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PRESIDENZA DEL CONSIGLIO DEI MINISTRI  
Ministro per la Cooperazione Internazionale e l'Integrazione  
**Dipartimento Politiche Antidroga**

# Prevention Strategy and Policy Makers

## “A solidarity consortium”

Rome 9–10 October 2012

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## Presentation



**Andrea Riccardi**  
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International cooperation, partnerships and twinnings have once again shown themselves to be successful and a source of good practice shared for a common end. With the wealth of experience and know-how made available at this meeting, it will be possible to create a genuine “Consortium of solidarity”, a series of programmes which will put policy makers from various countries in contact and will enable them to implement national prevention systems. Thus one country will accompany another country, as a means to express their solidarity, in the knowledge that the challenge which is before us is one we all share. The successful approach is that which brings us out of an inward-looking vision of things to one which favours operational synergies. It has always been the case that it is the countries which cooperate, the countries which join together in a network, which are those capable of handling the toughest problems and tests. United we can win, divided we all lose.



## Introduction

I want to remind everyone that the use of any drug entails a vast series of risks and sources of harm which range from the risk of death to the risk of temporary or permanent invalidity with profound damage, in vulnerable people more than in others, of cerebral and cognitive potential and development. Such harm falls in particular on the most important part of society: the young, children, who are our source of strength and our most important and precious potential for the future.

We cannot accept a society in which drug use is considered a way of life. Drug prevention and policies must be considered a priority, both in the healthcare field and in the social and economic field. We must protect our children and youngsters from the supply of drugs and so this requirement to have various prevention options available in the public domain and which are mutually exchanged must be considered a human right on which to focus policies and strategies for the future. In order to do this, we are creating an International Consortium of Solidarity which aims to be above all a consortium of intents. We know that there are many political, cultural, and strategic differences and differing viewpoints between the various countries which have taken part in the meeting, but I believe that we can all agree on the general aims. The objective is, therefore, to find the common denominator and to promote what unites us and not what divides us, and prevention can be our shared value.

**Giovanni Serpelloni**  
Head of Anti-drug Policies Department  
Presidency of the Council of Ministers

# The Project



PRESIDENZA DEL CONSIGLIO DEI MINISTRI  
Ministro per la Cooperazione Internazionale e l'Integrazione  
**Dipartimento Politiche Antidroga**

## Prevention is an investment not an expense

Often policy makers find themselves facing problems which affect the wellbeing of society, addressing issues which involve the public health field. Nonetheless, the question of drug demand raises constantly new and increasingly complex challenges in order to provide a complete response in terms of public health, with a view to preventing drug use. In addressing these challenges, policy makers should be supported by international networks to exchange ideas and good practice to guide the development of thoughtful, informed and applicable legislation.

Policy makers at government level who deal with issues relating to drugs often come from a non-technical/non-scientific background. Consequently, their cultural approach to the problem may be affected by a lack of relevant specific information, as well as, in some cases, a partial interpretation of the nature and response to the problem. This background may sometimes lead policy makers to underestimate their responses in terms of prevention, since these activities are perhaps undervalued and barely known.



**Gilberto Gerra**  
*Chief of the Drug  
Prevention and Health  
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## Problems which the project will address

This project aims to improve the understanding on the part of policy makers of the real nature and origin of drug use and addiction, as well as to enrich and enhance their knowledge of effective interventions which are based on the evidence for the prevention of the drug use. The project in question envisages that policy makers can draw on specific instruments and come into contact with tangible results achieved through programmes based on evidence and cost-saving, thanks to correct implementation of such programmes.

The policy makers involved in this initiative will act as promoters among their colleagues of greater knowledge of the issue.

In addition, this project will assist member States in planning, designing, developing and realising national prevention systems based on scientific evidence of the benefits and on the cost-effectiveness ratio.

Finally, this project helps experts involved in prevention and communication campaigns on drug use to ensure that the campaigns are designed, developed and realised in the most effective way possible.



**Giovanna Campello**  
*Programme Officer  
Prevention, Treatment  
and Rehabilitation  
Section - UNODC*

## General objective of the proposed initiative and the expected results

Understanding on the part of national and regional policy makers of the origin of drug use and addiction, in terms of the cost-effectiveness of prevention measures and the need to develop prevention systems based on evidence and effectiveness.

## Prevention Strategy and Policy Makers – A “Solidarity Consortium”

“Prevention Strategy and Policy Makers” is a joint initiative of the United Nations Office on Drugs and Crime (UNODC) and the Anti-drug Policies Department, the aim of which is to disseminate the international standards of the UNODC on preventing drug use and to support policy makers in creating a national prevention system focussed on health and based on scientific evidence.

The initiative envisages the creation of regional prevention centres and the training of policy makers in order to provide the latter with concrete tools to improve their national prevention system and providing, among other things, a set of effective prevention programmes and materials. The initiative will initially involve Central America, North Africa, and Central and East Asia.

This programme was launched on 9 October 2012 in Rome with the participation of the heads of the national drug control agencies interested in joining this partnership, the aim of which is both to help children and youngsters achieve their full potential and to reiterate the commitment to create a society in which drugs are not accepted as a way of life.

On 10 October the participants were invited to take part in two satellite events, one organised by the National Association of Drug Court Professionals (NADCP) regarding the promotion of alternative judicial models for drug-related crimes, and the other organised by the United Nations Interregional Crime and Justice Research Institute (UNICRI) focussed on improving drug monitoring systems in order to strengthen the capabilities of national control bodies.



