

BOLETÍN DE DOCUMENTACIÓN
nº 10 octubre 2001

INTRODUCCIÓN

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 e Información 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 de datos bibliográfico-científicas, de legislación, prensa, vídeos, y desde Junio de 1998, el Plan Nacional sobre Drogas está en Internet con una página Web propia (<http://www.mir.es/pnd>).

Este Boletín, 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 e Información relacionados con el ámbito de las drogodependencias de las novedades incorporadas recientemente a su fondo documental.

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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Editors in Chief

JOHN B. DAVIES · ERNEST DRUCKER

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INTRODUCTION

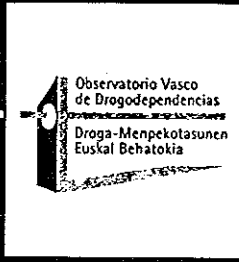
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Participación municipal en drogodependencias

El Plan Nacional sobre Drogas es un buen exponente de lo que en nuestro país se puede conseguir con una política de consenso entre partidos políticos sobre un problema social y de salud de la envergadura de las drogodependencias. En los últimos quince años hemos pasado de carecer de una política definida sobre drogas a dotarnos de una red de asistencia gratuita, pública y universal, y a realizar avances en materia de prevención, reinserción y represión del narcotráfico que son reconocidos internacionalmente. No obstante, persisten, desde los orígenes mismos del Plan en 1985, algunas sombras que aún no se han disipado. Una de ellas es la contradicción que supone declarar, por una parte, la vocación municipalista del Plan y la necesidad de la colaboración entre las Administraciones y, por otra, mantener la exclusión de los entes locales de los órganos donde se toman las decisiones sobre el diseño, las estrategias y las fórmulas de financiación del PNSD y los PADs.

Está fuera de toda duda que los municipios, las diputaciones y los cabildos participan muy activamente en el sostenimiento y en la ejecución de la política de drogas de este país, hasta el extremo de que sin su colaboración serían inaplicables gran parte de los programas relacionados con la reducción de la demanda, pero no ocupan el mismo lugar en el concierto, pues mientras las otras Administraciones componen la sinfonía, a la local le corresponde sólo el papel de ejecutante.

Ahora bien, una cosa es la política oficial y otra la real. Sobre la segunda sí que han tenido y siguen teniendo un peso importantísimo las iniciativas locales, aunque no siempre hayan sido reconocidas merced a cierto divorcio con la realidad oficial. Un divorcio que siempre ha jugado en contra de la política local, porque las iniciativas locales que no se recogen, que no se registran, que no se publicitan, son invisibles o, lo que es lo mismo, no existen. No existen, salvo para los miembros de la comunidad local. Demos pues, a continuación, aunque sea muy sucintamente, algunas pruebas de su existencia y su peso reales:

- Es un hecho histórico que algunos municipios fueron pioneros en ofrecer una respuesta desde el sector público a las drogodependencias (igual que a otros problemas sociales emergentes). No es casualidad que muchos expertos y técnicos que hoy componen los comisionados autonómicos y la propia Oficina del PNSD se hayan formado en departamentos municipales (no debe ser tan mala escuela).
- Desde entonces hasta la fecha, el número de iniciativas municipales no ha hecho más que crecer, aunque hayan sido poco visibles y mal interpretadas. En 1995, por ejemplo, la opinión más extendida en las jornadas nacio-

nales sobre municipios 'El impulso de la participación municipal en drogodependencias' era que había disminuido la iniciativa municipal en drogodependencias. Un año más tarde un informe elaborado para el PNSD por el GID recogía, para asombro de todos, más de 600 iniciativas comunitarias a nivel del Estado. Según la memoria de 1999 del PNSD, el número de los municipios con planes municipales apoyados por sus respectivos planes autonómicos se eleva a 700. Es de suponer que la cifra total sea mayor. El actual Plan Nacional se marca como objetivo para 2003 que la mitad de los municipios con más de 20.000 habitantes cuenten con su propio Plan, y para 2008 que alcance su totalidad.

- El soporte comunitario y de coordinación en el territorio que requieren casi todos los programas de tipo preventivo, de reinserción, de reducción de daños y de riesgos y de accesibilidad a los recursos asistenciales sería impensable sin la colaboración de los ayuntamientos, muy particularmente en las zonas rurales. Además, el municipio es el escenario donde hay que abordar en la práctica los problemas de coordinación entre diferentes sistemas y redes pertenecientes a Salud, Servicios Sociales, Drogodependencia, Educación, etc. Otro de los retos pendientes del PNSD es pues, en ese sentido, la colaboración con las iniciativas sociales y la escucha de las demandas sociales en el territorio.

En consecuencia, para conseguir que la participación municipal en la política estatal sobre drogas deje de ser una asignatura pendiente, son necesarios, a nuestro juicio, dos requisitos: el primero, recoger y reconocer la labor que se ha hecho y se está haciendo desde los municipios (ha de ser un trabajo de investigación, ya que ningún sistema actual de registro recoge la totalidad y variedad de iniciativas municipales en este terreno); el segundo consiste en establecer cauces de participación para los entes locales en el diseño de la estrategia nacional sobre drogas a nivel central y autonómico que vayan más allá de las convocatorias de subvenciones por parte de la CCAA y la participación en foros consultivos junto con ONGs y otras entidades.

Se ha conseguido un consenso en nuestro país sobre la política de drogodependencias entre las fuerzas políticas y entre las administraciones central y autonómicas, pero hay que reconocer que falta por integrar completamente en esta política a las corporaciones locales como lo que son: una parte esencial de la Administración del Estado.

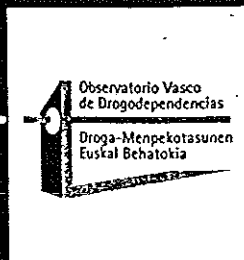
Alfonso Ramírez de Arellano Espadero

Psicólogo. Miembro del GID y coordinador del CCD del Condado (Huelva)

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DDZ

Drogamenpekotasunei
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Zentrua

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La izquierda y las drogas

Tradicionalmente, la izquierda ha dejado de lado las cuestiones ajenas a las relaciones de producción: género, medio ambiente, cuestión nacional, etc. Pese a ello, durante el siglo XIX, el alcohol —especialmente las bebidas de alta graduación— y su influencia en la clase obrera provocó un intenso debate en el seno del socialismo alemán, primero, y europeo, más tarde. De un lado se hallaban los partidarios de la abstinencia total, muy en sintonía con el puritanismo de parte de la burguesía de la época, que usaban contra el alcohol los mismos argumentos que algunos mantienen hoy contra las drogas ilegales: el alcohol degrada y desmoviliza. El otro sector, en el que destacan Engels y Kautsky, subrayaba el papel de las tabernas en la socialización de la clase trabajadora y en el intercambio de ideas, y defendía el consumo moderado de vino y cerveza, si bien compartía el prejuicio de que el aguariente desmovilizaba al proletariado. El pensamiento de la izquierda ha estado, en general, impregnado de una visión puritana de la vida, que considera el trabajo, la sobriedad y el sacrificio como valores fundamentales de la clase obrera. Todo lo que tenga que ver con el hedonismo, con el placer por el placer, se ve con desconfianza o lejanía cuando no con rechazo. Aquí resulta clave la influencia de la tradición cristiana y la ética protestante del trabajo sobre los primeros teóricos socialistas. No olvidemos que la moral judeocristiana tiende a rechazar como impura la ebriedad, en especial la no-alcohólica, habiendo perseguido —incluso con la hoguera— determinados consumos e implantado un tabú, similar al del sexo, que hizo desaparecer la mayoría de las drogas de los libros de historia.

