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In this issue...

July–September 2010

Injecting drug use stable or declining

Injecting drug use is strongly associated with severe health problems in drug users, including blood-borne infections (e.g. HIV/AIDS, hepatitis) and overdose. But the latest analysis of this practice is encouraging. In a new EMCDDA report released ahead of International day against drug abuse and illicit trafficking (26 June), injecting drug use is described as stable or declining in most European countries ([1]).

'Injecting drug use has a long history in Europe, but came to the fore in the early 1980s in the context of a growing heroin problem and the diffusion of HIV. Since then it has been associated with over 100 000 deaths', said Chairman of the EMCDDA Management Board, João Goulão, at the release of the report. 'Some 30 years on, we are encouraged that drug injecting now appears to be waning. But we cannot forget that it is still at the heart of Europe's drugs problem'.

In the report, *Trends in injecting drug use in Europe*, the EMCDDA estimates that there may be between 750 000 and one million active injecting drug users currently in the EU. And, in several countries, there are still signs of recent recruitment into drug injecting. The report analyses data from a variety of sources to describe Europe's current drug injection problem and to plot its trends in recent years. Also reviewed are responses to this practice and measures to reduce related harms.

Data collected on drug users entering treatment provide a comprehensive picture of drug injecting in Europe. One-third (33 %) of all those entering treatment for drug problems in 26 countries (25 EU + Croatia) report 'usually injecting' their main drug of choice. According to the report, of the clients entering treatment for the first time for opioid, cocaine or amphetamine problems, the proportion reporting injecting has decreased in most countries.

Injecting drug use in Europe is mostly linked to opioid use, but less than half (45 %) of those entering treatment for primary opioid use report 'usually injecting' their drug. Between 2002 and 2007, among heroin users entering treatment for the first time, the decline in the proportion of injectors was statistically significant in 10 countries.

Continued on page 8

Drug injecting — still at the heart of Europe's drugs problem.

'Think health, not drugs'

'Think health, not drugs', was the theme of this year's International day against drug abuse and illicit trafficking (26 June). It is also the slogan of the international campaign led by the United Nations Office on Drugs and Crime to raise awareness on the major challenge that illicit drugs represent to society as a whole, and especially to the young.

The EMCDDA marked the day with an event on 24 June for the Lisbon diplomatic community and partners from the Portuguese authorities. Underlining the relevance of the campaign for the EMCDDA, Director Wolfgang Götz said that the health aspect of the drugs issue had been the starting point of the agency's work, with demand and demand reduction top priorities in the early years.

Guest of honour at the event, Portuguese Minister of Health Ana Jorge, acknowledged drug policies that were based on pragmatism and humanism, and which regarded the drug user as a sick person in need of treatment. She spoke of the Portuguese drug policy, which had been 'pioneering in the European and international context', and underlined the important role of the EMCDDA in informing drug policymaking through evidence-based information.

In Brussels, EU Home Affairs Commissioner Cecilia Malmström said: 'We need more, and better, comparable information on the functioning of international drug markets and on ways to best control the illicit drugs trade. Here the European Commission has been active in developing models and indicators for global drug markets'. She added: 'Effective action against drugs requires strategies based on facts. The experience of the EMCDDA and Europol in collecting and analysing information is a valuable asset for the EU in this field'.
On 26 June, the European Commission marked the first anniversary of the European Action on Drugs, its campaign to raise awareness on the dangers of illicit drug use (www.action-drugs.eu).

Drug situation

Council calls on EU scientific experts to assess risks of mephedrone

Europe has responded to rising concern over the use of the synthetic drug mephedrone by formally requesting a scientific investigation into the health and social risks of the substance. The decision was announced by the Council of the EU on 27 May, in line with the three-step legal procedure designed to respond to potentially threatening new psychoactive drugs in the EU ([1]).

The decision to undertake this risk assessment is based largely on the findings of a Europol–EMCDDA joint report on mephedrone, submitted in late March to the Council of the EU, the European Commission and the European Medicines Agency (EMA) ([2]). The report, which presents a case for a formal risk assessment of the substance, features: the chemical and physical description of the drug; evidence of intoxications and fatalities; data on seizures; and information on the involvement of organised crime.