***“The concept of cooperation represents the principle to which the various States must adhere in order to represent added value for existing initiatives. The exchange of good practice should underpin any action by whatever institution or cultural body, no matter what the differences between institutions and local culture.”***

**Elisabetta Simeoni**

*Anti-drug Policies Department - Presidency of the Council of Ministers  
Director General Technical-Scientific Area, Head of International Relations  
Coordinator for the DPA of the Policy Makers Project*



# Memorandum of intent for the PREVENTION of drug use



Rome, October 9th, 2012

## Introduction and foreword

This memorandum aims to define and share some key concepts and basic principles, in order to be able to create prevention strategies and initiatives aimed at avoiding the start of drug use and alcohol abuse or to delay their start in the youth population. Prevention strategies and actions can have a range of objectives and be aimed at preventing the various levels of risks connected with drug use. However, what we would like to focus our attention on in terms of early prevention is the pre-adolescent phase.

Some drug users take drugs for complex reasons which may concern their genetics and therefore their neurobiological and cognitive systems, their personality, their personal history and affective development, the poor social conditions in which they have lived, such as for example inequality and exclusion, as well as the ready availability of drugs locally<sup>1-4</sup>.

Prevention is an effective and sustainable weapon and to be able to increase the effectiveness and impact of preventative actions it is considered opportune and necessary to adopt strategies and methods that are agreed and scientifically oriented as far as globally possible. Prevention is cost effective<sup>5-10</sup> and preventing drug use also helps prevent other at risk behaviour<sup>11</sup>. Prevention should, therefore, be seen with a view to helping young people grow up healthy and safe and helping adults to remain so.

In order to agree joint strategies, it is necessary to consider that drug use, in the absence of addiction, is a high risk form of behaviour for the person's health and social conditions. Such drug use must be avoided or suspended also due to the risks that it entails for others as a consequence of the increased risk of accidents related to drug use<sup>12,13</sup>.

Drug addiction and alcoholism are preventable, treatable and curable diseases of the brain, which are caused by prolonged and continuous drug or alcohol use and by the combined presence of genetic, mental and socio-environmental factors<sup>14-16</sup>.

The problem of drug use, alcohol abuse and the addictions which can arise from them must be considered not only a social problem, but above all a public health problem to which particular attention must be paid, as well as concrete investments in order to support permanent and effective prevention programmes and initiatives

Preventative skills as regards drug use, alcohol abuse and the use of unprescribed medicines<sup>17</sup> should be part of the range of behavioural skills of every adolescent and adult. In addition, parents, teachers, educators and policy makers must work together, each within their area of competence, to support and encourage the early development and maintenance of these important life skills in young generations.

To this end, it is necessary to develop a common level of awareness: it is a priority to activate early initiatives and focus them on identifying two main conditions in particular as early as possible, i.e. the existence of vulnerability factors (before the start of drug use) and the start of occasional drug use, above all in the period in which addiction has still not developed.

The aims of "early detection" initiatives are those of not missing or delaying the opportunity to prevent the appearance of forms of behaviour or socio-relational conditions that can increase the risk of drug use. In particular, we propose the following broad objectives:

- Activating early support initiatives for families with problems of vulnerability,
- Activating early and specific educational initiatives as a priority for vulnerable people, in particular children and adolescents.
- Reducing the probability of the start of drug use at a young age, also avoiding experimental use which can sensitise the brain to drugs and subsequently develop towards the use of cocaine, heroin and amphetamines.
- Avoiding alterations in the physiological development of the brain following drug use during adolescence.
- Activating therapy programmes as early as possible if periodic use or an addiction is present, also to reduce the risk of overdose or related infectious diseases.
- Reducing the risks of drug-related accidents (traffic, work, and domestic accidents, violence and abuse)
- Reducing health, social and individual costs arising from the development of an addiction.

## Some basic information from neurosciences for those dealing with prevention

### Brain development

Professionals who deal with preventing drug use must consider and be aware that the brain completes its development at around age 21-22 with the consolidation in particular of the prefrontal cortex, which is the seat of the voluntary control of behaviour and impulses and of the important cognitive functions for decision-making, coping and self-motivating<sup>18-22</sup>.

This stage of development entails continuous modulation of the neural structures and networks (neuroplasticity)<sup>23</sup> with a re-modelling also of the neurobiological systems of gratification and impulse control and simultaneous adaptation of cognitive and learning processes, which will be essential in the future to interpret reality, in order to be able to face life and become independent<sup>24-26</sup>.

The process of cerebral development is complex and sensitive to external events (traumas and other negative events) and to the influence of drugs and mind-altering substances. GABA dopaminergic, serotonergic, and noradrenergic systems but also the endorphin system and, above all, that of endo-cannabinoids are very sensitive to the presence of exogenous drugs. Drugs can in fact provoke strong reactions in these systems and the continuous hyper-stimulation can cause a profound transformation both in their structure and in their physiological and regular functioning. As a consequence, also the cognitive functioning of the individual, their level of awareness, the ability to analyse, recognise and address problems, the levels of physiological gratification for normal everyday goals, the motivation to address everyday problems, memorising and learning beyond that of the IQ<sup>27</sup>, will undergo changes<sup>28,29</sup>.

All this is even more important if we consider that drug use occurs at a stage of life when all the cognitive and behavioural models form and consolidate people's judgment areas and value framework, which will influence their whole life. If these processes are experienced in a state of altered perception and, consequently, an altered interpretation of reality due to drug use, they cannot develop correctly and normally, thus taking a different path to the one they would have taken if they had not taken drugs<sup>30</sup>.

