drugnet europe No 33

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

January–February 2002

In this issue...

E.M.C.D.D.A.
European Monitoring Centre for Drugs and Drug Addiction

New synthetic drug PMMA: controls proposed

The new synthetic drug PMMA (para-methoxymethylamphetamine) is on the way to becoming a controlled substance in the European Union.

Meeting under the Belgian Presidency, on 11 December, the Horizontal working party on drugs of the Council of the EU agreed unanimously on a proposal for a Council decision defining PMMA as a new synthetic drug to be subject to control measures and criminal penalties in all EU Member States (1). This followed a European Commission proposal of 6 December recommending controls on the drug.

The Council decision is expected to be formally adopted early this year under the Spanish Presidency of the EU. Adoption would mean that Member States would take the necessary measures, in line with their national law, to submit PMMA to controls in accordance with their obligations under the 1971 UN Convention on Psychotropic Substances.

The above developments stem from recent findings on the risks of the drug set out in a 'Report on the risk assessment of PMMA in the framework of the Joint action on new synthetic drugs' formally adopted on 29 October by an enlarged EMCDDA Scientific Committee. The task of the Committee was to assess the health and social risks of PMMA – especially in association with the already controlled substance PMA (para-methoxyamphetamine) and to evaluate the possible consequences of prohibition. PMMA is an amphetamine analogue very close to PMA and is almost exclusively sold in combination with that drug and consumed as 'ecstasy' (MDMA). It has been linked, in combination with PMA, with three deaths in the EU.

The risk-assessment report concludes that PMMA should be controlled largely due to the high risks of overdose linked to it, especially when combined with PMA in ecstasy-like tablets. But the un-MDMA-like effects of PMMA, even when combined with PMA, may be perceived

Continued on page 8

EMCDDA carries out its fifth risk-assessment exercise under the 1997 Joint action

EMCDDA signs joint statement with SEDRONAR

The EMCDDA and the Argentinian drug co-ordination body SEDRONAR (1) signed a Joint statement in Lisbon on 16 November, initiating co-operation that could pave the way for the creation of an Argentinian Drugs Monitoring Centre. The signing came during the official visit of then President of Argentina, Fernando de la Rúa, to the EMCDDA as part of the Head of State's visit to Portugal.

EMCDDA to lend firm support to establishing new Argentinian Drugs Monitoring Centre

The signing parties declared themselves 'united in the belief that information on the drugs phenomenon is a vital tool and precondition both for drafting and implementing policies in this field, and for evaluating the impact of government policy in reducing the problems arising from the abuse and illegal trafficking of drugs and psychotropic substances'. The EMCDDA will lend firm support to the process of establishing the new Argentinian Drugs Monitoring Centre, in accordance with its mandate, in the form of working sessions, training and related instruments.

The statement was signed by Secretary of State, Lorenzo Cortese, Head of SEDRONAR, and by EMCDDA Vice-Chairman and Executive Director, Marcel Reimen and Georges Estievenart respectively.

For more on drug monitoring centres in Latin America, see *Drugnet Europe* Nos 31, 32.

(1) Secretaría de Programación para la Prevención de la Drogadicción y la Lucha contra el Narcotráfico (SEDRONAR). See news release at http://www.emcdda.org/data/docs/26en.PDF

Drug situation

Modelling heroin demand and policy interventions: first results

An EMCDDA project to develop a macro-economic model of heroin demand and to assess the impact of substitution treatment was carried out in 2000 [1]. A model was developed to simulate the heroin career through different 'states' ('non-user', 'has tried', 'dependent treated', etc.). This model was based on the principle that individuals make the transition from one 'state' to another within six months and started with a theoretical population of over 12 year-olds (all non-heroin users).

The model was turned over 20 years and a total demand for heroin at cohort level was established for that period. It generated an average demand estimate of between 5.96 to 20.45 grams per person, depending on different factors. On a European population level (>12 years), the estimated demand was between 1,920,000 and 6,595,000 kilograms (street purity) over 20 years.

