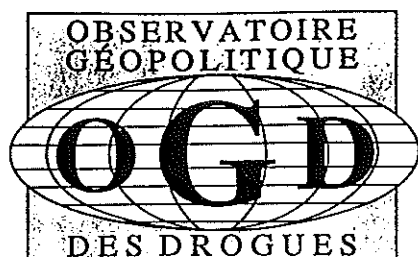
English version

newsletter

No. 15

October 1998

- ◆ Methadone treatment of drug abusers in Denmark in the light of altered legislation
- ◆ Methadone in Belgium
- ◆ Global Voice Press Release
- ◆ The Red Cross, Aids and methadone
- ◆ Pressure in drug treatment/addiction care
- ◆ The Dutch heroin experiment has begun



EL INFORMATIVO INTERNACIONAL

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Nº85 Noviembre 1998



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EN LA PRENSA

Publicaciones recientes

TURQUÍA: el ejército suspende los «subsidijs» a los partidos

Por primera vez en sus anales, la prensa turca aborda un caso de tráfico de drogas de manera preferentemente política, y no como siempre en las rúbricas «criminalidad» o «escándalos». Se trata de la incautación, a comienzos de octubre, de cerca de 750 kilos de cocaína frente al puerto de Mersin, en el Mediterráneo, en un barco bajo pabellón de las Bahamas. La implicación de tres miembros del grupo de extrema izquierda Dev-sol (DHKP-C) alimentó los análisis sobre las derivas y peligros que comporta para la sociedad turca, la utilización del tráfico de drogas por los actores políticos, de cualquier tendencia que sean. Haciendo eco al primer ministro Mesut Yilmaz, que declaró a comienzos de octubre pasado haberse dado cuenta «que el Estado se encontraba controlado por las mafias», el conjunto de la prensa y de la clase política reconoce ahora abiertamente la presencia, dentro de las instituciones del Estado y de los partidos políticos, de «bolsas activas de criminalidad organizada». A diferencia de lo que ocurre en México, donde la retórica antidrogas sirve de sustituto al discurso político, pareciera que en Turquía se está operando una verdadera toma de consciencia colectiva, de la cual los partidos de izquierda y sobre todo el ejército, son al mismo tiempo los motores y portavoces. En efecto, desde comienzos de 1997, los militares parecen haber cambiado radicalmente su enfoque en materia de seguridad nacional. Tal como lo señala el último informe anual del OGD (1997-1998), un documento confidencial del Consejo nacional de Seguridad revela que a la lista de «peligros interiores», limitada hasta entonces a la extrema izquierda y al movimiento separatista kurdo, se suman ahora los «fundamentalistas apoyados por el Occidente», el «racismo nacionalista turco» y la «mafia de los Lobos Grises». Para muchos militares turcos, el fundamentalismo constituye, en efecto, una creación del Occidente, y más particularmente de Estados Unidos, tal como lo muestran los ejemplos de Afganistán, Pakistán, Palestina, e incluso de Argelia. Estos militares kemalistas señalan igualmente las estrechas relaciones de Washington y Arabia Saudita, «Meca del islamismo internacional». Siempre de acuerdo con el informe de los militares, el conjunto de partidos de derecha estableció acuerdos, a partir de 1945, con la extrema derecha mafiosa, por lo cual dichos partidos son responsables de la situación catastrófica actual.



EL INFORMATIVO INTERNACIONAL S O B R E L A S D R O G A S

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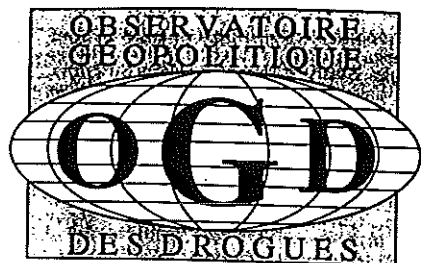
Publicaciones recientes



KAZAKSTÁN: el presidente se preocupa por su imagen...