### Cerebral sensitisation from drug use

Another fundamental concept which must not be forgotten by those dealing with prevention is that drug use at a very young age (such as for example cannabis) with early experience of its psychoactive effects and the sensations of wellbeing that derive from it can create, besides neuro-cognitive damage<sup>31-40</sup>, a cerebral sensitivity which creates a higher likelihood of being attracted to, and subsequently using, other drugs such as cocaine and heroin and so of becoming addicted to them. Therefore, avoiding the so-called "experimental stage" is highly recommended for vulnerable people<sup>41,42</sup>.

### Vulnerability to drugs

In defining prevention strategies, it is necessary to also consider that not all children and adolescents are equally at risk as regards drug use and developing an addiction. There are factors and conditions that can differentiate such risk. This means that some people have a different degree of vulnerability<sup>43-46</sup>. In addition, it must not be forgotten that the conditions of vulnerability to drug use can also appear in adults and the elderly in relation to stressful, negative or problematic events, i.e. those which can trigger mental conditions which can lead the person to have an increased risk of drug use or alcohol abuse<sup>47</sup>. The factors can vary: individual ones, such as the genotype and the consequent development of diversified systems for gratification and impulse control leading to forms of behaviour and social interaction that are very often problematic. Other important factors are family and socio-environmental ones relating to the absence of adequate treatment, support and parental control, the presence of violence, abuse and conditions of emotional deprivation, but also stressful events and living conditions. These people may have an increased risk of seeking out and experimenting with drugs, and once tried, of starting on a path towards addiction. However, it must be recalled and stressed that conditions of vulnerability do not mean a fixed and unchangeable trajectory and a destiny of drug addiction. These people may be protected and drug use and the development of addiction be avoided by means of sound, coordinated action by the family, school and community. Vulnerability, therefore, is not "predestined" but just a changeable and preventable state of increased risk of turning to drug use and becoming addicted.

## Principles for scientifically focussed prevention

The table below sets out the principles which it is the case to follow in order to define scientifically focussed prevention strategies and initiatives.

<b>1</b>	<b>Early identification and intervention</b>	<p>Promoting early identification of vulnerability factors and at-risk behaviour in order to implement equally early initiatives in the education field in a coordinated and integrated fashion in the family, in schools and in workplaces and, if necessary due to the presence of frequent use or addiction, in the therapeutic field<sup>48-50</sup>.</p> <p>Educational initiatives are the responsibility of the family and schools which therefore must find a unity of purpose and action to promote and maintain life skills and healthy behaviour<sup>51-53</sup>.</p> <p>Early prevention initiatives should start as early as the prenatal stage, discouraging drug use by mothers to be, since it has been shown that taking drugs during pregnancy can induce an increased risk in the baby of using drugs as an adolescent and becoming addicted to them<sup>54-61</sup>. In addition, in order to be truly effective, information initiatives and parenting skills for parents, and educational initiatives for children should be started early and, for children, at a very young age, between 4 and 6, and so during childhood<sup>62,63</sup>, focusing on the identification and correct management of behavioural and attention disturbances and subsequently on lifestyles and health habits, ensuring above all a high level of parental care.</p>
<b>2</b>	<b>Global prevention towards at-risk behaviour</b>	<p>Prevention initiatives must be focussed on addressing simultaneously and globally the problem of the use of various drugs and mind-altering substances and alcohol abuse (alcohol, tobacco, drugs, unprescribed medicines, inhalants, etc.)<sup>64,65</sup>. Educational/preventative initiatives should therefore mainly address at-risk behaviour and not individual drugs, in a general context of health education to acquire and maintain healthy lifestyles<sup>66-69</sup>.</p> <p>Community based universal prevention is, and remains, important<sup>70,71</sup> and must not be abandoned but integrated with more specific and incisive forms of prevention.</p>
<b>3</b>	<b>Selective and indicated prevention</b>	<p>Besides universal prevention, there are other types of prevention which must be considered as a priority, i.e. selective prevention and indicated prevention, aimed in particular at young people with a high risk of drug use and addiction due to the presence of vulnerability factors<sup>72-75</sup>. The prevention initiatives must also be differentiated taking account of gender, character, age (stage of development) and the environmental conditions in which they occur<sup>76-79</sup>.</p>
<b>4</b>	<b>Permanent and periodic prevention for risk perception</b>	<p>Prevention initiatives must be permanent, regular and structured in specific programmes. The information on risks and damage from drugs must be constantly supplied and suitable for people's level of understanding. Prevention must also be aimed at increasing risk perception, self-efficacy, self-esteem and "resilience" skills, since these factors have proven to be protective in most young people. Risk perception is in fact capable of forming a valid reason to acquire and maintain healthy forms of conduct and to not use drugs<sup>80-89</sup>. In addition, other factors help develop and maintain healthy lifestyles. It must be remembered that people can have differing reactions to warning messages, but that most of them change their behaviour in a positive way<sup>90,91</sup>. Early warning information on potential risks and on damage from drug use must be provided not only in terms of the health risks but also for people's legal and social situation<sup>92-95</sup>.</p>
<b>5</b>	<b>Coherent and evidence based drug communication and information</b>	<p>Educational preventative measures and the various information messages must be coherent in their contents and aims in all the environments in which they are used and among all the operators involved in these activities<sup>96</sup>. For this reason, it is important to have single and accredited scientific and cultural reference points and to avoid contradictory messages relating to the case for never using drugs or abusing alcohol. The information must be clear and explicit leaving no doubt about the possible risks related to drug use and alcohol abuse<sup>97,98</sup>.</p>



