

ADDICTION STRATEGIES AND IMPACT OF CIVIL SOCIETY

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CIVIL SOCIETY AND DRUG POLICIES

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EU DRUG STRATEGY

BALANCED APPROACH TO THE DRUG PROBLEM REQUIRES ADEQUATE CONSULTATION WITH A BROAD GROUP OF SCIENTIFIC CENTRES, PROFESSIONALS, REPRESENTATIVE NGOs, CIVIL SOCIETY AND LOCAL COMMUNITIES

CIVIL SOCIETY FORUM ON DRUGS

- to feed specific grass-roots experience into future Commission proposals, but also into the work to monitor the EU action plan on drugs

- EVIDENCE BASED DECISION
 - INCREASED INFLUENCE OF CIVIL SOCIETY
 - LOCAL STRATEGIES
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TREATMENT/FINDINGS AND BEST PRACTICES

- Time Factor most essential/cost cuttings
- Treatment to be ready available/reality of long waiting lists
- No single treatment appropriate for everyone /programmes predominately not flexible
- Focus on multiple needs-co morbidity-social factor/ come-go-come back” effect
- Continuous assessment/rare existence

MARKETING AND TREATMENT

- Addiction treatment is not interesting topic/vs. sensation stories –drug crime
- Success is not marketed – relapse as failure still widespread opinion
- Negative marketing through public opinion –treatment as unpleasant , strict instead of positive,joyful development process

SUBSTITUTION TREATMENT

Facts and Findings

- Around 600 000 patients receive treatment in Europe
- BEST PRACTICE
- Long term basis and effective dosage
- Psychosocial treatment
- Excellent results in combination with residential treatment
- Good availability of substitution drugs –
- **but not treatment**

MARKETING /RESEARCH AND ADDICTION POLICIES

- **TOBACCO** : excellent research –good marketing and advocacy of outcome and political support : success stories of smoking ban in Australia, USA, Canada, Europe
- **ALCOHOL** : extensive research – little effect of outcome , good marketing and lobbying concerning interests of industry

ADVOCACY vs. LOBBYING

- Legalisation vs. prohibition
- Interest groups (mis)use research
- Harm of restrictive policies vs. harm of substances
- **Opposite to evidence based drug strategy**
- **Myths : liberal Netherlands and Portuguese drug strategy**

RESEARCH MARKETING AND PREVENTION

- **Example** :“sport against drugs , drug free world“ - good marketing , high public acceptance , excellent funding oppurtunities – **poor outcome** – does not reach target groups
- **Example** :drug testing –low public acceptance – no marketing – difficult implantation and funding – **proved effective** – perfect reach of target group

OFFICIAL ROLES OF CIVIL SOCIETY

- **VIENNA NGO COMMITTEE** / Consensus policy resulting in „Beyond 2008“
- **CIVIL SOCIETY FORUM**/ difficult process of identification and finding of direction – weak position in the influence new European Drug Strategy

KUR UND GESUNDHEITZENTRUM

KNAPPENHOF

Making Treatment Attractive