El presidente Nursulatan Nazarbaev multiplica las ofertas de colaboración con los organismos internacionales de lucha antinarcóticos, al mismo tiempo que reduce al silencio toda oposición. Estas ofertas deben interpretarse como un intento por preservar su imagen ante la opinión extranjera. Se observa, por ejemplo, que más allá del anuncio de medidas, Nazarbaev no se ha preocupado de dotar a la Comisión Nacional de Lucha contra las Drogas, creada hace cinco años, de un presidente permanente. La ausencia de medidas concretas no deja de preocupar a los países occidentales, pues la situación geográfica de Kazakstán lo convierte en un punto de paso casi obligado para las drogas procedentes de Afganistán y Pakistán (principalmente a través del Tadjikistán) y destinadas a Rusia y el resto de Europa. El país produce igualmente opio, en particular en el *oblast* (región administrativa) de Kyzyl Orda, cannabis (valle del Chu) y efedra silvestre (valle de la cadena de Tien Chan). Según responsables locales del PNUFID, hay laboratorios clandestinos de transformación de la efedra en efedrina y «un potencial para instalar laboratorios de heroína». El país dispone, en efecto, de un potencial no despreciable en el terreno de la producción de precursores químicos, con algunas unidades importantes (como la fábrica farmacéutica de Chimkent) y numerosos químicos altamente capacitados.

En 1997 se incautaron 31,5 toneladas de droga, principalmente derivados de cannabis, es decir un aumento del 150% en relación al año precedente. Según Bekshan Karibolov, jefe de la oficina kazak de Interpol, más de 100 kilos de sustancias prohibidas (entre todo tipo de drogas) cruzan diariamente la frontera entre Kazakstán y Rusia, de los cuales se incauta solamente un 5%. El vicepresidente del Comité nacional de Seguridad, Martakali Nukenov, declaró por su parte a la prensa que sus servicios habían identificado 125 grupos criminales que operan en Asia central, de los cuales 30 se dedican al contrabando de drogas en Kazakstán. En marzo pasado una importante operación conjunta de los servicios antinarcóticos rusos y kazaks permitió la incautación, en la aldea de Podgornoye, de 1.215 kilos de marihuana en un camión que supuestamente transportaba cebollas a Rusia. La misma



EL INFORMATIVO INTERNACIONAL S O B R E L A S D R O G A S

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- Las guerras rurales del cannabis (p. 7)

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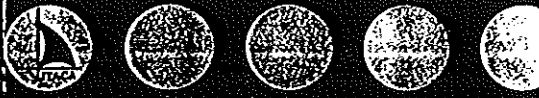
Publicaciones recientes



FRANCIA-HOLANDA: San Martín sólo da a los ricos

El papel cada vez más importante de las plazas *offshore* del Caribe en el blanqueo de dinero, en particular el de las ganancias del tráfico de drogas, llevó al PNUFID, y sobre todo al Programa Mundial Contra el Blanqueo de Naciones Unidas, a establecer un «código de buena conducta» que recompensa las acciones precisas implementadas, tanto a nivel legislativo como administrativo, contra las prácticas de blanqueo de dinero sucio. Esta medida concierne sobre todo los (pequeños) países independientes de la región, como las Bahamas o la República Dominicana. En cambio, Estados Unidos y los países europeos que cuentan con dependencias en el Caribe son considerados como países que disponen de una legislación adecuada. Sin embargo, ciertas posesiones europeas del Caribe plantean problemas. Así, a diferencia de sus vecinos de las Antillas, los lazos administrativos de las dos partes de San Martín con sus respectivas metrópolis, Francia y Holanda, son bastante flojos. En lo que respecta a la parte francesa, la municipalidad afirma una independencia y una voluntad de autonomía frente al departamento de la Guadalupe (*El Informativo Internacional de las Drogas* nº82), del cual depende, en todas las decisiones económicas, fiscales y de equipamiento territorial. De lado holandés, los lazos con la metrópoli son aún más débiles, lo que permite a Sint Maarten—como a Aruba y las demás Antillas Holandesas— gozar de una autonomía casi total al mismo tiempo que de un régimen aduanero «especial», que explica en gran medida el flujo de inversiones extranjeras. Así, si bien la isla escapa por lo general a las sospechas que pesan sobre los paraísos fiscales y plazas *offshore* vecinas, ello no le impide tener un papel en el reciclaje del dinero sucio, que es invertido principalmente en los sectores del juego, el turismo y bienes inmuebles.