La primera denuncia desde la izquierda contra la prohibición que había comenzado a aplicarse en 1912 vino de las filas anarquistas, donde el italiano Malatesta, en 1922, con argumentos que mantienen toda su vigencia, sostenía que "la ley es inútil para erradicar un vicio" y que "su inevitable fracaso sólo conduce a la imposición de nuevas leyes cada vez más duras". Por ello, defendió abiertamente el libre uso y comercio de la cocaína. Este debate pasa a un segundo plano durante décadas y sólo vuelve a aparecer cuando el uso de drogas ilegales adquiere carácter masivo y la alarma social crece, es decir, a finales de los sesenta y en los setenta, coincidiendo con la conversión del fenómeno en problema. En esta nueva etapa es la postura prohibicionista la dominante, con argumentos que se apartan poco del discurso oficial. En Estados Unidos, las ideas puritanas de Malcolm X, que preguna "liberarse" para siempre de la embriaguez, desembocan en la tesis de la introducción de las drogas en los barrios negros para acabar con los Panteras Negras. La idea del uso por parte del

poder de las drogas para acabar con la movilización popular se extiende a la izquierda europea, desde los autónomos a los PCs y a los movimientos de liberación nacional. Las acciones de IRA y ETA contra traficantes serán la parte más sangrienta de una represión propugnada desde una izquierda impregnada de los valores dominantes.

La izquierda asume así un "prohibicionismo vergonzante", similar en sus argumentos al oficial: la percepción de las drogas ilegales como un virus capaz de propagarse por sí solo en la sociedad, el uso de las drogas ilegales como chivo expiatorio y la utilización de dos raseros distintos para medir la bondad o maldad de las drogas, que se aceptan o rechazan en función de un criterio que suele ser el del "chauvinismo farmacológico", consistente en creer que las drogas buenas son las que toma uno mismo (o las que se usan en la propia cultura, país o grupo) y las malas las de los demás. De hecho, la famosa teoría de la estrategia diseñada y puesta en marcha por los Estados es insostenible sin la aceptación previa de los principios antes citados: la droga (sic) se introduce y extiende por Euskal Herria como un virus y es la responsable de la desmovilización de la juventud debido a sus cualidades perniciosas, de las que aparece exento el alcohol, que no se considera droga, vistas las escasas contradicciones que provoca el hecho de venderlo por millones de litros en tabernas, bosnas y similares. Igualmente, no se entiende que el Estado persiga y castigue, incluso con la cárcel, una conducta que pretende, supuestamente, promover. El prohibicionismo vergonzante alcanza su apogeo al afirmar cosas tales como que los *trapixeros* (al parecer, todos) están "involucrados en la lucha contra Euskal Herria".

Consideramos que el prohibicionismo es incompatible con las ideas, no sólo de izquierda, sino mínimamente progresistas. Defender, contra toda evidencia, la bondad de unas drogas frente a otras, imponiendo por la fuerza hábitos personales al resto de la población, es decir, actuando como vanguardia moral que decide por encima de la voluntad de las personas, convierte el discurso de la izquierda en un calco de la hipocrita moral dominante. Por otra parte, considerar una droga buena o mala en función de su situación legal implica equiparar legalidad con legitimidad, algo bien alejado de las ideas que han caracterizado a la izquierda desde su origen. La izquierda debe posicionarse ante la prohibición de las drogas como ante cualquier recorte de las libertades individuales.

Mikel Isasi
Miembro de Zutik

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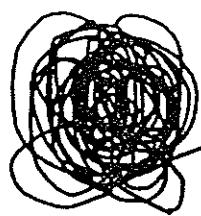
Economic and social costs of substance abuse



UNITED NATIONS

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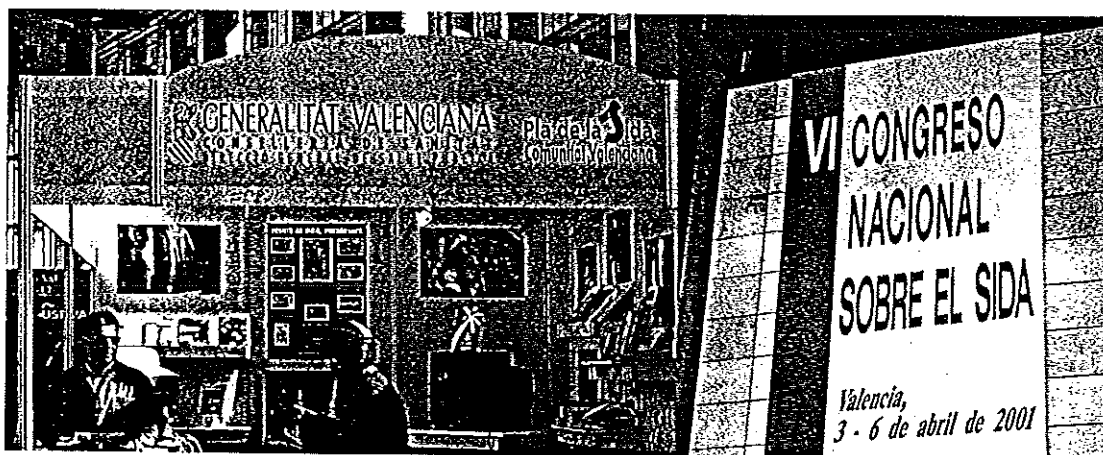
CONTRASTES

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Conclusiones del VI Congreso Nacional sobre el SIDA

Veinte años de investigación ofrecen armas para combatir hoy el VIH

La suma de los esfuerzos realizados, desde mediados de los 80, para investigar todos los aspectos relacionados con el VIH ha permitido, en los últimos años, lograr avances tan espectaculares como los que se dieron a conocer en el VI Congreso Nacional sobre el Sida. Las jornadas reunieron el pasado mes en Valencia a las figuras más relevantes de este campo.



La expectación ante el descubrimiento de una vacuna contra la infección por VIH concentró buena parte del interés de los más de 1.500 participantes en el VI Congreso Nacional sobre el Sida. El codescubridor del virus, Luc Montagnier, ve todavía muy lejana la creación de una vacuna que impida el contagio. Sin embargo, es mucho más esperanzadora la teoría que

defiende Eduardo Fernández Cruz, que sostiene que este descubrimiento está a punto de llegar. La jefa del servicio del Plan del Sida en la Comunidad Valenciana, Sofia Tomás, considera la dificultad de encontrar una vacuna, tal y como se ha entendido hasta ahora, y compara el virus del SIDA con otra epidemia vírica más frecuente: la gripe, cuya profilaxis requiere revisiones periódicas

debido a sus constantes mutaciones.