Different interventions were introduced into the model for year 10, and their effect on cumulative heroin demand was modelled. The largest impact was observed when changes in heroin price levels over 20 years were modelled (a 50% increase in the price level could have a negative impact of 72% on the total heroin demand). Also, prevention activities to decrease experimenting with heroin use were seen to be a potentially effective measure in reducing demand (a 50% decrease in experimenting would generate an almost equal impact on total demand). Modelling the impact of substitution treatment indicated that easier access to treatment would have a larger impact than the success of treatment itself in attaining abstinence.

After 10 years, a cross-sectional population may be obtained and broken down into different 'states'. In the model used, it would imply a total one-year demand (between years 10 and 11) at population level (>12 years) of between 61,300 and 170,900 kilograms (street purity). The range is due to different parameter values being taken into account, especially variations in heroin price.

Many gaps were discovered in available information and a number of assumptions had to be made. Several parameter values, as well as conclusions such as those mentioned above, need to be tested with more adequate and up-to-date European data.

Chloé Carpentier

[1] Co-ordinators: C. Carpentier (EMCDDA); F. Hariga (Modus Vivendi). Modellers: L. Annemans, N. Vanoverbeke (Health Economics Disease Management) and J. Tecco (Hospital Brugmann), Belgium.

Drug-related infectious diseases

The EMCDDA's annual EU expert meeting on the surveillance of drug-related hepatitis B/C and HIV (EMCDDA key indicator on drug-related infectious diseases) took place in Lisbon from 29 November to 1 December. At the meeting, national experts in HIV and hepatitis surveillance, and experts involved in studies, discussed available data and improving data collection. Although improvements are still needed, most countries are now able to report trends in the prevalence of hepatitis B/C and HIV.

Despite the general epidemiological picture for infectious diseases being stable, there are signs of increases in HIV in some countries among subgroups of drug injectors (see 2001 *Annual report*).

The event allowed collaboration and data-exchange procedures to be strengthened between the EMCDDA, EuroHIV and the European Network on HIV/AIDS and Hepatitis Prevention in Prisons. Experts involved in studies agreed to pilot a joint EU analysis of HIV and hepatitis among drug injectors, in addition to providing descriptive data for surveillance purposes through the EMCDDA's standard reporting table and national focal points.

Lucas Wiessing

Council adopts resolution on EMCDDA key indicators

On 10 December, the Council of the EU adopted a resolution concerning the implementation of the EMCDDA's five epidemiological indicators. Recalling the EU Action Plan on Drugs (2000–2004), the resolution urges EU Member States, in accordance with technical instruments and guidelines devised by the EMCDDA, 'to provide reliable and comparable information on the five key epidemiological indicators, in the comparable format drawn up by the EMCDDA and adopted by the Council'.

Member States urged to provide data on key indicators according to EMCDDA guidelines

The resolution calls on Member States to prioritise the production, collection and diffusion of information on the five indicators and to co-ordinate activities at national and regional level. Countries are also encouraged to make use of the Reitox network of national focal points and to make available to them adequate resources.

Finally, the Council invites the Member States and the European Commission to examine, in close consultation with the EMCDDA, the optimal ways and means (largely financial) to support the implementation of the indicators, both in the framework of the EU public-health information system and in line with EMCDDA guidelines, and to take the 'appropriate initiatives and arrangements.'

Responses

Developing indicators on drug prevention in the European Union

EDDRA managers and additional experts from the EU Member States met at the EMCDDA from 9–10 November to discuss initial steps in how to develop indicators on the coverage and intensity of prevention policies in the European Union.

In most Member States, there is a lack of information on the degree to which prevention strategies are implemented, since prevention is often highly decentralised, and control and reporting mechanisms are scarcely applied to programmes.

As a result, it has been virtually impossible to map the extent of structured and well-established prevention interventions in the EU, and it is unclear whether prevention policies are entirely implemented in practice.

In order to gather better and more comparable data on prevention policies, a first core set of data was agreed on at the meeting. This data-set focuses on school prevention interventions in the first phase.

All experts were aware of the need to continuously improve the data-set in order to obtain, in the long run, sound and comparable indicators on the intensity of prevention policies.

In order to further conceptualise and harmonise data collection on prevention coverage across all 15 EU Member States, more technical meetings will be held in order to explore feasible options in this new area.

This is especially relevant in the light of the pending evaluation of the EU Action Plan on Drugs (2000–2004), where countries have committed to responding to drug problems in a co-ordinated and measurable way.