Según ciertos hombres de negocios, parte del parque hotelero, que parece subexplotado, fue construido con dinero sucio procedente del tráfico de drogas —Colombia, Venezuela— y de estafas al telemarketing —Estados Unidos, Canadá. En efecto, incluso si la economía *offshore* está lejos de ser regulada, el problema se plantea a nivel *inshore*, agravado por una política de construcción en que el recurso a la mano de obra clandestina, y por lo tanto mal pagada, raramente es sancionado. Hace apenas veinte años, San Martín tenía menos de 20.000 habitantes. Actualmente, este paraíso turístico supera oficialmente los 70.000



- **AGAINST INTEGRALISMS AGAIN (Coletti, M.)**
- **CITIZENS, PROFESSIONALS, INSTITUTIONS, RESEARCH PROGRAMMES AND SOCIAL MOVEMENTS IN DRUG DEPENDENCY PREVENTION (Comas, D.)**
- **THERAPEUTIC RITUALS AND DRUG ADDICTION. AN ANTHROPOLOGICAL APPROACH (Cabeçadas, H.)**
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- **UNDERSTANDING ALCOHOL USE AMONGST ADOLESCENT STUDENTS AT THE INNER CITY LONDON AREA (Tsiboukli, A.)**
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JELLINEK QUARTERLY

The European Week of Drug Prevention

"Talking to them is the first step"


During the European Week of Drug Prevention, all over Europe a campaign will be run with the slogan: "talking to them is the first step". This campaign aims to facilitate parents and children's discussing drugs with one another. In the Netherlands the slogan is slightly more focused on parents by translating it into "Drugs, too, are negotiable with parents." The Dutch slogan works two ways: it aims at both younger people and parents who, as a result of the slogan, will feel obliged to be well informed about drugs. The slogan will appear in various media before, during and after the European Week of Drug Prevention. This will coincide with the promotion of the drugs Info Line number. Unfortunately, there will not be much money available for this campaign. A beautiful poster has been designed, but strangely enough there is hardly any money to distribute it.

On 18 November a national conference will be held. All prevention workers will be gathering there. Among other things, a literature study will then be presented about the effectiveness of prevention. Which projects are effective, and which are not? We are very eager to hear the results of this study. One problem, though, will undoubtedly be the fact that many prevention projects will not have been evaluated and will actually not have got beyond the stage of good intentions.

Alcohol abuse day
On 21 November a national day about alcohol abuse will be held.

"Drugs, too, are negotiable with parents." It aims at both younger people and parents, who will feel obliged to be well informed about drugs.

EUROPESE DRUGS PREVENTIEWEEK
16-22 NOVEMBER 1998



Ook over drugs valt met ouders te praten.

VRAGEN OVER DRUGS? DRUGS INFOLIJN 0900 - 1995

This day aims to make the Dutch public think consciously about their own use of alcohol. A leaflet will be distributed at a large scale via all GPs, including a self-test about whether or not you drink too much. In addition, the leaflet contains advice and instructions on how to reduce your drinking. By means of radio, television and newspapers the public will be called upon to apply for a free leaflet.

Theatre
During the European week in the Netherlands money will have been made available for five innovative prevention projects for youngsters. To that end, the budget obtained

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Journal of Addictive Diseases
Volume 17, Number 3

The *Journal of Addictive Diseases* Monographs/"Separates"
(formerly *Advances in Alcohol & Substance Abuse* series)*

*Opiate Receptors, Neurotransmitters, and Drug Dependence: Basic
Science-Clinical Correlates*, edited by Barry Stimmel*

Recent Advances in the Biology of Alcoholism, edited by Charles S. Lieber
and Barry Stimmel*

Effects of Maternal Alcohol and Drug Abuse on the Newborn,
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Evaluation of Drug Treatment Programs, edited by Barry Stimmel*

Current Controversies in Alcoholism, edited by Barry Stimmel*

Federal Priorities in Funding Alcohol and Drug Abuse Programs,
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Psychosocial Constructs of Alcoholism and Substance Abuse,
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The Addictive Behaviors, edited by Howard Shaffer and Barry Stimmel*