De las conclusiones del congreso se extrae que el futuro en la lucha contra el Sida depende sobre todo de la educación para la salud, de tener claro que todos podemos estar realizando prácticas de riesgo y que, por tanto, cabe la posibilidad de infectarse. La doctora Josefina Belda, responsable del Centro de Información y

CAMPANA DE PREVENCIÓN "Si te pasas te lo pierdes"

ALUMNOS CONTRA LAS DROGAS Colegio Nuevo San Blas

PASO A PASO Heroína: la droga más adictiva

OPINIÓN Dra. Josefina Belda Ibáñez y Rosario Martínez Quintero Directora Médica y Trabajadora Social del Centro de Información y Prevención del SIDA (CIPSA) de Alicante

LECTURAS

Women drug abuse in Europe: gender identity

Autor: Paolo Stocco et alia

Edita: Irretra

Investigación de varios autores europeos sobre la adicción en la mujer. Responde a dos cuestiones centrales: las repercusiones de la adicción a las drogas para el desarrollo de la identidad femenina y la relación entre la maternidad y el abuso de sustancias. El libro conlleva además que detrás de la adicción femenina se esconde un silencio que es una experiencia de malos tratos.

CONVOCATORIAS

Curso de Organización y Funcionamiento de Programas de Mejora

Continua en Atención Primaria

Fecha: 25 a 27 de junio de 2001

Lugar: Valencia

Organiza: Escuela Valenciana de Estudios para la Salud

Teléfono: 96 386 93 70

VI Jornadas sobre Prevención de Drogodependencias

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Avances en la deshabituación alcohólica

Los especialistas valoran las terapias motivacionales y la aparición de las fórmulas anticraving

La evolución de la entrevista motivacional y la aparición de nuevos fármacos, principalmente los anticraving o inhibidores del deseo, están propiciando un avance importante en los tratamientos de deshabituación alcohólica, a juicio de los especialistas sanitarios. El colectivo valora, asimismo, la creación de la red autonómica de asistencia de drogodependencias para desestigmatizar al paciente alcohólico.

El futuro de los tratamientos de deshabituación alcohólica es más que esperanzador, principalmente en la Comunidad Valenciana; donde las Unidades de Conductas Adictivas, integradas en la red autonómica de prevención y asistencia de drogas, está generando un acercamiento significativo a la población adicta.

El coordinador de la Unidad de Alcoholología de Alcoy, Francisco Pascual, asegura que, hoy en día, "en la relación médico-paciente lo que se valora, fundamentalmente, es la motivación del drogodependiente hacia el tratamiento, así como una mejora en su calidad de vida como objetivo a corto, medio y largo plazo".

Asimismo, "los médicos de primaria están más sensibilizados ante el alcoholismo, al verse respaldados por una Unidad. Antes, no sabían cómo tratar a estos pacientes y, por eso, les resultaban incómodos, pero ahora saben que los pueden dirigir a un centro específico", afirma el coordinador de la UCA de Valencia, Ximo Cuevas.



La aparición de nuevos fármacos, como el acamprosato y la naltrexona, están contribuyendo de manera importante en la recuperación de los pacientes. Estos fármacos reducen el deseo compulsivo de ingerir bebidas, bloqueando los neuroreceptores. "El acamprosato actuaría sobre todo en la dependencia física y la naltrexona en la dependencia psicológica, pero también estamos utilizando los antidepresivos Inhibidores Selectivos de la Recaptación de Serotonina, que producirían

una elevación del estado de ánimo así como una disminución de la compulsividad", apostilla Pascual.

Los especialistas consultados desestiman la idea de un tratamiento que pueda abreviar el proceso de deshabituación a la bebida, "ya que las peculiaridades del dependiente del alcohol requieren un trabajo intenso en toda la esfera social, familiar y personal. El control, aún después de superada la deshabituación, debe ser periódico y, en ese sentido, es de gran utilidad el papel de las asociaciones de autoayuda y, sobre todo de los Centros de Día, cuyo empleo habría que potenciar".

El papel de la entrevista motivacional está cobrando también una gran relevancia. "Hasta ahora un alcohólico llegaba a un recurso y se le conminaba a que dejara de beber inmediatamente. Hoy en día, exploramos cómo se encuentra, cuál es su actitud y si está preparado para dejar de beber, de manera que no se ejerce tanta presión", añade Cuevas.

EFFECTOS DE LOS MENSAJES MEDIÁTICOS SOBRE DROGAS LEGALES

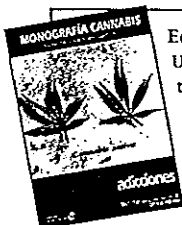
ESTUDIANTES CONTRA LAS DROGAS I.E.S. LEJOJA DE SAN JUAN

OPINIÓN Fernando Espí Unidad de Alcoholismo del Hospital Universitario Virgen de la Arrixaca

PASO A PASO Cómo ataca la heroína

LECTURAS

Monografía Cannabis. Adicciones. Vol. 12, Suplemento 2
Autor: VVAA



Editores: Julio Bobes y Amador Calafat
Una de las publicaciones más completas sobre el cannabis que se ha editado recientemente. El libro ofrece una amplia visión de las repercusiones sociales, psicológicas y fisiológicas de esta droga -la más consumida en España tras el alcohol y el tabaco- a través de las conclusiones de diversos especialistas. Magnífica oportunidad para ahondar en la sustancia cannábica, ya que los propios autores señalan que la literatura científica que plantea su uso de manera rigurosa y objetiva es todavía escasa.

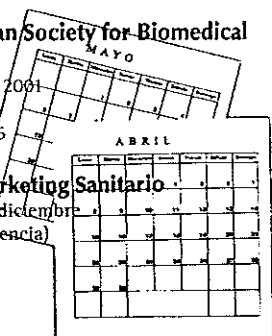
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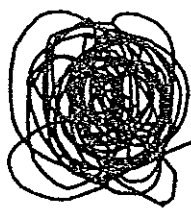
8th Congress of the European Society for Biomedical Research on Alcoholism

Fecha: 15 a 18 de septiembre de 2001
Lugar: París
Información: (33) 01 44 64 15 15

Diploma de Gestión del Marketing Sanitario

Fecha: 17 de septiembre a 20 de diciembre
Lugar: I.E.S. San Pablo CEU (Valencia)
Información: 96 386 93 70





El Botellón: de moda a hábito juvenil

Miles de jóvenes inician la noche de fin de semana entre vasos y juegos. Tienen entre 14 y 28 años y empiezan el ritual en un supermercado, tras hacer un fondo común y comprar todo el alcohol posible. Se justifican afirmando que es una manera de huir de la rutina, la más barata, porque "para salir de pubs y discotecas hace falta más dinero". Entre los habituales a estos encuentros se han puesto de moda numerosos juegos para "amenizar" los botellones.



Esto es muy sencillo. No hay limitación de gente, el lugar no importa siempre que esté algo apartado, para que la policía

no esté molestando, y suele montarse el fin de semana, pero cualquier momento es bueno. Puede ser con calimocho -vino y cerveza con refrescos- o con otras bebidas alcohólicas: da igual, whisky, ginebra, ron o vodka". Los asistentes al botellón no suelen superar los veintiocho años ni bajan de los catorce. Facilita los datos oficiosos un joven alicantino de veinticinco años apoyado en el maletero de su coche. "Piensa que de una botella salen quince pelotazos. En un pub cuestan de quinientas a ochocientas pesetas y una botella buena sale por mil quinientas".