Gregor Burkhart

EDDRA: Exchange on Drug Demand Reduction Action.

EDDRA is an Internet-based database providing details of a wide range of demand-reduction programmes in the EU. Focusing on hands-on experience and good practice in the field, the system caters to the needs of drug practitioners, policy-makers and decision-makers involved in planning and implementing demand-reduction interventions.

http://www.emcdda.org/responses/methods_tools/eddra.shtml

http://www.reitox.emcdda.org:8008/eddra

In most Member States, there is a lack of information on the degree to which prevention strategies are implemented

1st Latin conference on harm reduction

The 1st Latin conference on harm reduction was held in Barcelona from 14–16 November. The conference brought together some 700 participants from France, Italy, Portugal, Spain and several Latin American countries, including professionals, NGOs, policy-makers, scientists and drug-user association members. Its aim was to promote harm-reduction programmes in the participating countries.

Sessions focused on issues such as: substitution treatment (methadone, buprenorphine, heroin); needle exchange and infectious diseases; drugs in party settings; prison harm-reduction programmes; overdoses; and injection rooms. These sessions revealed that although harm reduction has been adopted formally at many political levels, the development of concrete interventions (e.g. needle exchange in prisons, pill testing, injection rooms, etc) still differs from country to country.

Gregor Burkhart and Julian Vicente

For further details on the Barcelona conference http://www.igia.org/clat/index.htm
The second conference has been scheduled for 2003 in Perpignan (France).

EDDRA analysis provides insight into trends

The 53 school prevention programmes from 14 countries currently listed in the EDDRA database, were analysed in 2001 according to their specific objectives, basic assumptions (theoretical models), target groups and evaluation indicators. Recent literature on prevention models allowed the EMCDDA to interpret and adapt the description of objectives and models in the database into a classification scheme of objectives and theoretical models.

Most programmes analysed were seen to be based on the combination of the objectives 'information/awareness', 'development of personal/social skills' and 'involvement of the community'. The theoretical models most frequently stated are the: life–skills model; peer approaches; knowledge on drugs; and the ecological–environmental model. The life–skills model is the most used in EDDRA school programmes (17 programmes) but is found in only 8 countries. EDDRA programmes in only half of the EU Member States apply models (life skills and peer approaches) which are nowadays considered in international literature to be most effective.

Relevant structural factors do not allow one to draw conclusions from this EDDRA analysis on the state of the art of prevention in a given Member State, since the EDDRA system is based on a rather selective sample of prevention programmes. Nevertheless, this first content analysis of the database provides an insight into trends in 'leading' prevention programmes in the EU.

Gregor Burkhart

Bookshelf

Drug Abuse and HIV/AIDS: Lessons Learned

Case Studies Booklet Central and Eastern Europe and the Central Asian States

This booklet is a collaborative effort of the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the United Nations International Drug Control Programme (UNDCP) to disseminate lessons learned from practical experience in Central and Eastern Europe and the Central Asian States where injecting drug use is a significant and rapidly increasing factor in the transmission of HIV/AIDS.

In chapters on fieldwork, policy and strategy development, and networking and training, the booklet illustrates how health risks related to drug use can be reduced and, in particular, how the transmission of infectious diseases can be prevented. Documenting 20 policy- and practice projects in 11 countries of the region, the booklet is an invaluable resource for organisations and those involved in the planning, co-ordination and implementation of strategies and services for problem drug users.

Author: UNAIDS/UNDCP • **Scientific Editor:** Dagmar Hedrich • **Published by:** UN • **Languages:** English/Russian **Date:** April 2001 • **ISBN:** 92-1-148144-9 • **Price:** Free • **Downloadable from:** http://www.undcp.org
Ordering information: (Europe) E-mail: unpubh@unog.ch
For volumes in Russian: Demand Reduction Section, UNDCP, Vienna International Centre, P.O. Box 500, A-1400 Vienna, Austria.