6	<b>Social disapproval</b>	<p>The information must be aimed also at promoting and maintaining social disapproval of the use of any drug or mind-altering substance, in particular cannabis and alcohol abuse which have the lowest level of risk perception among young people, but which are very often gateway substances that can increase the risk of starting on a path towards the use of heroin or cocaine. The presence of a high level of social disapproval has proven to be a scientifically effective factor in reducing the cases of starting drug use<sup>99-108</sup>. Therefore, in order to improve their effectiveness and impact, prevention actions should be supported by explicit and clear social disapproval towards the use of all drugs and alcohol abuse which must consequently be considered and communicated as “non-values”<sup>109-111</sup>.</p>
7	<b>Focus on family, school, workplace, social community and Internet</b>	<p>Prevention activities should be mainly focussed on the family<sup>112</sup> and school<sup>113-118</sup> but must also include prevention activities for workplaces<sup>119,120</sup>, the community<sup>121,122</sup>, and the Internet. The Internet has become, and will become even more so in the future, an information point which gives rise to a virtual social community (above all in terms of social networks, blogs, chatrooms, etc.) and a is very important virtual relationship which young people use very frequently<sup>123-126</sup>. In addition, many people use the Internet to discover and look for drugs, and for their purchase and sale. In particular, the family should be put in a position in which it can access suitable information, competences and parenting skills, in order to be a valid educational support. Specifically, women, right from the early stages of pregnancy, should know that it is necessary to avoid any drug use or alcohol abuse in order not to expose the baby to an increased risk of vulnerability owing to cerebral modifications which these substances can produce in the foetus, and, in addition, parents should be able to call on appropriate counselling and specialist contact points to develop suitable parenting and early detection skills. It is essential to bear in mind that it is necessary to differentiate strategies and initiatives on the basis of the different age ranges and stages of development of children/adults as well as on the basis of the different environments and the different levels of vulnerability and neuro-cognitive and behavioural characteristics<sup>127-133</sup>.</p>
8	<b>Educational approach and empowerment of responsible behaviour</b>	<p>Prevention aimed at young people, and in particular the very young, has proven effective above all if it uses an early approach, besides educational warnings on risks and damage, in a context where the promotion of relationships and personal contact is encouraged, as well as loving care of one's own children accompanied by monitoring, constant supervision and by clear rules which are enforced with authority, understanding and support at times of difficulty and misunderstanding<sup>134-137</sup>. This educational approach envisages also the respect of and acceptance of young people by their parents and above all the gratification of their conquests in terms of independence<sup>138</sup>. Scientific evidence has shown that also for vulnerable people these educational methods (when applied coherently both in the family and at school) can be effective in order to reduce the risk of using drugs and the consequent development of addiction, thus increasing the possibility of acquiring healthy forms of behaviour and lifestyles and solid resilience towards even the experimental use of drugs and alcohol abuse<sup>139-141</sup>.</p> <p>Programmes for the development of empowerment in young people must be facilitated as well as the acquisition of responsible behaviour, so that they know how to take rational decisions about their health. It is important and effective to aim at the development of self-realisation, control over impulses and life skills. All this is in order to fully valorise the potential of young people, so that they learn to be respectful of themselves and of other people, to achieve the best possible social level, to be able to contribute through their actions and work to the wellbeing of their family and community while fully respecting the law. Responsible behaviour in adolescents must, therefore, be supported, facilitated and valorised.</p>
9	<b>Scientific orientation and constant assessment of the results</b>	<p>Prevention activities must use methodologies based on scientific evidence that can guarantee effectiveness but at the same time also the safety of the initiatives<sup>142-144</sup>. It is worth remembering that it is necessary to differentiate the interventions for the very reason that particularly vulnerable people have a different level of sensitivity to preventative stimuli compared to people who do not have particular factors of vulnerability<sup>145-147</sup>. A scientific approach also envisages that prevention initiatives must be constantly assessed with systems that can quantify their outcomes and impact as well as the costs and benefits that are really generated<sup>148-153</sup>.</p>

## 10 **Balanced approach**

Prevention initiatives, in order to be more effective, must be associated with interventions aimed at reducing the availability of drugs locally while maintaining respect for legality and in particular through the repression of drug trafficking, dealing, cultivation and unauthorised production. Besides these actions aimed at reducing drug supply, it is also opportune to maintain factors and conditions that are a deterrent to drug use through regulations and laws which respect human rights. All this is part of a balanced approach which must always find the right balance between actions to reduce demand and actions to reduce supply<sup>154-156</sup>.

## Conclusions

It is to be hoped that many States can agree on these principles and manage in the near future to create increasingly effective prevention strategies and initiatives in a coordinated and proactive way.

This memorandum of intent is the Italian proposal to create a common basis for dialogue and action which aims to contribute to increasing awareness, above all in policy makers, of the need to boost coordinated global prevention initiatives against drug use, above all by young people.

The future of all countries depends on what we manage to build for our young people and how much we manage to promote and protect their physical and mental health and social integrity, in order to be able to provide the best possible outlet to their creative, intellectual, professional and spiritual potential.