The risk-assessment exercise will be undertaken on 15 July by the EMCDDA Scientific Committee, with participation of additional experts from the EU Member States, European Commission, Europol and the EMA. The exercise constitutes the second phase in the three-step procedure: (i) information exchange/early-warning; (ii) risk assessment; and (iii) decision-making.

On the basis of the final risk assessment report (and at the initiative of the European Commission or a Member State), the Council of the EU may decide to subject the drug to control measures throughout the EU in the final stage of the process. In such a case, EU Member States would then be required to introduce such controls in line with national laws no later than one year after the Council's decision.

Roumen Sedefov and Ana Gallegos

([1]) Council Decision 2005/387/JHA of 10 May 2005 on the information exchange, risk assessment and control of new psychoactive substances.
([2]) 'Europol–EMCDDA Joint report on a new psychoactive substance: 4-methylmethcathinone (mephedrone)' — http://www.emcdda.europa.eu/drug-situation/new-drugs

Early-warning system annual meeting

When a new psychoactive substance is detected on the European market, EU Member States ensure that information on the manufacture, traffic and use of the drug is transmitted to the EMCDDA and Europol via their national networks (the Reitox national focal points and the Europol national units). This information mechanism is the EU early-warning system on new psychoactive substances.

The annual meeting of the early-warning system network was held in Lisbon from 3–4 June ([1]). This was the 10th meeting of the network since it was set up in 1997. Since then, over 120 new psychoactive substances have been identified in Europe through the EWS.

The two recent EMCDDA–Europol reports on mephedrone (see opposite) and on new drugs detected through the EWS in 2009, were high on the agenda at the meeting ([2]). Issues discussed included mephedrone and the use of other synthetic cathinones (e.g. methylone, MDPV), which could be potentially threatening to public health. The participants discussed at length the appearance of a large number of new unregulated synthetic compounds, marketed on the Internet as 'legal highs'. In this context, they underlined the importance of structured monitoring of the Internet to assess the availability of specific substances online ('EMCDDA snapshots') and the methodology required to achieve this. Highlighted as current challenges for the network were: the emergence of new, smokable herbal products laced with synthetic cannabinoids (the so-called 'Spice' phenomenon); the growing popularity of synthetic cathinones; and the various new combinations within these two groups which complicate their analytical identification.

Structured monitoring of the Internet: an important way to assess the availability of substances

Ana Gallegos and Roumen Sedefov

([1]) See list of partners at http://www.emcdda.europa.eu/html.cfm/index16784EN.html
([2]) 'EMCDDA–Europol Annual report on the implementation of Council Decision 2005/387/JHA, in accordance with Article 10' — http://www.emcdda.europa.eu/html.cfm/index33227EN.html

Drugs and prison: improving our understanding

A considerable proportion of the prison population in Europe is made up of drug law offenders and of drug users who have committed drug-related crime to support their addiction. Drug using prisoners often suffer from health problems (e.g. infectious diseases, mental disorders) and, on account of reduced tolerance, are at high risk of a fatal drug overdose after release. Yet, in many countries, drug interventions in the prison setting remain limited.

In this context, the EU drugs action plan (2009–12) sets the goal of developing a methodological framework for monitoring drug use, drug-related health problems and drug service delivery in prisons ([1]). This work, to be carried out by the European Commission, with the support of the EMCDDA, will be based on steps already taken in this field by the EMCDDA and international organisations (UNODC, WHO). Ultimately, the EU Member States will be asked to endorse and implement a set of indicators to monitor these three factors in the prison setting.

Information on drug use and prison is currently collected at European level, but there is still the need for more harmonised information and better data quality across Europe.
On 8 June, the EMCDDA presented its plans for a methodological framework to the Council of the EU's Horizontal Working Party on Drugs, which will continue to follow progress on this issue in the coming months. In 2012, the EMCDDA will publish in its 'Selected issues' series a review of drugs and the prison setting.