Los elementos indispensables ya están. Ahora resta crear el ambiente propicio, el rito que lleva a la desinhibición y a beber más y más. Juegos como el club de whisky, una suerte de oca en la que en vez de avanzar casillas se ordena quién bebe, si el acompañante de la izquierda o la derecha del jugador, o uno mismo; el clásico juego de la moneda, los dados o el duro: cara, bebe el de la izquierda, cruz, el de la derecha; el hidalgo, o cualquier otro, van logrando que muchos jóvenes si que entren en un club: el de los bebe-



dores diarios y los alcohólicos. "Pero los juegos aceptan variantes, sólo hay que echarle imaginación", apostilla la fuente, "es la alternativa a no tener diez mil pesetas en el bolsillo para irse de copas". Sin embargo, luego los practicantes del botellón entran en más bares, pubs o discotecas. Normalmente lo otro era el aperitivo.

Para Francisco Pascual, presidente de AEPA, "antes era la cultura de la litrona y ahora impera la del botellón. Entonces se percibía con más frecuencia en épocas de exámenes y vacaciones, pero hoy por hoy cualquier excusa es válida". Todo vale para liarla. "Si es efectivamente un aperitivo ideal para la desinhibición. Se empieza jugando sin saber cuánto se va a consumir, pero no todos los participantes están en las mismas condiciones, ni físicas ni psíquicas, y

puede acabar en susto. Luego, para evitar el bajón lógico del alcohol viene una rayita de coca, speed o cualquier otro estimulante". Se da por aceptado el consumo de alcohol como elemento de introducción social, "como algo evidente y que forma parte de nuestra cultura, pero los jóvenes no miden sus repercusiones", aclara Pascual.

La falta de dinámica estudiantil y laboral, el progresivo distanciamiento del ámbito familiar y la escasez de alternativas de ocio conocidas por los consumidores

cierran el círculo alrededor de unas bolsas de supermercado llenas de botellas de alcohol. "El botellón es una válvula de escape a la rutina; evidentemente arranca como un juego contra la cotidianidad". ¿Y la solución que proponen los consumidores basada en bajar los precios de las copas en los locales autorizados? "Por mucho que lo hagan nunca serán tan bajos como los de un comercio. Eso es engañarse, una excusa con la que se va a seguir consumiendo igual". ¿Cabe resignarse y encoger los hombros? "En catorce años de profesión no he podido observar una bajada del alcoholismo en términos absolutos. Lo único que es válido es la prevención para que la gente sea consciente antes de que está sufriendo un deterioro, de que tiene un problema".

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Las Drogas en el Cine: novedades y clásicos de la gran pantalla

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ENTREVISTA
Francisco Pascual
Presidente de AEPA
y coordinador de
la Unidad de
Alcoholología de Alcoy

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OPINIÓN

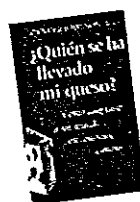
Francis Camarena
Psicóloga de la UCA
de Alicante. Área 18

LECTURAS

El siguiente por favor... La vida vista por un psiquiatra

Autor: J.C. Fuertes Rocañín
Edita: Plaza&Janés Editores

Conjugando el humor con el análisis de algunos momentos de la vida, José Carlos Fuertes Rocañín, doctor en Medicina y Cirugía y especialista en Psiquiatría, retrata las enseñanzas que sus pacientes le transmiten en la consulta. Desde situaciones tan trascendentes como la adicción al trabajo, pasando por el consumo abusivo de alcohol, o el mal humor al volante. Al final de cada capítulo incorpora una descripción médica del problema que se ha tratado, con los síntomas y posibles soluciones.



¿Quién se ha llevado mi queso? Cómo adaptarse a un mundo en constante cambio

Autor: Spencer Johnson, MD
Edita: Círculo de Lectores

El doctor Spencer Johnson presenta, a modo de fábula, una enseñanza esencial para saber controlar las circunstancias adversas de la vida y sacar los mejores beneficios posibles en cada momento. Johnson, doctorado en Medicina por el Royal College of Surgeons, es uno de los autores más exitosos en el terreno de los libros de autoayuda. Su obra ha sido traducida a más de 25 idiomas y es un referente para la formación y motivación empresarial.



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rugnet europe

July–August 2001

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

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- 3** Evaluation Instruments Bank speaks your language
- 4** Feature: Mediating the media Improving the standard of reporting on drugs
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- 7** New EMCDDA products and services
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E.M.C.D.D.A.
European Monitoring Centre
for Drugs and Drug Addiction

Council launches new risk-assessment process

PMMA or para-methoxymethamphetamine (¹), a non-scheduled substance with no legitimate medical use, has been singled out by the Council of the European Union for risk assessment under the joint action on new synthetic drugs. This decision follows consideration by the Council's Horizontal Working Party on Drugs on 28 May of a joint progress report on the substance by the EMCDDA and Europol (²).

Tests on animals show that PMMA lacks amphetamine-like stimulant effects but is more potent than 'ecstasy' (MDMA). It is typically a designer drug of the MDMA family.

PMMA has been found in tablets combined with the scheduled substance para-methoxyamphetamine (PMA). The PMMA-PMA association became known to the authorities in the EU Member States in June 2000 when the Danish police arrested an individual in possession of 700 of these tablets bearing a Mitsubishi logo. The tablets were being sold as ecstasy.

Since that date, the two European agencies have monitored closely - via the early-warning system operating under the joint action) the circumstances in which these tablets appear and are distributed in a number of Member States. PMMA and PMA have been found, mostly through seizures, in seven EU countries.

Within the European Union, the PMMA-PMA 'mix' has been associated with several deaths (for example in Denmark and Germany). Moreover, in Austria, PMA alone - a potent drug with amphetamine-like characteristics and potentially lethal effects - was linked to one death in 2000. During the period 1998-2000, PMA was also associated with a number of deaths in the United States (alone or with PMMA) and previously in Australia (alone or with MDMA).



EMCDDA Scientific Committee to carry out risk assessment of PMMA under joint action on new synthetic drugs

European Legal Database on Drugs goes live

The ELDD is a user-friendly tool offering reliable and up-to-date information, analysis and trends data on national drug laws, regulations and their application

On 26 June, International Day against Drug Abuse and Illicit Drug Trafficking, the EMCDDA launched on its website a new European Legal Database on Drugs (ELDD). The ELDD is a user-friendly tool offering reliable and up-to-date information, analysis and trends data on national drug laws, regulations and their application in the EU Member States and Norway. It provides a valuable service to national and European decision-makers, professionals and the media, presenting an overview of governments' responses to the drug problem through a variety of legal frameworks.

The ELDD contains legal texts in their original language covering four domains: demand; supply; money laundering; and precursors. It also carries national country profiles and a comparative analysis section with data presented in texts, charts and tables. The database, still in progress, will be regularly updated by a network of 16 national legal correspondents set up in 2000 to participate in the project. It is hoped that in time the ELDD will become a recognised and authoritative information source for the consultation and analysis of drug laws and legislation.