The EMCDDA is responsible for the selection of materials for the Bookshelf *and for the text presented. However, responsibility for the content of these materials and the opinions expressed therein lies with the authors themselves.*

Feature

Identifying, understanding and responding to the problem of ATS

The ATS phenomenon demands an integrated and flexible approach involving efforts on both the demand and supply reduction fronts

The term Amphetamine Type Stimulant (ATS) has been adopted to encompass the broad variety of synthetically produced drugs that are derivatives of amphetamine, the most common including: amphetamine, methamphetamine, ecstasy (MDMA), MDA, and MDEA. Both globally and in the European Union there is increasing concern about the use of these types of drug. This issue prompted a recent high-level conference organised jointly by the Belgian Government and the United Nations International Drug Control Programme (UNDCP) in Brussels on 19 November.

The meeting, entitled 'Identifying, understanding and responding to the problem of Amphetamine Type Stimulants (ATS): What works?', provided an opportunity to bring together both demand and supply experts to review what policy lessons could be drawn from the European and international experience with ATS. Presentations from technical experts were supplemented by interventions by senior policy-makers to help draw out the practical implications. A particular strength of this event was that it provided an opportunity for combining discussions on the illicit supply and manufacture of ATS drugs with discussions on demand-reduction issues.

One message from the day was the particular challenge for control strategies posed by the relative ease with which ATS could be manufactured close to their intended markets. We require a different and more flexible approach to understand patterns in their production, distribution and consumption, than that used for cocaine and heroin. This is clearly an important issue for Europe, where there is a high demand for ATS, particularly among young people. Considerable concern was also raised about the increasing problem of methamphetamine in South-East Asia.

The main conclusion of the meeting was that the ATS phenomenon demanded an integrated and flexible approach involving efforts on both the demand and supply reduction fronts. Understanding the long-term health impact of ATS use remains important, as does the need for sensitive information systems to detect the emergence of new trends. Further to this, co-ordination and information exchange is required between the Public Health and Justice systems, as are effective channels for communication with ATS users themselves.

Demand-reduction programmes are likely to be most effective when they develop from a dialogue with young people. Supply reduction programmes should focus attention on control of key precursors required for illicit manufacture. The importance of co-ordinating criminal justice responses to ATS and the role of forensic science information was also emphasised. Overall, the clear message that emerged from the day was that ATS are likely to represent an important part of the drug problem we face over the next decade. The meeting illustrated how much we had already learnt about how to deal with the issue, and how much benefit we can accrue from sharing our experiences.

Sumru Noyan, Acting Executive Director, United Nations International Drug Control Programme (UNDCP)

Enlargement

EMCDDA prepares to launch training programme for candidate countries

The EMCDDA is establishing a Reitox Academy Training Programme open to all Reitox focal points from the EU and the candidate countries. The programme will aim to boost members 'networking spirit' and offer valuable insight into working in the drugs field at EU level.

The new Reitox partners from the candidate countries will particularly benefit from the programme. While most have individual expert experience, they are relative newcomers to working at EU level and with the EMCDDA's indicator sets and core data. They will also receive valuable training in team-building, networking, analysis, and client-oriented reporting to help them consolidate their focal point and prepare themselves for general Reitox tasks. Meanwhile, some established focal points in the EU experiencing high staff turnover are set to gain from this training opportunity.

New Reitox training programme will aim to boost 'networking spirit'

The programme will be composed of modules on specific themes, tailored to the needs of different audiences (e.g. technical tools, networking strategies and development of national action plans).

Alexis Goosdeel

Partners

EMCDDA and Europol sign 'co-operation agreement'

The EMCDDA and the European Police Office (Europol) signed a co-operation agreement in Brussels on 19 November during a major meeting on Amphetamine Type Stimulants held under the auspices of the Belgian Presidency of the EU and the United Nations International Drug Control Programme (UNDCP) (see p. 4).

The purpose of the agreement is to enhance co-operation between the two bodies, particularly through the exchange of strategic and technical information. It will help heighten collaboration in areas such as: collecting and analysing data; disseminating information; exchanging technical expertise; and ensuring the most effective use of resources. It could also open the way for joint projects. The document specifies that: 'Co-operation between the two organisations shall be limited to drug-related matters and associated illegal money laundering activities, and diversion of chemical precursors, in accordance with their respective mandates…' Both parties will ensure that information received on the basis of this agreement will be subject to their confidentiality and security standards for the processing of information. No data on individuals or groups of individuals will be exchanged.

The agreement builds on the already strong links between the two organisations in the context of implementing the 1997 Joint action on new synthetic drugs. More recently, new steps have been taken in the areas of collecting data on drug seizures; and preparing a methodological tool to evaluate the ongoing EU Action Plan on Drugs (2000–2004). The co-operation agreement entered into force on 20 November.