Linda Montanari and Dagmar Hedrich

([1]) EU drugs action plan (2009–12) — II Demand reduction, Action 22. http://www.emcdda.europa.eu/html.cfm/index66221EN.html

Responses

Harm reduction moves to the mainstream

Harm reduction is now an integral part of contemporary drug policies and plays an important role in responding to drug use in Europe. But this has not always been the case, say the experts. In a major EMCDDA scientific work on the subject released on 21 April, leading European and international specialists chart how harm reduction shifted from controversy to mainstream.

In this latest EMCDDA monograph — *Harm reduction: evidence, impacts and challenges* — over 50 authors examine two decades of harm reduction research and practice in Europe and beyond ([1]). They also wrestle with how the concept may broaden and evolve as patterns of drug use change.

'Harm reduction is generally used as an umbrella term to cover interventions, programmes and policies that seek to reduce the health, social and economic harms of drug use to individuals, communities and societies', states the report. While, in the drugs field, its underlying principles can be traced back to the early 1920s, it became prominent in the 1980s in response to HIV epidemics among injecting drug users and the threat this posed to public health.

On account of its primary goal to reduce risk, harm reduction soon sparked controversy,

Harm reduction: now an accepted part of the European drug policy landscape

particularly among those promoting more traditional, abstinence-oriented care. Despite this, today it stands alongside prevention, treatment, social rehabilitation and supply reduction as part of the 'comprehensive approach' to drug policy, endorsed by the EU ([2]).

'Since the mid-1980s, harm reduction has transformed from a peer-driven, grassroots approach to an accepted part of the European drug policy landscape', said EMCDDA Director Wolfgang Götz. 'The EU drug strategies and action plans have been a strong influence in consolidating harm reduction in many countries as an important element of drug policy'.

Harm reduction is often referred to as a 'combination intervention', offered as a pragmatic package of responses adapted to local need and setting. Of these, the best known are needle and syringe exchange programmes (NSPs) and opioid substitution treatment (OST). By 2009, all 27 EU Member States supported harm reduction in policy or practice, all providing NSPs and OST. But considerable differences exist in the range and levels of service provision.

'Over the last 20 years, harm reduction has changed the way we think about and respond to drug problems in Europe, and has been influential in addressing the risks posed by drug injecting', said Dr Michael Farrell, Chairman of the EMCDDA Scientific Committee. 'Its development into a mainstream concept in Europe illustrates how, over time, evidence-based argument can lead to the adoption of policy options initially viewed as controversial.'

([1]) http://www.emcdda.europa.eu/publications/monographs/harm-reduction
([2]) Council of the EU, Council Recommendation of 18 June 2003 on the prevention and reduction of health-related harm associated with drug dependence (2003/488/EC).

Harm reduction: the next generation

Harm reduction is now two and a half decades old and a substantial body of evidence exists to demonstrate its feasibility and effectiveness in a variety of social and cultural settings. But what is needed as we move to the third decade? How adequate are the models of harm reduction developed so far? Is the 'comprehensive package' of harm reduction for HIV sustainable in low and middle income countries?

These were among the issues tackled at the International Harm Reduction Association (IHRA) conference 'Harm reduction: the next generation', held from 25–29 April in Liverpool ([1]). By returning to the city where the conference was first held 21 years ago, the event paid honours to the pioneers of the harm reduction approach.

Local drug workers and doctors in Liverpool were among the first to use needle and syringe exchange programmes and opioid maintenance as pragmatic interventions to reach and reduce health-related harms among marginalised heroin users. Then controversial, today harm reduction is deeply enshrined in national drug policies and is one of the pillars of the European drug policy response.

An underlying theme of the conference was the sustainability of harm reduction interventions in the future, now that the concept has 'come of age' and HIV incidence rates in most EU countries are low. Mainstream responses, such as opioid substitution treatment, are increasingly delivered by those working in the general health care system. As a result, one challenge is to build harm reduction competence and skills among these professionals in order to sustain the successes of the past.

The conference, attended by some 1 300 delegates, served as a forum for the dissemination of harm reduction research and innovative practice and as a platform for networking.