We believe that being able to have available options and measures to prevent the supply of drugs is a human right which must be guaranteed for the new generations. In particular, being protected from the supply of drugs is a right for children. We cannot accept a society where drug use is considered a way of life. The freedom to use drugs cannot be considered a human right. Policies for the prevention of drug use must be considered as a priority for countries' healthcare, social and economic policies. In addition, it must be considered<sup>159-165</sup> that all legislative conditions which may lead to an increase in availability and, therefore, access for the population, especially for those who are vulnerable to the use of drugs which are currently illegal (also for recreational or self-prescription ends, above all with cannabis<sup>166-168</sup>), are measures that can increase drug consumption over time, reduce social disapproval<sup>169</sup> of their use, and reduce risk perception<sup>170</sup>, thus increasing the risk of early cerebral sensitising towards drugs and so development towards addiction, above all for young and vulnerable people<sup>171-174</sup>. Therefore, these measures must not be considered as scientifically supported, valid, and acceptable and therefore must not be used in modern prevention strategies which could be strongly compromised by the inclusion of policies that go in this direction.

We believe that the society of tomorrow must be free from drugs, alcohol abuse and tobacco, and that this is possible and depends on all of us being committed and working hard to this end.



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# Memorandum of intent for the activation of non-custodial measures for drug addicts who commit crimes



Rome, October 9th, 2012

## Introduction and foreword

Very often drug addicts commit crimes in relation to their illness and their need to procure drugs. For this reason, prisons in many countries house a considerable percentage of drug addicts. This sizeable presence generates problems of overcrowding as well as the difficulties linked to barely effective programmes in terms of the rehabilitation and real recovery of drug addicts. Already in the Single Convention on Narcotic Drugs of 1961, which was modified in 1972, at art. 36, para. 1 letter b, it is stated that it is possible to envisage measures of treatment, training, cure, rehabilitation and social reintegration of the person<sup>1</sup>.

It is necessary, however, to think of a new approach to drug addicts who commit crimes, by taking the opportunity which the restriction on their freedom presents and turn it into a real recovery programme outside of prison, also by means of increased involvement of prisoners in socially useful work.

Therefore, it is sensible to consider the need to refocus the criminal justice system by investing more in the recovery and rehabilitation of drug addicts outside prison.

This document aims to inform public opinion and policy makers about the case for increasing alternative non-custodial measures by offering therapy and rehabilitation programmes as an alternative to imprisonment. Such programmes have proven to be much more effective than detention in reducing or eliminating drug use and drug-related criminal behaviour.

In addition, we should not underestimate the economic value of these measures which can create benefits and cost savings for the whole community, in addition making these people autonomous, productive and capable of supporting their own family and being more integrated into society.

This document does not intend to enter into discussion on the legalisation of drug use, obviously leaving such a choice to the unchallengeable independence of each individual State, but only to focus attention, whatever legislation is in force in the various countries, on the fact that there may be opportunities and different solutions which are perhaps more suitable than prison for drug addicts who have committed crimes related to their condition. This approach then must not be confused with a sort of request for “unconditional amnesty” for all those who take drugs and have committed crimes, but only as a possible alternative to imprisonment to enable the use of therapeutic treatments and rehabilitation which are appropriate and effective for those people who really have a right to use them by virtue of their drug-related illness.

Drug-dealing, unauthorised production, growing, and drug trafficking are all activities and conduct that can be prosecuted since they undermine the health and stability of the whole community. Being an addict does not justify this behaviour which remains socially harmful and reprehensible in any case.

## Principles for the activation of alternative non-custodial measures

The following table sets out the principles which it is opportune to agree in order to define strategies and initiatives to facilitate access to alternative non-custodial measures for drug addicts who have committed crimes.

**1**

### **Drug addiction is an illness**

Drug addiction and alcoholism are illnesses of the brain which are preventable, treatable and curable, caused by prolonged and continuous use of drugs or alcohol and by the combined presence of genetic, mental and socio-environmental factors<sup>2-8</sup>.

2	<b>Drug use (in absence of addiction)</b>	<p>Using drugs occasionally or periodically (in the absence of addiction) is high risk behaviour for health which can be voluntarily avoided and should be considered as an administrative crime to be criminally<sup>9,10</sup> in order to create a strong deterrent and to protect the population from any damage which these people could cause to third parties (traffic and workplace accidents, etc.) as a result of the attention and motorial deficit which drug use entails<sup>11-14</sup>.</p>
3	<b>A drug addict is not a criminal just for the fact of using drugs</b>	<p>No one, just for the reason of using drugs or alcohol and of being addicted to them, can be criminalised but, rather, must be understood in their illness, supported, motivated and helped to undertake and maintain (also through the application of the law) a serious treatment programme through effective and safe treatments that are focussed on the person's total recovery and their independence<sup>15-18</sup>. Drug addiction, therefore, since it is an illness, cannot be criminalised, i.e. be considered a crime and so punished with penalties or detention.</p> <p>No one can be discriminated against because they are a drug addict, at the same time it is necessary to remember that people in prison must be treated in respect of human rights<sup>19-22</sup>.</p> <p>The evidence shows that anyone using drugs or abusing alcohol has a much higher likelihood of being involved in criminal actions (dealing, trafficking, theft, robbery, violence, etc.) and this can depend on the need and requirement to procure money to buy drugs or on the establishment of relations with dealers belonging to the criminal system. It is also necessary to consider that this could depend on the anti-social choices made by a person who decides not to accept the social norms and rules of community life and earning a legal income, regardless of their drug use<sup>23-27</sup>. In addition, criminal behaviour can be facilitated not only by the aforementioned conditions, but also by the effects of the drugs themselves, above all cocaine and amphetamine, which are often also used by petty criminals who are not drug addicts in order to act as a support in undertaking criminal acts<sup>28-30</sup>.</p>
4	<b>Drug addiction and crimes: not only repression but also an opportunity for rehabilitation and social recovery</b>	<p>Drug addicts may commit crimes of various types and sometimes these are not related to their illness and to the needs arising from it.</p> <p>This behaviour can be understood on a human basis, but is not socially or legally justified and so must be punished in accordance with the law, however providing the possibility of transforming the penalties into alternative treatment and rehabilitation programmes, in order to be able to resolve not only the neuro-mental illness but also the consequent social deviance<sup>31-34</sup>.</p> <p>The law should envisage in fact that anyone committing crimes (which are not violent or against the person) due to needs linked to drug addiction, may commute any penalties into alternative treatment and rehabilitation programmes and socially useful work. This condition can be an opportunity for the person's rehabilitation and recovery<sup>35-38</sup>.</p>