Conceptual Issues in Alcoholism and Substance Abuse,
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*Dual Addiction: Pharmacological Issues in the Treatment of Concomitant
Alcoholism and Drug Abuse*, edited by Mary Jeanne Kreek and Barry Stimmel*

Cultural and Sociological Aspects of Alcoholism and Substance Abuse,
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Alcohol and Drug Abuse in the Affluent, edited by Barry Stimmel*

Alcohol and Substance Abuse in Adolescence, edited by Judith S. Brook,
Dan Lettieri, David W. Brook, and Barry Stimmel*

Controversies in Alcoholism and Substance Abuse, edited by Barry Stimmel*

Alcohol and Substance Abuse in Women and Children, edited by Barry Stimmel*

Cocaine: Pharmacology, Addiction, and Therapy, edited by Mark S. Gold,
Marc Galanter, and Barry Stimmel*

Children of Alcoholics, edited by Margaret Bean-Bayog and Barry Stimmel*

Pharmacological Issues in Alcohol and Substance Abuse,
edited by Barry Stimmel*

AIDS and Substance Abuse, edited by Larry Siegel*

Alcohol Research from Bench to Bedside, edited by Enoch Gordis,
Boris Tabakoff, and Markku Linnoila*

Addiction Potential of Abused Drugs and Drug Classes,
edited by Carlton K. Erikson, Martin A. Javors, and William W. Morgan*

Behavioral and Biochemical Issues in Substance Abuse,
edited by Frank R. George and Doris Clouet*

Cocaine, AIDS, and Intravenous Drug Use, edited by Samuel R. Friedman
and Douglas S. Lipton

What Works in Drug Abuse Epidemiology, edited by Blanche Frank
and Ronald Simeone

Cocaine: Physiological and Physiopathological Effects,
edited by Alfonso Paredes and David A. Gorlick

Comorbidity of Addictive and Psychiatric Disorders, edited by Norman S. Miller

Experimental Therapeutics in Addiction Medicine,
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NIDA NOTES

NATIONAL INSTITUTE
ON DRUG ABUSE

Volume 13, Number 3

Drug Addiction Treatment Conference Emphasizes Combining Therapies

By Steven Stocker
NIDA NOTES Contributing Writer

Drug addiction can often be treated best through a combination of behavioral and pharmacological treatments and social service interventions, according to speakers at NIDA's National Conference on Drug Addiction Treatment. The conference, held in Washington, D.C., in April, attracted more than 800 drug abuse treatment researchers and service providers, leaders of professional organizations, criminal justice and law enforcement personnel, representatives from State drug abuse agencies, and public policymakers. The conference was presented as part of NIDA's Treatment Initiative, which is designed to improve the quality of the Nation's drug abuse treatment (see "NIDA Launches Drug Abuse Treatment Initiative," *NIDA NOTES*, July/August 1997, p. 4).



At NIDA's treatment conference, Dr. Kathleen Carroll of Yale University describes how cognitive behavioral therapy can help patients learn to avoid situations in which they are likely to use cocaine.



At the conference, Dr. Mary Jeanne Kreek of Rockefeller University describes the health benefits of methadone treatment combined with behavioral treatments.

Research is showing that drug addiction therapy that combines different approaches is often more effective than therapy that uses only one approach, said NIDA Director Dr. Alan I. Leshner. "When all is said and done, the ultimate cure for drug addiction will probably involve a combination of biological and behavioral treatments and social services," he said.

This approach of treating drug addiction by combining biological and behavioral therapies stems in part from studies showing that addiction is both a biological and a behavioral disorder, Dr. Leshner said. "What science has taught us is that drug addiction is a result of an interaction between an individual's biological vulnerability plus his or her experiences plus environmental factors plus,

of course, drugs. The final result is a changed brain," he said. Viewing drug addiction as exclusively biological or behavioral is too limiting, he cautioned. "Let us not pit biology against behavior. These are not opposing viewpoints."