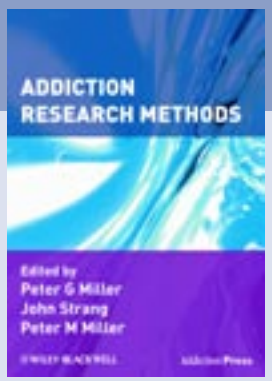
The EMCDDA participated on the programme committee, showcased its latest monograph on harm reduction (see above) and presented its work on second generation surveillance of HIV/AIDS.

Dagmar Hedrich

([1]) http://www.ihra.net

Bookshelf

Addiction Research Methods



Addiction Research Methods is a comprehensive handbook for health professionals, policymakers and researchers working and training in the field of addiction. The book provides a clear, comprehensive and practical guide to research design, methods and analysis in the context of the field of alcohol and other drugs. The reader is introduced to fundamental principles and key issues and is directed to available sources of information and key literature.

Written by a team of internationally acclaimed contributors, the book is divided into six sections: introduction; research design; basic toolbox; biological models; specialist methods; and analytical methods. Each chapter offers an introduction to the background and development of the discipline in question, its key features and applications, how it compares to other methods/analyses and its advantages and limitations. Among the features offered by the book are: case study examples, exercises and lists of useful websites.

Authors: Miller, P.G., Strang, J., Miller P.M.
Publisher: Wiley-Blackwell
Languages: English
Date: April 2010
Price: EUR 54.10/GBP 46.99
ISBN: 978-1-4051-7663-7
Ordering information:
http://eu.wiley.com/WileyCDA/WileyTitle/productCd-1405176636.html

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Feature

Children's Voices — experiences and perceptions of children around drugs and alcohol

Children's Voices, a collection of narratives from children on issues of substance use in Europe was released by the EMCDDA on 1 June to mark International Children's Day ([1]).

Alcohol and drug use in their different forms can have a profound impact on the lives of children. The *United Nations Convention on the Rights of the Child* states that children should be able to express their views in all matters touching their lives. The purpose of the publication is to provide a channel for such expression and offer insight into some of the key drug and alcohol issues affecting children.

Around 60 000 children in Europe today are likely to be living with individuals who are receiving treatment for drug problems. And many more are living with a drug-using parent or others who have no contact with treatment services.

Epidemiological studies routinely collect quantitative data on alcohol and drug use among adults and children, but far less is published on the qualitative aspects of substance use problems. In this optic, the review presents quotations gleaned from interviews with children in 14 European countries. Through these testimonies, the report illustrates how qualitative research can provide glimpses into the experiences, perceptions and vulnerability of children facing drug issues that statistics alone cannot provide.

It is widely recognised that drug policies and interventions for children are enhanced when children's perspectives are acknowledged and their needs addressed. The quotations, selected from grey literature (e.g. research studies, governmental and non-governmental reports) give voice to key issues for children. These include: living with harmful parental drinking or drug taking; being separated from parents and looked after by relatives, foster carers or institutions; experience and perceptions about alcohol and drug consumption; and experience and perceptions around interventions to address them.


Photo: istockphoto

Alcohol and drug use in their different forms can have a profound impact on the lives of children

Some of the quotations highlighted in the review are invocations by children for better and more tailored care and for appropriate and timely family support. Others are simply calls for their views to be heard and their experiences acknowledged. The testimonies gathered do not claim to represent the situation of all children affected by drugs and alcohol in Europe. They do, however, illustrate an overarching theme: the vulnerability of children from families with substance use problems and the need for interventions that are sensitive and adapted to individual circumstances.

Qualitative research focuses on the meanings, perceptions, processes and context of substance use problems and offers a way to understand and plan responses. As one youth worker in the report puts it: 'You need to be able to step into their world and understand what their world is like for them. If workers can't do that, they can have all the drugs and alcohol knowledge, but they're not going to be very successful working with that young person'.