Continued on page 8

Daniela Ballestra

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

EMCDDA releases new figures on drug users in EU prisons

Of the estimated 350,000 people imprisoned throughout Europe on any one day, drug users are over-represented compared to their presence in the population at large. There could be a minimum of 180,000 and perhaps as many as 600,000 drug users passing through EU prisons each year.

These are among the conclusions of a report, released by the EMCDDA in August, entitled *Assistance to drug users in European Union prisons* (1). The report, an abridged version of an extended EMCDDA study, offers a scientific overview of the challenge of drug use in prisons.

Surveys show that no European country has a comprehensive system to quantify the scale of the problem, even though its significance is generally acknowledged. Drugs are seen as one of the main challenges of current prison systems in Europe. Some experts even claim that prisons provide an environment that sustains substance abuse among existing users and even fosters it in non-users. Psychoactive substances seem to be easily available in many prisons.

Figures in the new report highlight the magnitude of the challenge but also the uncertainties surrounding it in most Member States. Austria appears to have the lowest proportion of drug users in prison although the estimate ranges from 10 to 20% of the prison population on any one day. At the other end of the scale, Portugal's estimate is 38 to 70%. The Netherlands also has an estimate with a wide span: 14% minimum and 44% maximum. Three of the larger Member States are broadly in line: France 32%, Germany 20–30%, Italy 25–29% and England and Wales 15–29%, with Scotland 18–33%. But the Spanish estimate ranges from 35–54%, more in line with Portugal.

A problem in coming to terms with drug use in prisons, says the report, is that it takes place in extreme secrecy. Also, patterns of drug use vary widely and differ significantly between male and female prisoners.



Drugs are seen as one of the main challenges of the current prison system in Europe

Women, for example, on average represent only some 5% of inmates in European prisons, but the proportion of drug users among them is disproportionately high in most EU countries. Some data suggest that two-thirds of women entering prison have a history of severe drug and/or alcohol use prior to imprisonment. The report points out that half to three-quarters of drug-using women earn their money

for drugs by prostitution. All prisoners, but especially young offenders, are subject to extremely high-risk behaviour, including drug use by injection with its risks of blood-borne viruses. This may be due to feelings of inviolability', says the report.

The report provides the following profile of the typical drug user in prison: 'Highly socially deprived, often poly-drug user, with several stays in prison, several treatment attempts, high relapse experience, with severe health damage, including irreversible infectious diseases.'

There are, it adds, big differences EU-wide and from prison to prison in treatment, care and prevention in relation to drug users. Despite well-meaning intentions, the realities of prison life are grim'. A number of studies have identified many disparities between health services inside and outside prison, including drug and alcohol treatment.

Surveys show that no European country has a comprehensive system to quantify the scale of the problem, even though its significance is generally acknowledged

There are, it adds, big differences EU-wide and from prison to prison in treatment, care and prevention in relation to drug users. Despite well-meaning intentions, the realities of prison life are grim'. A number of studies have identified many disparities between health services inside and outside prison, including drug and alcohol treatment.

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Alcohol Addiction Treatment

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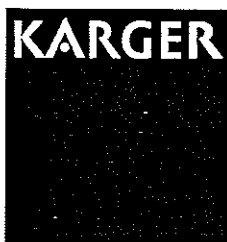
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- Family Structure versus Family Relationships for Predicting
to Substance Use/Abuse and Illegal Behavior 1
Alfred S. Friedman
Arlene Terras
Kimberly Glassman

This is a report on a court-adjudicated, inner-city, low SES, sample of African-American adolescent males ($N = 326$), to determine the degree to which their family structure (e.g., single parent vs. two-parent families) vs. the nature of the family relationships, predict to the sons' involvement in substance use/abuse and in illegal behavior.

Some of the family relationship measures, but none of the family structure measures, were found to predict to substance use/abuse, illegal behavior and drug trafficking. Of 33 family relationships measures analyzed, three predicted at the .01 level of significance, to the degree of recent substance use/abuse, and two predicted to the recent frequency of drug trafficking. If the subject considered his mother to have an alcohol problem, this was found to be the strongest single predictor to the degree of the son's substance use/abuse, for this sample.

KEYWORDS. Family, structure, relationships, substance, use

A Structural Model of the Influence of Family Problems
and Child Abuse Factors on Serious Delinquency
Among Youths Processed at a Juvenile Assessment Center 17

Richard Dembo
Werner Wothke
Marina Shemwell
Kimberly Pacheco
William Seeberger
Matthew Rollie
James Schmeidler
Stephen Livingston

The authors tested a model of the influence of arrested youths' family problem factors, including their sexual victimization and physical abuse experiences, on their drug use and frequency of involvement in index offenses. The sample involved 277 youths processed at the Hillsborough County Juvenile Assessment Center, in Tampa, Florida, who entered a NIDA funded service delivery project, called the Youth Support Project. The self-reported data we analyzed were collected during confidential in-depth, baseline interviews lasting an average of 2 hours. The hypothesized model was supported by the data overall and for the male youths, with the female youth data suggesting they use alcohol and marijuana for different reasons. The authors' findings underscore the importance of prevention and early intervention efforts involving at-risk youth and their families to reduce the prevalence and adverse consequences of these traumatic experiences.

KEYWORDS. Assessment, juveniles, child abuse, delinquency, drug abuse

Methamphetamine Use by High School Students:
Recent Trends, Gender and Ethnicity Differences,
and Use of Other Drugs 33

Eugene R. Oetting
Jerry L. Deffenbacher
Matthew J. Taylor
Nathan Luther
Fred Beauvais
Ruth W. Edwards

Recent data on 9th-12th grade (n = 629,722) methamphetamine use, both lifetime and last month prevalence, are summarized. From 1989 through 1992, methamphetamine use rates remained relatively stable. Since then, rates have increased, almost doubling, especially in Western states. There were no significant differences in methamphetamine use noted across year in school, but males are more likely to use than females, although use among females has also increased. With regard to ethnicity and use, American Indians and Hispanics were more likely to be using methamphetamine, followed, in order, by Asian Americans, White, non-Hispanics, and African Americans. Compared to other heavily drug-involved youth, methamphetamine users were more likely to use other drugs and suffer drug use consequences. Implications for research, prevention and counseling are briefly discussed.

KEYWORDS. Drug use, adolescent, methamphetamine

Evaluating the Perceived Helpfulness
of a Family Night Program
for Adolescent Substance Abusers

51

Richard A. Risberg
Rodney R. Funk

A significant factor in the successful recovery process of adolescent substance abusers is family involvement in the client's treatment experience. This study investigated whether or not participant needs were being met at a Family Night program for residential and outpatient clients. Participant responses (N = 322 questionnaires) indicated that increased satisfaction with the program was associated with increased participation and with perceptions that the presented material related to their respective family problems. Implications for increasing the efficacy of Family Night programs are discussed.