Combining medications with behavioral treatments can have an additive effect on therapy because the different treatments work on different aspects of addiction, said Dr. Bruce Rounsaville of Yale University in New Haven, Connecticut. Medications, such as methadone or medications that treat psychiatric disorders, can increase the chances that patients will stay in treatment. Psychotherapy can then help motivate patients to abstain from drugs and help them develop healthier

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NIDA'S DIRECTOR calls for further addiction research to address the public health threat of smoking. 3

INTEGRATING MEDICAL CARE AND DRUG ABUSE TREATMENT helps curb tuberculosis among HIV-infected drug users. 5

NIDA-FUNDED STUDIES ARE DOCUMENTING the similarities between nicotine and other drugs of abuse. 8

RESEARCHERS EXPLORE the link between cocaine use and subsequent strokes and mental deficits. 10

NICOTINE is one of the most heavily used addictive drugs in the United States. 15

NIDA NOTES

NATIONAL INSTITUTE
ON DRUG ABUSE

Volume 13, Number 4

Drug Abuse Cost to Society Set at \$97.7 Billion, Continuing Steady Increase Since 1975

By Neil Swan
NIDA NOTES Staff Writer

The economic cost to U.S. society of drug abuse was an estimated \$97.7 billion in 1992, according to recent calculations. The new cost estimate continues a pattern of strong and steady increase since 1975, when the first of five previous cost estimates was made. The current estimate is 50 percent higher than the most recent previous estimate—which was made for 1985—

even after adjustment for population growth and inflation.

The parallel cost to society for alcohol abuse was estimated at \$148 billion, bringing the total cost for substance abuse in 1992 to \$246 billion. This total represents a cost of \$965 for every person in the United States in 1992. The per-person cost for drug abuse alone was \$383.

These estimates were calculated for NIDA and the National Institute on Alcohol Abuse and Alcoholism by The Lewin Group, a private health care research and consulting company in Fairfax, Virginia. The results were prepared by analysts using data from a variety of public and private sources and were released in May 1998 in a 220-page report, *The Economic Costs of Alcohol and Drug Abuse in the United States, 1992*.

Inflation and population growth have driven the cost of drug abuse even higher since 1992, the analysts said. Updating the estimates developed in their study, they calculated that the cost of drug abuse increased 12.5% from 1992 to 1995, bringing the cost to \$109.8 billion in 1995.

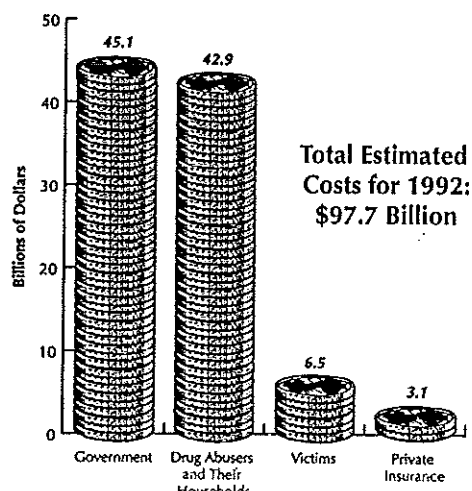
"Substance abuse and addiction

have serious medical and social consequences," says NIDA Director Dr. Alan I. Leshner. These rising costs warrant a strong, consistent, and continuous investment in research on prevention and treatment. We must publicize these cost-to-society estimates to educate people that drug abuse is enormously expensive to the entire Nation, that the cost has been rising steadily, that extensive research shows that drug abuse can be treated, and that drug abuse treatment reduces that cost."

The report's authors said substance abuse brings specific well-recognized consequences and costs in three categories: first, health consequences and their impacts on the health care system; second, criminal behavior, either as a livelihood, participation in the drug trade, or

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Who Bears the Costs of Drug Abuse?



What's Inside

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Prebentzia

PROGRAMA "OSASUNKUME, LA AVENTURA DE LA VIDA"

AÑO 1998 - OCTUBRE - N.º 61

Un instrumento informativo al servicio de ciudadanos y profesionales

EL GOBIERNO VASCO RECOGE EN UN CD-ROM LOS RECURSOS DE DROGODEPENDENCIAS



El Observatorio Vasco de Drogodependencias ha editado una nueva Guía de Recursos, que contiene información actualizada de los servicios y recursos vinculados a la intervención en materia de drogodependencias en nuestra Comunidad. Se trata de la segunda Guía de estas características que, en esta ocasión, se encuentra disponible como base de datos en soporte CD-ROM y en forma de libro.