Deborah Olszewski

([1]) See *Children's Voices* http://www.emcdda.europa.eu/publications/thematic-papers/childrens-voices and Fact sheet No 3/2010 at http://www.emcdda.europa.eu/about/press/fact-sheets/2010

United Nations

World drug report 2010

In 2009, the United Nations Member States decided to make further and decisive progress, over the next decade, in controlling illicit drug supply and demand. 'Many illicit drug markets have reached global dimensions and require control strategies on a comparable scale', says the United Nations Office on Drugs and Crime (UNODC). In this context, it underlines the need to improve understanding on these transnational markets and the manner in which they operate. This year's *World drug report*, launched by the UNODC on 23 June, is a contribution to this objective.

'Drug use is shifting towards new drugs and new markets', states the report, which opens with an analytical discussion of three key transnational drug markets: those for heroin, cocaine and amphetamine-type stimulants. The market discussion is followed by a presentation of statistical trends for all major drug categories and the latest information on drug production, seizures and consumption.

According to the report, drug crop cultivation is declining in Afghanistan (opium) and the Andean countries (coca) and drug use is stabilising in the developed world. But, it warns that there are still signs of increased drug use in developing countries. Antonio Maria Costa, UNODC Executive Director, highlights the dangers of drug abuse in the developing world: 'Poor countries are not in a position to absorb the consequences of increased drug use. The developing world faces a looming crisis that would enslave millions to the misery of drug dependence'.

World drug report 2010: http://www.unodc.org/unodc/en/data-and-analysis/WDR-2010.html
Executive summary: http://www.unodc.org/documents/wdr/WDR_2010/Executive_summary.pdf

Partners

EMCDDA and EMA step up cooperation

Exchanging information on new psychoactive substances and misused medicines was facilitated recently, thanks to a new working arrangement signed in London on 10 June by the EMCDDA and the European Medicines Agency (EMA) ([1]). The signatories were EMCDDA Director Wolfgang Götz and EMA Executive Director, Thomas Lönngren.

The two EU agencies have worked closely together since 1997 when they began exchanging information on, and assessing the risks of, new synthetic drugs in Europe. Since 2005, they have cooperated in implementing the three-step legal instrument through which Europe now monitors and acts on new psychoactive substances ([2]). Where relevant, the bodies exchange data from the EU early-warning system on new psychoactive substances and the EU pharmacovigilance system, which monitors the safety of medicines ([3]).

The new working arrangement furthers cooperation and boosts information exchange between the agencies. The EMCDDA will now report on an ad hoc basis to the EMA on any misuse of medicinal products detected through its networks. The new arrangement also opens doors for the EMA to provide ad hoc reports to the EMCDDA on the misuse of authorised medicinal products.

In addition to increased reporting, the document allows for greater exchange of expertise between the two agencies (e.g. via consultations, projects and meetings), while ensuring the optimal use of resources.

([1]) For more, see http://www.emcdda.europa.eu/about/partners/ema
([2]) http://www.emcdda.europa.eu/drug-situation/new-drugs
([3]) http://ec.europa.eu/enterprise/sectors/pharmaceuticals/human-use/pharmacovigilance

Drug supply

Coming up: European technical conference on drug supply indicators

The last two years have seen unprecedented interest, both technically and politically, in improving the evidence base for understanding issues of drug supply. In this optic, the European Commission and the EMCDDA have joined forces to organise this autumn the first European technical conference on drug supply indicators.

The purpose of the conference, to be held in Brussels from 20–22 October, will be to launch the process for designing a new European strategy for monitoring drug markets, crime and supply reduction. A network of operational and scientific experts will be called upon to guide the strategy's development and implementation.

The event is expected, for the first time at European level, to devise a plan to implement the information tools needed to understand these key facets of the drugs phenomenon.

Around 120 European and international experts will gather at this by-invitation event to move forward in this area of recognised importance to European drug policy. Among them will be: law enforcement officers, forensic scientists, criminologists, national data collection specialists, data analysts, economists, policy/intelligence analysts and technical staff of EU and international institutions.

The organisers believe that this milestone event will make an important contribution to achieving the objectives of the EU drugs action plan (2009–12), while also supporting the EMCDDA in its mission to develop indicators that can paint an overall picture of Europe's drugs phenomenon.