KEYWORDS. Substance abuse treatment, adolescents, families

Difficult Temperament, Parental Relationships,
and Adolescent Alcohol Use Disorder Symptoms

69

Bryan D. Neighbors
Duncan B. Clark
John E. Donovan
Gene H. Brody

Difficult temperament has been found to be related to substance use disorders in adolescents. This study tested the hypothesis that the quality of the parent-adolescent relationship mediates the association between difficult temperament and alcohol use disorder symptoms. The sample consisted of 438 adolescents aged 12 to 18 years, and their mothers. Structured diagnostic interviews were used to assess alcohol use disorder (AUD) symptoms. A series of multiple regression analyses were performed to test this mediational model separately for females and males. For both genders, difficult temperament was a significant predictor of AUD symptoms, and was negatively related to parent-adolescent relationship quality. For males, the relationship between difficult temperament and AUD symptoms was mediated by parent-adolescent relationship quality. For females, however, difficult temperament and parent-adolescent relationship quality independently predicted the adolescents' AUD symptoms. These results suggest that alcohol abuse prevention and treatment programs should consider the role of basic temperamental characteristics in pathological drinking, and the possibility that parent-adolescent relationship quality may be a key point of intervention.

KEYWORDS. Difficult temperament, alcohol use disorder, adolescent, parent-adolescent relationship

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A Longitudinal Study of the Impact
of a Family Empowerment Intervention
on Juvenile Offender Psychosocial Functioning:
An Expanded Assessment

1

Richard Dembo
Marina Shemwell
Kimberly Pacheco
William Seeberger
Matthew Rollie
James Schmeidler
Werner Wothke

Expanded analyses were completed on the efficacy of a family empowerment intervention for juvenile offenders and their families. The results indicate the promise of the intervention in regard to the youths drug use and involvement in drug sales during a one-year post initial interview follow up period.

KEYWORDS. Juvenile offender, psychosocial functioning, family intervention, high risk youth

Testing a Longitudinal Model of the Influence
of Family Problem Factors on High Risk Youths'
Troubled Behavior: A Replication and Update

9

Richard Dembo

Werner Wothke

Marina Shemwell

Kimberly Pacheco

William Seeberger

Matthew Rollie

James Schmeidler

Laine Klein

Amy Hartsfield

Stephen Livingston

Using data collected in a study of 163 arrested youths processed at a juvenile assessment center, who entered a home based family intervention project, we test a longitudinal, developmental damage model of the relationships between the youths' family problems (including their abuse experiences) and their drug use and delinquent behavior over time. The hypothesized model, specifying family problems affect the youths' problem behavior at Time 1 and Time 2, was supported by the data, involving both self-reports of physical and sexual abuse and official records of physical and sexual abuse, and neglect. Theoretical and policy implications of the results are drawn.

KEYWORDS. Family problems, youth problem behavior, developmental damage model

Preventing HIV/AIDS: A Brief Intervention for Adolescent
Substance Abusers

23

Deborah Deas

Carrie L. Randall

James S. Roberts

HIV/AIDS infection has become a serious threat to many adolescents, as reflected by the increase in the number of AIDS cases among adolescents and young adults. Substance abusing adolescents, in particular, tend to engage in high risk HIV behaviors despite their knowledge of HIV/AIDS. To determine the effectiveness of a brief educational motivation intervention, 60 treatment-seeking male and female substance abusing adolescents were randomly assigned to an experimental intervention or to a control group. The results did not demonstrate any group differences at either 3 or 6 months follow-up after hospital discharge. Risky sexual behaviors decreased from baseline in both groups. A longer follow-up period may be required to unmask any treatment impact.

KEYWORDS. HIV/AIDS, adolescents, substance abusers

Predictors of Adolescent Drug Use: Cognitive Abilities,
Coping Strategies, and Purpose in Life

33

Janet A. Minehan

Michael D. Newcomb

Elisha R. Galaij

Purpose in life and coping skills are hypothesized to mediate the association between cognitive abilities (e.g., fluid and crystallized intelligence) and polydrug use (alcohol, cigarettes, cannabis, illicit drugs). Self-report, cross-sectional data were obtained from a community sample of 144 junior high and high school students, 12 to 17 years old. Structural model results indicated that the relationship between crystallized intelligence and alcohol use was mediated by purpose in life. In addition, older age predicted higher cognitive abilities, stronger coping strategies, more polydrug use, and less purpose in life. Cognitive abilities predicted less cigarette and illicit drug use; existential confusion predicted more illicit drug use; and cognitive approach skills predicted more polydrug use. The implications of these findings are discussed.

KEYWORDS. Adolescent, drug use, intelligence, coping, purpose in life

Kicking the Camel: Adolescent Smoking Behaviors
After Two Years

53

Audrey M. Shillington

John D. Clapp

The Public Health Model views chemical dependency and acute substance problems as the interaction of three domains: the agent, the host, and the environment. This model was used to examine the relationships between smoking severity—never smokers, former smokers, and continued smokers—and host and environmental variables in a two-year follow-up study. Our results indicate that former smokers are more like never smokers on most of the risk and protective variables examined. Final analyses indicate that continued smokers are more likely to be Non-Black and Hispanic, be older, to have a more distant maternal relationship, to have used alcohol, to feel peer pressure to try cigarettes, and have to substance using mothers at time 1 compared to never and former smokers. The implications of these results for prevention, practice, and future research are discussed.

KEYWORDS. Adolescents, cigarette use, smoking cessation

Psychological Distress in Abused,
Chemically Dependent Adolescents

81

Alan A. Cavaiola

Matthew M. Schiff

Prior research has identified physical and sexual abuse as prevalent in both adult and adolescent substance use disorder populations. The purpose of this study was to assess whether differences exist in the levels of psychological distress in abused, chemically dependent adolescents when compared to their non-abused counterparts, and to a second comparison group of non-abused, non-chemically dependent adolescents, for the purposes of determining if this might provide a means of differentiating abused adolescents earlier in treatment. Results of the

SCL-90-R indicated that abused adolescents demonstrated more severe levels of psychological distress, as well as earlier onset of alcohol and drug use. There were also significant distress profiles that distinguished the abused group from their non-abused counterparts. These findings are discussed with regard to early identification and treatment implications.

KEYWORDS. Adolescents, physical abuse, sexual abuse, chemical dependency, substance abuse, substance dependence

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- Inhalant Use by Canadian Aboriginal Youth 1
Heather Coleman
Grant Charles
Jennifer Collins

While inhalant abuse is a significant problem among Canada's Aboriginal (indigenous) people, it is poorly understood. This study was conducted in response to these issues. The authors followed 78 Aboriginal young people who received treatment for inhalant abuse in a program established by the federal government. Data were based on a secondary analysis of case files as well as follow-up information from community workers.

Seventy-four percent of the 78 young people tracked during follow-up relapsed after discharge from treatment. Many of the young people came from backgrounds marked by isolation, poverty, family violence and substance abuse. The average age these young people started using solvents was 9.72 years. Gasoline was the most common inhalant used. Inhalant use was often accompanied by alcohol and drug abuse. A logistic regression model predicting who would relapse indicated that young people who abused inhalants immediately before admission, those who were described as unmotivated in treatment and those who were hospitalized during treatment had the greatest risk of relapsing during follow-up. Implications are discussed.