5	<b>Prison is not the right place to treat addictions and for rehabilitation</b>	<p>Prison is not a place to treat drug addicts. A solely punitive sentence can return to the community people who have even more serious behavioural and social problems. Only imprisonment converted into therapy-rehabilitation programmes, i.e. that can accompany and support the prisoner throughout their sentence, allows the successful realisation of full recovery. It is only in these cases that the sentence therefore becomes the opportunity to cure the person and to benefit society which recovers one of its members at their full potential<sup>39-42</sup>.</p> <p>In addition, something very important must be remembered, i.e. that using the positive conditioning which can derive from the application of alternative sentences in treatment and rehabilitation programmes, is rational and opportune<sup>43-45</sup> and is in the interests of the patient who is affected by an illness which, besides the physical damage, threatens and alters their decision-making capability, motivation and so the desire to independently kick their addiction, unless supported and duly helped, in respect, in any case, of their human rights<sup>46-49</sup>.</p>
6	<b>Greater promotion of the use of alternative non-custodial measures and therapy-rehabilitation programmes for drug addicts</b>	<p>There is, therefore, a need to promote new procedures, also in order to be able to reduce the presence of drug addicts in prison and to encourage the application of alternative treatment and rehabilitation<sup>50,51</sup>.</p> <p>It is, therefore, necessary to promote alternative forms of punishment in order to avoid both drug addicts who commit crimes going to prison (immediately commutating the prison sentence into assisted out of prison programmes) and, at the same time, to favour the release of drug addicts who are already in prison by activating rehabilitation programmes<sup>52-54</sup>.</p> <p>The deployment of drug addicts in socially useful work in contact with voluntary organisations is very opportune and effective.</p>
7	<b>Going into prison and diagnosis of drug addiction: timely and evidence based action</b>	<p>In order to be able to correctly apply the alternative non-custodial measures to people with real social and healthcare needs and avoid the manipulation of this opportunity by some prisoners, it is necessary that specialist diagnosis is always carried out on entering prison in order to check for the existence of drug addiction, through the use of standard criteria which refer, for example, to the DSM IV and the ICD 10<sup>55-59</sup>. At the same time, it is useful to check for the existence of drug-related infectious illnesses which must be taken into account in structuring tailored rehabilitation programmes<sup>60,61</sup>.</p>
8	<b>Greater integration among operators in the justice, health and social fields: effective synergy to the benefit of the individual and the community</b>	<p>Justice can play an important role in rehabilitation and not just in repression. Staff who are responsible for activating and facilitating the use of alternative measures must be further integrated and so consist of magistrates and healthcare, social and prison operators, working together with the common intent of the rehabilitation and recovery of drug addicts<sup>62-64</sup>.</p> <p>Staff must be well trained, motivated and supported in their actions by the competent authorities. Basic training should be common to all and multidisciplinary and cover the neuro-scientific, therapy, rehabilitation, cognitive, behavioural and legal aspects<sup>65-68</sup>.</p>

<b>9</b>	<b>Alternative, effective, sustainable and less costly programmes</b>	<p>Therapy programmes as an alternative to prison are suitable and save money for the community and create less suffering for the individual and their family.</p> <p>A drug addict in prison costs more than a person in alternative rehabilitation<sup>69</sup>. The alternative measure produces a double advantage: for the person concerned, who is treated and rehabilitated, and for society which is enriched by a rehabilitated, reintegrated and productive citizen. The alternative measure is the main form of combating a return to crime.</p>
<b>10</b>	<b>Need to introduce permanent assessment systems for the results, costs and benefits</b>	<p>Therapy and rehabilitation initiatives require permanent actions and systems to assess both the results, with concrete and recordable indicators (e.g. the percentage of people who have not returned to criminal activities, the percentage of people who have not returned to drug use and addiction, the relapse period), the costs (costs of programmes activated compared to their real effectiveness) and direct benefits (cost-savings on the presence of drug addicts in prison, income restored with rehabilitation programmes)<sup>70-72</sup>.</p>
<b>11</b>	<b>Guaranteeing alternative programmes to prison with special regard for women</b>	<p>It is necessary to place adequate and particular attention on the problem of imprisoning women for the crimes connected to drug use and alcohol abuse and to plan specific measures for them<sup>73-75</sup>. The need to immediately arrange recovery programmes as an alternative to prison for women is dictated also and above all by the family responsibility which they often have in regard to children and by the fact that very often they are the only parent responsible for the children<sup>76-78</sup>. In fact, besides the consequences for the woman from imprisonment, it must be considered that separating a mother from her child can also produce serious trauma in the growth and development of the children<sup>79</sup>. Therefore, the alternative measure for these women and their children should be considered fundamental.</p>

## Conclusions

It is to be hoped that many States can agree on these principles and manage in the near future to create increasingly effective strategies and alternatives to prison in a coordinated and proactive way in accordance with these general principles.