Segunda Guía de Recursos

En 1992 vio la luz la primera Guía de Recursos de Drogodependencias de Euskadi concebida con el propósito de reunir y sistematizar la dispersa información existente, en aquel momento, sobre los servicios y recursos relacionados con las respuestas sociales e institucionales al fenómeno de las drogodependencias. Se pretendía ofrecer un instrumento informativo útil y práctico, de fácil acceso, para todas aquellas personas interesadas directa o indirectamente por este te-

ma, desde los propios afectados, sectores profesionales, entidades de iniciativa social hasta la ciudadanía en general.

La enorme difusión y buena acogida obtenida por esta publicación entre los destinatarios y usuarios de la misma, la han convertido en la herramienta informativa de primer orden que pretendía ser. La propia naturaleza "perecedera" de muchos de los datos que contiene y el dinamismo que preside la intervención en materia de drogas, obligan a una periódica actuali-

zación de su estructura y contenidos.

Nuevos soportes

En 1997, bajo la dirección del Observatorio Vasco de Drogodependencias, se llevó a cabo la revisión de la Guía en vigor. Un laborioso proceso dirigido desde el Gobierno que ha dado como fruto una nueva Guía de Recursos más completa y sistematizada que la anterior. La puesta al día no sólo ha afectado a los contenidos sino que también ha supuesto innovaciones en el formato. Así, en esta ocasión se cuenta con dos soportes que permiten una utilización más cómoda, diversificada y adaptada a las exigencias de las nuevas tecnologías.

De una parte, el inventario de recursos y servicios que ofrece la Guía se encuentra organizado en una base de datos que está disponible en un CD ROM y, de otra, contamos con una publicación en forma de libro. La información y estructura es la misma en ambos formatos, con las lógicas diferencias en lo que a procedimiento de búsqueda y uso se refiere. Se trata por tanto, de un mismo instrumento informativo presentado en dos versiones distintas que se pueden utilizar de forma independiente y complementaria.

La información se presenta en fichas organizadas que recogen tanto los programas de las administraciones como de las ONGs que en Euskadi trabajan en este campo, según cinco grandes áreas: asistencia, prevención, inserción social, recursos de apoyo y recursos de coordinación y participación. Cada una de estas áreas se estructura en grupos que, a su vez, se subdividen en secciones más acotadas.

Secretaría de Drogodependencias
Gobierno Vasco
Duque de Wellington, 2
01011 Vitoria-Gasteiz

WEB DEL PLAN NACIONAL SOBRE DROGAS



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- Consultas y sugerencias.
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<http://www.mir.es/pnd>

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- El Gobierno Vasco recoge en un CD-ROM los recursos de drogodependencias.
- Web del Plan Nacional de Drogas.
- Juan Parés i Plans, Vicepresidente del Centro Italiano di Solidarietà: "Mejorar la calidad de la vida es la acción preventiva por antonomasia".
- Estrategia de la ONU ante las drogas para los próximos años.
- III Semana Europea de Prevención de las Drogodependencias.
- Prevención del Tabaquismo en E.S.O. Informe de evaluación.

Prebentzia

PROGRAMA "OSASUNKUME, LA AVENTURA DE LA VIDA" AÑO 1998 - NOVIEMBRE - N.º 62

SYN-WEB: PREVENCIÓN DEL CONSUMO DE DROGAS DE SÍNTESIS EN INTERNET



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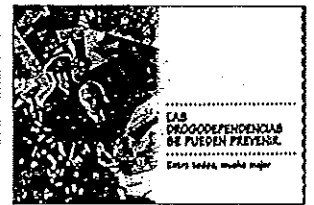
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LAS

DROGODEPENDENCIAS SE PUEDEN PREVENIR



La aplicación experimental del programa ¡ORDAGO! en varias Comunidades Autónomas españolas evidenció la conveniencia de disponer de una guía precisa orientada a facilitar el trabajo dirigido a la comunidad. Ello permitiría destacar aún más la vocación comunitaria con la que el programa nace, de acuerdo con la cual la escuela es un escenario preventivo integrado en un municipio particular, y el trabajo que en ella se desarrolle se verá reforzado por la intervención realizada en todo el ámbito local.