Technical groups supported by the EMCDDA will take forward the work initiated at the conference. This will result in a concept paper and roadmap for implementing one indicator in each of the conference's three thematic areas (markets, crime and supply reduction).

These documents will ultimately be presented to a second consensus meeting, scheduled to be held in Lisbon in 2011.

Chloé Carpentier

Spotlight

Coming up: European Neighbourhood Policy seminar

Photo: istockphoto

Perspectives for technical cooperation for 2011–13 between the EMCDDA and European Neighbourhood Policy (ENP) partner countries will be explored at a seminar in Brussels from 14–15 October ([1]). Organised by the EMCDDA, in consultation with the European Commission ([2]), the event is financed by the Commission's Technical Assistance and Information Exchange Instrument (TAIEX) ([3]).

The seminar, which will provide an overview of the EU drug monitoring system and the EMCDDA's role within it, will bring together representatives of health, justice and interior ministries from the 16 ENP beneficiary countries ([4]), with experts from the European Commission and the EMCDDA.

The European Neighbourhood Policy (ENP) aims to forge closer ties with countries to the South and East of the European Union. Through this policy, the EU seeks to strengthen the prosperity, stability and security of all countries concerned. In March 2007, the Council of the EU agreed on the gradual participation of ENP partner countries in the work of EU agencies to encourage regulatory and administrative reform and to promote convergence of ENP partners' policies with EU norms, standards and best practice. In this context, the seminar will set out to nurture cooperation in the field of drug monitoring between interested ENP partners and the EMCDDA.

Cécile Martel

([1]) http://ec.europa.eu/world/enp/policy_en.htm
([2]) DG-JLS, DG-Relex and DG-Enlargement.
([3]) http://ec.europa.eu/enlargement/taiex/index_en.htm
([4]) http://ec.europa.eu/world/enp/partners/index_en.htm

Reitox

Reitox Academy focuses on the evaluation of national drug strategies and action plans

Monitoring the evaluation of national drug strategies and action plans, and offering methodological support to Member States who need it, is a key part of the EMCDDA's work. Among the objectives of its latest three-year work programme (2010–12) is to develop guidelines in this area to identify conceptual approaches and provide practical steps and methods ([1]).

It was in this context that the EMCDDA organised a Reitox Academy in Lisbon from 17–18 June to contribute to the development of these guidelines. Four components of evaluation were covered at the event: the design of the evaluation; assessment of implementation; assessment of outcome/impact and the use of results.

Around 35 experts from over 30 countries attended the course, including delegates from Bosnia-Herzegovina, the Former Yugoslav Republic of Macedonia, Montenegro, and Serbia. Kosovo under UNSCR 1244/99 was also represented. During the academy, experts from 13 countries delivered presentations and shared information and experience on the four above-mentioned components. Two high-level experts with experience in evaluating a national drugs strategy or action plan provided valuable input by commenting on the presentations and supporting the discussions.

The importance of evaluating policies in the drugs field was highlighted during the proceedings as was the need for developing simple and long-lasting monitoring systems. Countries were also advised to draw comparisons on the drug situation with neighbouring countries or those sharing similar problems and characteristics. Finally, the participants favoured research-oriented approaches over 'auditing-type' methods, so as to avoid 'drowning in actions and indicators'.

Cécile Martel and Maria Moreira

([1]) http://www.emcdda.europa.eu/attachements.cfm/att_82066_EN_wp2010-12.pdf (p.43).

International

EMCDDA–CICAD cooperation

The EMCDDA collaborates with the Inter-American Drug Abuse Control Commission (CICAD) under a Memorandum of Understanding (MoU) it signed in 2000 with CICAD's parent body, the Organisation of American States (OAS). In this context, the organisations held their annual coordination meeting in Washington from 1–3 June to discuss a new EMCDDA–CICAD work programme ([1]).

Topics of interest identified for the programme include: cooperating on the development of national observatories; contributing to the strengthening of international monitoring systems and methodologies; harmonising indicators in the areas of drug supply and demand; and developing systems for the detection of new drugs and emerging trends. The programme is likely to be endorsed by EMCDDA Director Wolfgang Götz and CICAD Executive Secretary James Mack in the margins of the EU–LAC Cities meeting, to be held in Coimbra from 23–26 September ([2]).