KEYWORDS. Inhalant abuse, predictors of relapse, Aboriginal young people

A Public Health Model of Alcohol Use and Related Problems:
Data from the National Longitudinal Survey of Youth 21

John D. Clapp
Audrey M. Shillington

Using data from the 1994 National Longitudinal Survey of Youth, this paper presents a public health model of alcohol intensity and attendant consequences among adolescents. We use path analyses to examine the influence of agent (beverage of choice), host (individual characteristics), and environment (contexts of drinking) on an index of alcohol intensity and three factor-based indexes of alcohol-related consequences. Our analyses suggest that males, adolescents who begin drinking at a younger age, and older adolescents drink with more intensity. Similarly, teenagers that drink in private contexts, perceive the majority of their friends to be drinkers, and prefer beer over other beverages tend to drink more intensely. Drinking in private contexts is also a contributing factor to Loss of Control and School/Work Problems regardless of other predictors. Implications for prevention practice and future research are offered.

KEYWORDS. Public health model, alcohol consumption, alcohol-related problems

A Typology of Adolescent Drinking-Drivers 43

Gina Stoduto
Edward M. Adlaf

Based on a 1993 survey of Ontario students in grades 7, 9, 11, and 13, data from students who reported driving within one hour of drinking two or more drinks are cluster analyzed. A 3-cluster typology was derived: "Marginals" consist of the lowest proportion of males, lowest delinquency, alcohol use, accident involvement, drinking-driving frequency and consequence experience; "Heavy Drinkers" consist of the greatest proportion of males, heaviest alcohol use, greatest driving exposure, highest drinking-driving frequency, few drinking-driving convictions and no drinking-driving accidents; and "Delinquents" consist of the highest delinquency, accident involvement, drinking-driving accident and conviction, and least driving exposure.

KEYWORDS. Adolescents, drinking-driving, alcohol drinking, delinquency, driving, cannabis, cluster analysis

Does Living with a Substance Abusing Father
Increase Substance Abuse Risk in Male Offspring?
Impact on Individual, Family, School,
and Peer Vulnerability Factors 59

Ralph E. Tarter
Katie Schultz
Levent Kirisci
Marija Dunn

To determine whether magnitude of risk in offspring of fathers with substance use disorders differs with respect to liability severity according to presence or absence of the father in the home. Boys age 10-12 having biological substance abusing fathers living at home were compared to a matched group of boys where

the biological substance abusing fathers were separated from their mothers. Comparisons were made on a panel of individual, parent-child interaction, peer, and school adjustment variables. The variables selected for comparison are well-established predisposing factors for substance abuse. Substance abuse is more severe in men who are separated from their spouses. It was also found that 10-12 year old boys living with mothers who are separated from substance abusing men are rated higher by their mothers on conduct problems compared to boys living with both parents. Lower involvement and supervision and lower attachment to their mothers are reported by boys who do not live with the substance abusing father compared to boys living with both parents. The increased risk for substance abuse in offspring of separated parents where the father is a substance abuser is concluded to be due to the combination of transmission of more severe liability from the father and fewer resources available to the single mother for effective parenting.

KEYWORDS. Substance abuse, substance use disorder (SUD), cohabitation, adolescents

Indicators of Adolescent Drug Users in a Clinical Population 71

Laurie K. Harrier

Paul L. Lambert

Vincent Ramos

Research indicates that drug use by adolescents may be influenced by a number of variables. Among the variables that have been associated with drug use are gender, ethnicity, various forms of maltreatment, and parental use of drugs and alcohol. A logistic regression analysis performed on a sample of 1867 adolescents indicated that a combination of physical abuse, sexual abuse, history of familial drug use, family violence, ethnicity, and a history of familial violence were significant in differentiating substance abusers from non-abusers. A Principle Components Analysis indicated that the significant variables grouped among three dimensions: violence, history of parental drug use, and ethnicity. Implications for a multidimensional approach to intervention are discussed.

KEYWORDS. Adolescent, drugs, abuse, violence, indicators

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Addiction: Comprehensive Guidebook, edited by B. S. McCrady
and E. E. Epstein

Reviewed by L. C. Sobell

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Drug Courts as an Alternative Treatment Modality

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Cues for Cocaine and Normal Pleasures Activate Common Brain Sites

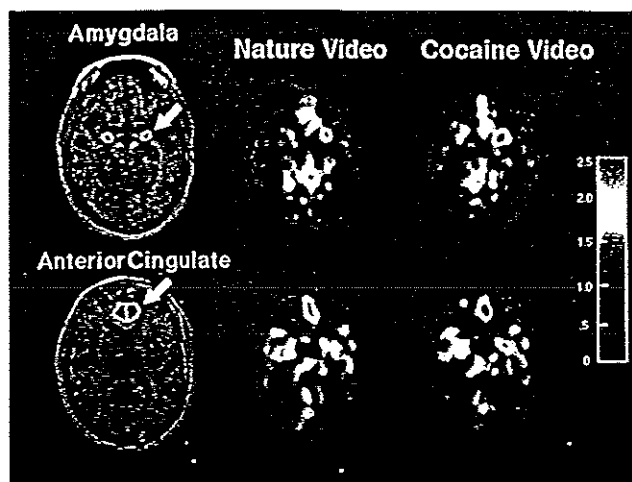
By Patrick Zickler
NIDA NOTES Staff Writer

Cocaine abusers may experience a powerful urge to take the drug when they encounter environmental cues such as people, places, or paraphernalia that they associate with drug use. This cue-induced craving may be accompanied by physical sensations—light-headedness, increased heart rate, or a mild drug-like “high”—like those produced by cocaine.

The similarity of cue-induced sensations to those of actual cocaine use suggests that some of the brain structures affected by cocaine are also affected by cocaine-related cues. Now, NIDA-supported research using two brain imaging techniques has shown that limbic regions of the brain, where cocaine is thought to produce its pleasurable effects by disrupting normal action of the brain chemical dopamine, also are activated by viewing videos containing cocaine-related scenes. Moreover, one study indicates that cues from normal pleasures, such as sex, also activate the same sites.

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Positron emission tomography shows that limbic regions in the brains of in-treatment cocaine users are activated by watching cocaine-related videos. Watching videos of nature scenes does not result in activation of these regions. This suggests that cue-induced craving for cocaine reflects activity in specific regions of the brain.

Cocaine Cues Activate Sites in Limbic Region

At the University of Pennsylvania in Philadelphia, Dr. Anna Rose Childress and her colleagues used positron emission tomography (PET), which measures cerebral blood flow, to detect activation of nerve cells in the brain, to monitor the effect of cocaine-related cues on activity in limbic regions of the brain.

Participants in the study—14 adult male in-treatment cocaine users and 6 adult males who had never used cocaine—underwent PET imaging while watching a 25-minute video that contained images and sounds of simulated purchase, preparation, and smoking of crack cocaine.