Esta publicación, revisión y actualización de un original editado en 1989 por el Gobierno Vasco, pretende dar un mayor impulso al compromiso de los diversos agentes sociales que en cada comunidad puedan implicarse en actuaciones preventivas. Este material constituye una herramienta eminentemente práctica sobre las posibilidades al alcance de cada colectivo social (educadores, trabajadores sociales, sanitarios, políticos, padres y madres, etc.) a la hora de configurar redes preventivas en cada municipio.

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- La nueva Ley Vasca de Drogodependencias apuesta más claramente por la prevención comunitaria.
- Viena ha acogido una reflexión sobre la política europea en materia de drogas para los próximos años.
- Pedagogía social.

PROYECTO HOMBRE



**PLAN
INTERMUNICIPAL DE
DROGODEPENDENCIAS**

BURNOUT EN DROGODEPENDENCIAS

HÁBITOS DEPORTIVOS PREVIOS Y TOXICOMANÍAS

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PROGRAMA "OSASUNKUME, LA AVENTURA DE LA VIDA"

AÑO 1998 - OCTUBRE - N.º 61

Un instrumento informativo al servicio de ciudadanos y profesionales

EL GOBIERNO VASCO RECOGE EN UN CD-ROM LOS RECURSOS DE DROGODEPENDENCIAS



El Observatorio Vasco de Drogodependencias ha editado una nueva Guía de Recursos, que contiene información actualizada de los servicios y recursos vinculados a la intervención en materia de drogodependencias en nuestra Comunidad. Se trata de la segunda Guía de estas características que, en esta ocasión, se encuentra disponible como base de datos en soporte CD-ROM y en forma de libro.

Segunda Guía de Recursos

En 1992 vio la luz la primera Guía de Recursos de Drogodependencias de Euskadi concebida con el propósito de reunir y sistematizar la dispersa información existente, en aquel momento, sobre los servicios y recursos relacionados con las respuestas sociales e institucionales al fenómeno de las drogodependencias. Se pretendía ofrecer un instrumento informativo útil y práctico, de fácil acceso, para todas aquellas personas interesadas directa o indirectamente por este te-

ma, desde los propios afectados, sectores profesionales, entidades de iniciativa social hasta la ciudadanía en general.

La enorme difusión y buena acogida obtenida por esta publicación entre los destinatarios y usuarios de la misma, la han convertido en la herramienta informativa de primer orden que pretendía ser. La propia naturaleza "perecedera" de muchos de los datos que contiene y el dinamismo que preside la intervención en materia de drogas, obligan a una periódica actuali-

zación de su estructura y contenidos.

Nuevos soportes

En 1997, bajo la dirección del Observatorio Vasco de Drogodependencias, se llevó a cabo la revisión de la Guía en vigor. Un laborioso proceso dirigido desde el Gobierno que ha dado como fruto una nueva Guía de Recursos más completa y sistematizada que la anterior. La puesta al día no sólo ha afectado a los contenidos sino que también ha supuesto innovaciones en el formato. Así, en esta ocasión se cuenta con dos soportes que permiten una utilización más cómoda, diversificada y adaptada a las exigencias de las nuevas tecnologías.

De una parte, el inventario de recursos y servicios que ofrece la Guía se encuentra organizado en una base de datos que está disponible en un CD ROM y, de otra, contamos con una publicación en forma de libro. La información y estructura es la misma en ambos formatos, con las lógicas diferencias en lo que a procedimiento de búsqueda y uso se refiere. Se trata por tanto, de un mismo instrumento informativo presentado en dos versiones distintas que se pueden utilizar de forma independiente y complementaria.

La información se presenta en fichas organizadas que recogen tanto los programas de las administraciones como de las ONGs que en Euskadi trabajan en este campo, según cinco grandes áreas: asistencia, prevención, inserción social, recursos de apoyo y recursos de coordinación y participación. Cada una de estas áreas se estructura en grupos que, a su vez, se subdividen en secciones más acotadas.

Secretaría de Drogodependencias
Gobierno Vasco
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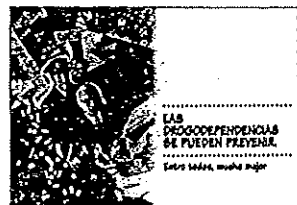
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ASOCIACION
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