Also discussed at the meeting was the finalisation of a handbook on building national drug observatories, due for release this autumn. This joint publication, a significant component of this strategic partnership, is designed to support the establishment and development of national drug monitoring centres in the two regions and in non-EU countries.

Alexis Goosdeel

([1]) For more, see http://www.emcdda.europa.eu/about/partners/cicad
([2]) http://www.eulacdrugs.org/eulac/

Products and services

New EMCDDA manual for prevention professionals

The EMCDDA's Prevention and Evaluation Resources Kit (PERK) is a package of evidence-based prevention principles, planning rules and evaluation tips for prevention professionals. Until recently available only as an online product, this valuable resource has now been released as a printed EMCDDA manual.

PERK provides support to policy planners by offering information on the types of strategies that are effective or on how to determine whether a project is sound and well designed. It also supports prevention professionals and project developers, through the provision of background literature, theories and evaluation tools and downloadable documentation or references. It is hoped that this additional material will be particularly useful for readers who have difficulty accessing the scientific prevention literature. To illustrate the theoretical discussion, an intervention example, partly based on a real-life situation, offers a practical perspective.

Available in English at http://www.emcdda.europa.eu/publications/perk

General report of activities 2009

The EMCDDA *General report of activities* is an annual statutory publication providing a detailed progress report of the agency's achievements over a 12-month period. The latest report provides an account of the EMCDDA's activities and accomplishments in 2009, the last year within the agency's three-year work programme 2007–09.

In order to reflect the structure of the 2009 work programme more closely, this report adopts a different structure from previous years, presenting results by broad 'overall objectives' as opposed to 'individual project goals'. Ultimately this will facilitate the cross-checking of results against expected outcomes and, in so doing, provide a strong management tool for the agency and European institutions alike.

Available in English at http://www.emcdda.europa.eu/publications/general-report-of-activities/2009

New EMCDDA thematic paper

Children's Voices, a collection of narratives from children on issues of substance use in Europe was released by the EMCDDA on 1 June to mark International Children's Day. For a full description, see p. 4.

Available in English at http://www.emcdda.europa.eu/publications/thematic-papers/childrens-voices

New online 'drug profiles'

Synthetic cathinones and khat are the latest substances to be added to the EMCDDA's online 'drug profiles'. The profiles offer a scientific description of the chemistry, pharmacology, synthesis and precursors of the substance concerned as well as its physical form (e.g. powder, tablet) and mode of use (e.g. ingested, snorted, injected).

Drug profiles, available in German, English and French at http://www.emcdda.europa.eu/publications/drug-profiles

Resources

Useful materials or events on the drugs issue

Madrid Recommendation

'The Madrid Recommendation: Health protection in prisons as an essential part of public health', has recently been released in English, French, German and Russian. The recommendation was adopted last October at the Prison Health Protection Conference, organised among others by the Spanish authorities, the World Health Organization, the EMCDDA and the UNODC.

For more, see http://www.euro.who.int/en/what-we-do/health-topics/health-determinants/prisons-and-health/sections2/news3/2010/05/the-madrid-recommendation

Conference on hepatitis B and C

The formulation and execution of policies in the field of hepatitis B and C requires the active and concerted involvement of a broad range of stakeholders. The 'Summit conference on hepatitis B and C', taking place in Brussels from 14–15 October, will bring together a diverse group of actors to promote and orient a consolidated and coordinated response to the problem of viral hepatitis in the 27 EU Member States.

Research carried out in preparation for the conference will be presented at the event. The conference is designed as a launching pad for work at national level in the years ahead.

For more, see http://www.hepsummit2010.org

ISAJE annual conference

The International Society of Addiction Journal Editors (ISAJE) will be holding its annual conference from 30 September to 3 October in Prague. ISAJE promotes excellence in the communication and dissemination of information on addiction and related sciences.