This memorandum of intent is a common basis on which to dialogue and act for all those who wish to agree it and sign it, and aims to increase the degree of awareness, above all among policy makers (always in full respect of and in the independence of the legislative choices of individual countries), to the need to increase, in coordinated fashion and worldwide, the application of therapy and rehabilitation programmes as an alternative to prison for drug addicts who have committed non-violent crimes.

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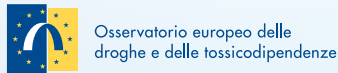


# Countries and organizations participating in the meeting

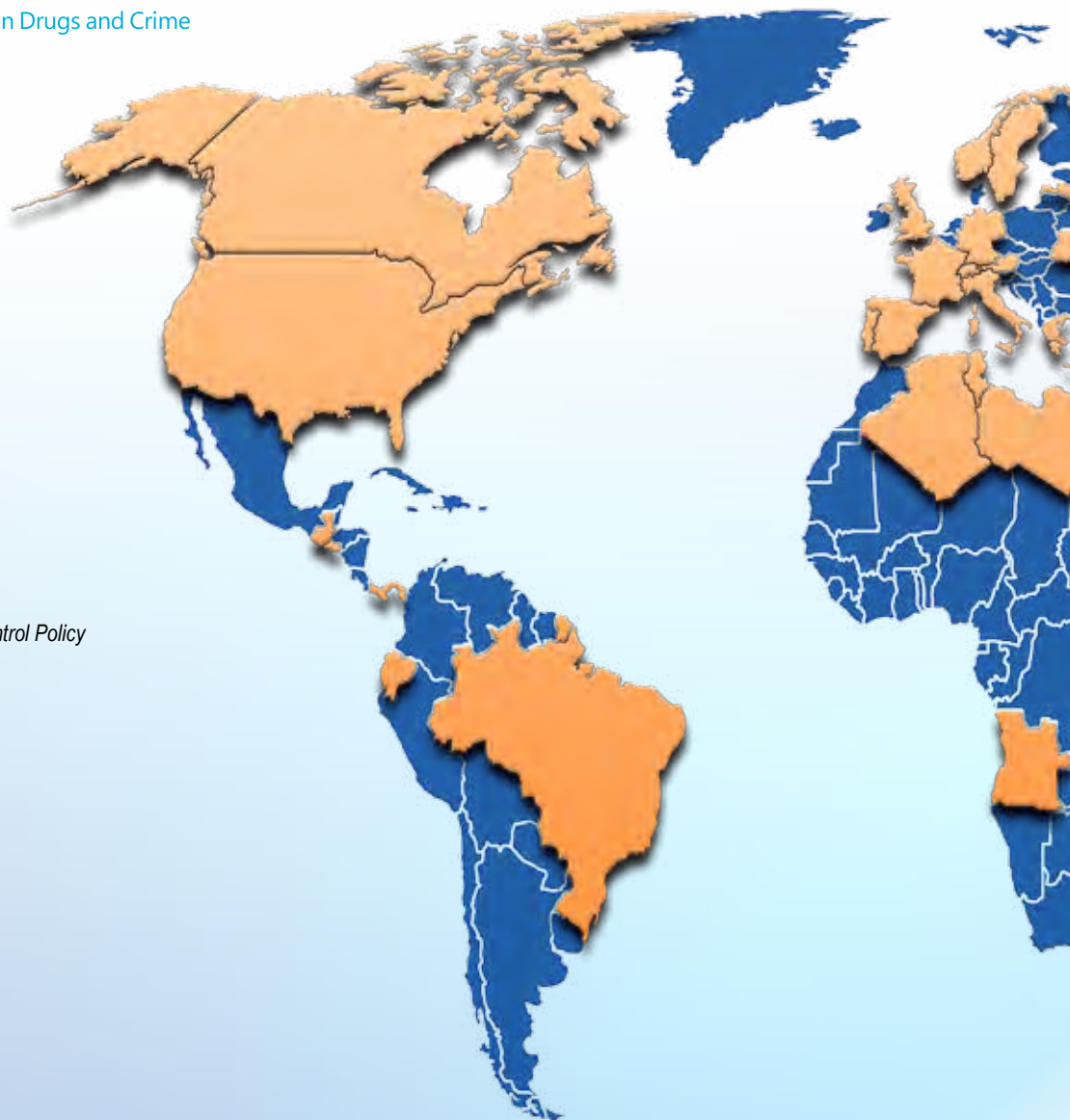
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In collaboration with:



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Office of National Drug Control Policy  
White House



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## International Consortium of Solidarity for early prevention

There is no “single” solution for all countries, but the “right” solution for every situation, on the basis of the differing environmental conditions and cultures, sustainability, development of the phenomenon, healthcare systems, social structures and the presence of organised crime.

- Solidarity is a necessity, not only a moral obligation;
- It is a positive value for those who believe in the future;
- It is the underlying principle for intelligent and humane globalisation.

## The Consortium's objectives

- Promoting international cooperation and coordinating intents in the field of prevention;
- Activating a real partnership for the future, with all the countries concerned and willing to share the enthusiasm and passion to safeguard future generations;
- Sharing strategies, materials, methods, and good (scientifically oriented) practice in the field of prevention.