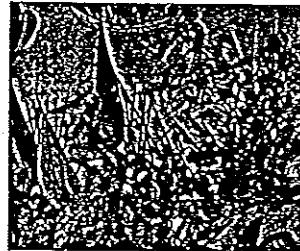
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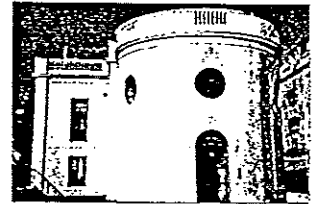
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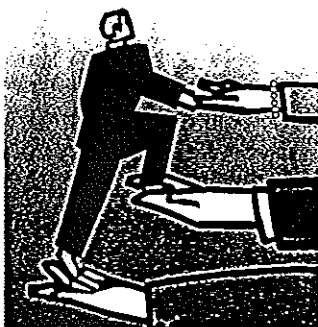
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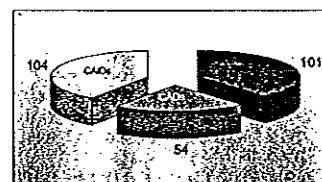
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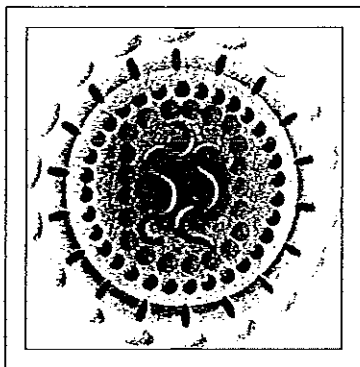
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Volumen 12, Número 8
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ORDEN de 12 de julio de 2001, por la que se modifican los modelos normalizados contenidos en los Anexos III, V, VII y VIII del Reglamento de la Ley 3/1996, de 10 de enero, sobre medidas de control de sustancias químicas catalogadas susceptibles de desvío para la fabricación ilícita de drogas, aprobado por Real Decreto 865/1997, de 6 de junio (B.O.E. nº 173 de 20 de julio de 2001).

ORDEN de 12 de julio de 2001, por la que se establecen el procedimiento y las bases reguladoras de la convocatoria para la concesión de ayudas económicas a entidades privadas sin fines de lucro de ámbito estatal, con cargo al fondo de bienes decomisados por tráfico de drogas y otros delitos relacionados en aplicación de la Ley 36/1995 de 11 de diciembre, y se convocan las mismas en el año 2001 (B.O.E. nº 174 de 21 de julio de 2001).

ACUERDO complementario de cooperación entre el Reino de España y la República de Costa Rica sobre cooperación en materia de prevención del consumo y control del tráfico ilícito de estupefacientes y sustancias psicotrópicas, hecho "ad referendum" en San José de Costa Rica el 24 de noviembre de 1999 (B.O.E. nº 178 de 26 de julio de 2001).

RESOLUCIÓN de 28 de junio de 2001 de la Delegación del Gobierno para el Plan Nacional sobre Drogas, por la que se dispone la publicación de las ayuda económicas para el desarrollo de programas de alcance supracomunitario en el marco de las prioridades del Plan Nacional sobre Drogas realizados por entidades de ámbito estatal sin fines de lucro en 2001 (B.O.E. nº 179 de 27 de julio de 2001).

ENTRADA en vigor del Acuerdo entre el Reino de España y la República de Cuba sobre cooperación en materia de prevención del consumo y lucha contra el tráfico ilícito de estupefacientes y sustancias psicotrópicas, hecho en La Habana el 10 de noviembre de 1998, cuya aplicación provisional fue publicada en el "Boletín Oficial del Estado" número 312, de fecha 30 de diciembre de 1998 (corrección de erratas en el número 24, de fecha 28 de enero de 1999, y de errores en el número 240, de fecha 6 de octubre de 2000 del "Boletín Oficial del Estado"). (B.O.E. nº 183 de 1 de agosto de 2001)

RESOLUCIÓN de 16 de julio de 2001, de la Secretaría General Técnica, por la que se dispone la publicación del Convenio marco de colaboración y coordinación entre el Ministerio del Interior y la Comunidad Autónoma de Castilla y León, en materia de investigación sobre drogodependencias (B.O.E. nº 191 de 10 de agosto de 2001).

RESOLUCIÓN de 31 de julio de 2001 de la Delegación del Gobierno para el Plan Nacional sobre Drogas, por la que se dispone la publicación de las ayudas económicas para el desarrollo de proyectos de investigación sobre drogodependencias por entidades públicas o privadas sin fines de lucro convocadas por Orden de 18 de mayo de 2001 (B.O.E. nº 201 de 22 de agosto de 2001).

LEGISLACIÓN

ORDEN de 14 de septiembre de 2001, por la que se establece el procedimiento y las bases reguladoras de la convocatoria para la concesión de ayudas económicas a Corporaciones Locales para el desarrollo de programas de prevención de las drogodependencias, con cargo al Fondo de Bienes decomisados por tráfico de drogas y otros delitos relacionados, en aplicación de la Ley 36/1995, de 11 de diciembre, y se convocan las mismas en el año 2001 (B.O.E. nº 231 de 26 de septiembre de 2001).

RESOLUCIÓN de 2 de octubre de 2001, del Consejo Superior de Deportes, por la que modifica la Resolución de 24 de mayo de 2001, por la que se aprueba la lista de sustancias y grupos farmacológicos prohibidos y de métodos no reglamentarios de dopaje en el deporte (B.O.E. nº 249 de 17 de octubre de 2001).

RESOLUCIÓN de 15 de octubre de 2001, de la Delegación del Gobierno para el Plan Nacional sobre Drogas, por la que se da publicidad al Convenio Específico para el año 2001 del Protocolo General de Colaboración suscrito por el Ministerio del Interior y la Ciudad de Ceuta (B.O.E. nº 261 de 31 de octubre de 2001)

RESOLUCIÓN de 15 de octubre de 2001, de la Delegación del Gobierno para el Plan Nacional sobre Drogas, por la que se da publicidad al Convenio Específico para el año 2001 del Protocolo General de Colaboración suscrito por el Ministerio del Interior y la Ciudad de Melilla. (B.O.E. nº 261 de 31 de octubre de 2001)

RESOLUCIÓN de 15 de octubre de 2001, de la Delegación del Gobierno para el Plan Nacional sobre Drogas, por la que se da publicidad al Convenio Específico para el año 2001 del Protocolo General de Colaboración suscrito por el Ministerio del Interior y la Comunidad Autónoma de Andalucía. (B.O.E. nº 261 de 31 de octubre de 2001).

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RESOLUCIÓN de 15 de octubre de 2001, de la Delegación del Gobierno para el Plan Nacional sobre Drogas, por la que se da publicidad al Convenio Específico para el año 2001 del Protocolo General de Colaboración suscrito por el Ministerio del Interior y la Comunidad Autónoma de Castilla y León. (B.O.E. nº 261 de 31 de octubre de 2001).

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RESOLUCIÓN de 15 de octubre de 2001, de la Delegación del Gobierno para el Plan Nacional sobre Drogas, por la que se da **publicidad al Convenio específico para el año 2001 del Protocolo General de Colaboración suscrito por el Ministerio del Interior y la Comunidad Autónoma de La Rioja.** (B.O.E. nº 261 de 31 de octubre de 2001).

RESOLUCIÓN de 15 de octubre de 2001, de la Delegación del Gobierno para el Plan Nacional sobre Drogas, por la que se da **publicidad al Convenio Específico para el año 2001 del Protocolo General de Colaboración suscrito por el Ministerio del Interior y la Comunidad Autónoma de las Illes Balears.** (B.O.E. nº 261 de 31 de octubre de 2001).

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