For more, see http://www.parint.org/isajewebsite/meetings2010.htm

Organisations wishing to publicise their newsletters, magazines, websites, CD-ROMs or any other resources are invited to contact Kathryn.Robertson@emcdda.europa.eu

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Cais do Sodré, 1249-289 Lisbon, Portugal
Tel. (351) 211 21 02 00 • Fax (351) 218 13 17 11
info@emcdda.europa.eu • www.emcdda.europa.eu

Calendar 2010

1 2 **3** 4 5 6 7 (8) 9 **10** 11 (12) 13 14 15
16 17 18 19 **20** 21 22 (23) 24 25 26 27 **28** 29 30 31

EMCDDA meetings

1–2 July:	EMCDDA Management Board meeting, Lisbon.
1–2 July:	EMCDDA workshop on mortality among drug users, Lisbon.
15 July:	EMCDDA risk assessment meeting, Lisbon.
16 July:	EMCDDA Scientific Committee, Lisbon.
20–21 September:	EMCDDA expert meeting on the treatment demand indicator, Lisbon.
11–12 October:	EMCDDA expert meeting on drug-related infectious diseases, Lisbon.
14–15 October:	European Neighbourhood Policy seminar, Brussels.
20–22 October:	European technical conference on drug supply indicators, Brussels.

External meetings

18–23 July:	XVIII International AIDS Conference, Vienna (www.aids2010.org).
22–26 August:	International Council on Alcohol, Drugs and Traffic Safety, Oslo (www.t2010.org/home.cfm).
4–7 October:	12th Annual meeting of the International Society of Addiction Medicine (ISAM), Milan (www.isam2010.medicina.unimib.it).
14–15 October:	Summit conference on hepatitis B and C, Brussels (www.hepsummit2010.org).

EU meetings

13 July:	Horizontal working party on drugs (Belgian Presidency), Brussels.
14–15 September:	Horizontal working party on drugs, Brussels.
12 October:	Horizontal working party on drugs, Brussels.

EMCDDA Management Board approves organisational reshuffle

An organisational reshuffle of the EMCDDA's scientific area was approved by the agency's Management Board at its meeting in Lisbon from 1–2 July. The review was defined by the Director, taking into account various internal and external factors since 2005:

- an expansion of the EMCDDA mandate (2006 recast of regulation);
- a new programming cycle (2010–12 work programme);
- new countries working with the agency; and
- a new governing cycle (Director's second mandate).

The new structure, which follows a consultation with all EMCDDA staff, takes into account the findings of the 2007 external evaluation of the agency as well as reports of the Court of Auditors and Internal Audit Service. The three current scientific units will be replaced by a scientific division composed of four units. These will cover: Interventions, best practice and scientific partners; Supply reduction and new trends; Patterns, consequences and data management; and Policy, evaluation and content coordination. This new scientific division will be headed and supervised by a Scientific Director who will report to the EMCDDA Director.

The Management Board also adopted a revised Memorandum of Understanding between the EMCDDA and the Council of Europe's Pompidou Group and gave a favourable opinion on the agency's 2009 final accounts.

Monika Blum

Injecting drug use stable or declining

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Over the same period, data on those entering treatment for the first time suggested a declining trend in injecting among primary cocaine users and a stable trend among primary amphetamine users.

European countries target injecting drug use and its consequences through a variety of interventions, mainly in the fields of drug treatment and harm reduction. Opioid substitution treatment and needle and syringe exchange programmes now exist in all 27 EU Member States, Croatia and Norway, although coverage is still uneven. According to latest estimates, there are around 650 000 clients in opioid substitution treatment in the EU, representing more than a three-fold increase since 1995. Specialised syringe provision outlets (not including pharmacy sales) are estimated to distribute on average about 50 syringes a year per injecting drug user across the EU.

'Injecting drug use was one of the major problems in Europe that motivated policymakers to create the EMCDDA in the early 1990s', recalls EMCDDA Director Wolfgang Götz. Despite the improvements outlined in the report, he describes targeting drug injection and the harms it causes still a 'high priority for European drug policy'.

(1) http://www.emcdda.europa.eu/publications/selected-issues/injecting

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