# Speakers\*

## 9 October



**Andrea Riccardi**  
Minister for International  
Cooperation and Integration



**Yury Fedotov**  
Executive Director of UN  
Office on Drugs and Crime  
(UNODC)



**Sandro De Bernardin**  
Director General for Political  
Affairs and Security  
Ministry of the Interior



**Raymond Yans**  
President of the International  
Narcotics Control Body  
(INBC)



**Giovanni Serpelloni**  
Head, Anti-drug Policies  
Department  
Presidency of the Council of  
Ministers



**Gilberto Gerra**  
Head of Drug Prevention and  
Health sector of the UNODC



**Viktor Ivanov**  
Director of the Federal  
Service for drug control  
(Russian Federation)



**Kjell Erik Øie**  
Secretary of State, Ministry  
of Health and Treatment  
Services (Norway)



**R. Gil Kerlikowske**  
Director, Office of National  
Drug Control Policy  
(ONDCP - USA)



**Yea-Rin Cha**  
UNODC  
Initiative for youngsters



**Zili Sloboda**  
Director, Research and  
Development, JSB International  
Inc. USA and UNODC consultant



**Jeffrey Lee**  
Executive Director  
Mentor Foundation  
(USA)



**Arthur T. Dean**  
Capo del Community  
Anti-Drug Coalitions of  
America (USA)



**Susan R. Thau**  
Consultant on public policies,  
Community of Anti-Drug  
Coalitions of America (USA)

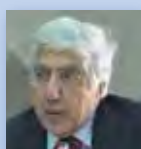


**Patrick Penninckx**  
Executive Secretary of the  
Pompidou Group, EU



**Danilo Ballotta**  
Representative of  
European Drugs Observatory  
(EMCDDA) at the European  
Commission

## 10 October



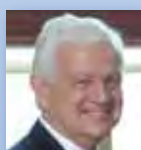
**Giovanni Tamburino**  
Head of Department  
of the Prison Administration  
Ministry of Justice



**West Huddleston**  
Head of Executive Office,  
National Association  
of Drug Court Professionals  
(NADCP - USA)



**Douglas B. Marlowe**  
Chief of Science, Law and Policy,  
Director of Division of Law and  
Ethics Research (NADCP - USA)



**Robert G. Rancourt**  
Judge, National Association  
of Drug Court Professionals  
(NADCP - USA)



**Lindsay Wood**  
Sheriff and Vice President, Scotland  
Sheriffs' Association, Resident  
Sheriff in Glasgow (United Kingdom)



**Jonathan Lucas**  
Director of Interregional  
Crime and Justice Research  
(UNICRI)



**Kevin A. Sabet**  
Director of the Drug  
Policies Institute,  
University of Florida (USA)

\* Presented in speaking order.



## Photographic gallery of the event

Speech by Minister Andrea Riccardi



Andrea Riccardi, Yury Fedotov and Giovanni Serpelloni



Opening of works on first day



Press conference



Yury Fedotov



Patrick Pennickx, Danilo Ballotta, Giovanni Serpelloni, Yury Fedotov, Raymond Yans, Jonathan Lucas e Gilberto Gerra.

**Andrea Riccardi and Gilberto Gerra**



**View of the meeting room with the delegations present**



**Speech by Giovanni Serpelloni**



**Speech by Raymond Yans**



**Some speakers on the first day**





Speech by Elisabetta Simeoni



Statement by the delegations



Speech by Giovanni Tamburino



Statement delle delegazioni



Some speakers on the second day



Jonathan Lucas, Kevin Sabet and Gilberto Gerra





**Some speakers on the second day**



**Discussion among delegations**



**Speech by Jonathan Lucas**



**Gilberto Gerra, Giovanna Campello and Elisabetta Simeoni**



**West Huddleston introduces the Drug Courts**



**West Huddleston, Douglas B.Marlowe and Robert G. Rancourt**



**Speech by Kevin Sabet**



**Initiatives in meeting room**



## **Organisational staff and collaborators of the DPA**

Administrative Area: Mauro Papi

Gianluca Amico, Nadia Balestra, Paolo Berretta, Ilaria Bulla, Vittorio Cajola, Fiorella Calò, Patrizia Carnevale, Iulia Alexandra Carpignano, Arianna Cioffi, Giorgia Costa, Veronica D'Ambrosio, Riccardo de Conciliis, Massimo De Giorgi, Carlo De Luca, Angelina De Simone, Luciano Del Mastro, Raffaella Esposito, Carmela Danila Facchini, Carolina Faiella, Anna Maria Fanfarillo, Sara Fanfarillo, Alessandra Fraschini, Barbara Gagliassi, Bruno Genetti, Andrea Giovannelli, Cinzia Grassi, Sabrina Liberatori, Luigi Paolo Marafico, Francesca Marazzi, Nicoletta Marconi, Marilisa Marianella, Giulia Marino, Andrea Martena, Roberto Mollica, Daniela Morrone, Renata Pace, Sara Piilucci, Sonia Principe, Andrea Ricci, Silvia Romano, Placido Maria Signorino, Manuela Svampa, Roberta Tito, Lorenzo Tomasini, Andrea Toraldo, Maria Alessandra Tullio, Fedele Tullo, Eugenio Francesco Valenzi, Luisa Vecchiocattivi, Marisa Verdi, Giulia Vinciguerra, Silvia Zanone.





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