See news release at http://www.emcdda.org/data/docs/25en.PDF

Drugs-Lex

Decriminalisation in Portugal: the new law in practice

Friday evening 18h00. A police patrol stops 'X' in a district of Lisbon. He is found in possession of 3 grams of hashish, declared to be for personal use. His details are registered, the drug is confiscated and he is told to appear on Monday morning before the new 'Commission for the dissuasion of drug abuse' (1).

Once there, 'X' is interviewed by the team comprising a psychologist and a social worker who evaluate his personal situation. A formal hearing takes place afterwards before three (the minimum is two) members of the Commission. There, 'X' is informed about his rights and about the process underway. The chairman asks him to confirm the facts contained in the police report, the substance detained, and how and why he acquired and possessed the drug. 'X' declares that he occasionally uses marijuana at weekends. He is told that the decision on his case will be delivered in two weeks. Finally, the sanction foreseen (among others, a fine) is suspended and a probationary period of four months applied. No criminal record is kept.

In the case of habitual use or clear drug addiction, the decision would have been different. The proceedings would have been suspended but the person would have been oriented towards a treatment programme.

In the months following the new law in Portugal (1 July–20 November 2001), the Lisbon-based Commission held 217 hearings. Some 65% of cases were issued a warning with no further action and a probationary period, while 30% of individuals interviewed were directed to treatment.

Danilo Ballotta

(1) See Country Profile for Portugal in the EMCDDA's European Legal Database on Drugs (ELDD) http://eldd.emcdda.org or the texts (in English) regulating decriminalisation in Portugal at http://www.ipdt.pt

Reitox

Reitox national reports evaluated

The 2000 Reitox national reports, which provided essential data for the EMCDDA's 2001 *Annual report*, are downloadable from http://www.emcdda.org/infopoint/publications

These reports were individually evaluated by the EMCDDA in 2001 according to guidelines drawn up by the agency and the national focal points, and following five evaluation criteria: validity, reliability, insight, efficiency and usefulness.

In general, the quality of the reports was considered to be 'quite good' and better than in the previous year. In particular, epidemiological information was seen to have improved, thanks to closer adherence to the above guidelines, allowing for greater reliability. Sound examples of demand-reduction interventions were also provided.

Nevertheless, the quality of the information is still variable. One example of best practice [1] was gathered in each country in order to allow the focal points to look at a specific solution adopted by another country and to improve information exchange.

Linda Montanari

[1] **Austria:** rehabilitation activities; **Belgium:** cocaine; **Denmark:** prevention interventions; **Finland:** drug administration and drug monitoring systems; **France:** results research/research on social costs; **Germany:** situation and responses by user groups; **Greece:** good practice in the demand reduction field; **Ireland:** gender differences; **Italy:** geographical differences between regions; **Luxembourg:** social reasons for use; **Portugal:** budgetary and funding framework; **Spain:** drug policy and national strategy; **Sweden:** internet addresses and web references; **Netherlands:** epidemiological data; and **UK:** quality insurance procedures.

Spotlight

Luxembourg national focal point
Public Health Research Centre

In 2001, the Luxembourg focal point of the Reitox network published its first national comparative multi-method study on the prevalence of the illicit use of high-risk drugs. One of the main objectives of the study was to evaluate estimation methods and how nationally available data have led to an overall methodology allowing for effective follow-up of national drug prevalence parameters.

The research strategy relied on the methodological framework of the national drug monitoring system (RELIS), providing highly representative data from demand and supply reduction sources. As such, it defined a procedure to apply drug monitoring data for drug prevalence estimations on a routine basis. Data from 1999 and 2000 were considered in comparison with first national prevalence figures from 1997.

Applied methods included case finding, capture–recapture, truncated Poisson models and several multiplier methodologies. Average prevalence figures of problematic drugs use (2,450) and the related prevalence rate (9.58/1000 in national population aged 15–54) stress a decelerating increase in drug prevalence over the last four years. Results were cross-validated with the parallel evolution of a series of indirect indicators. The combination of epidemiological and methodological outcomes helped define a routine set of estimation methods, most appropriate to following up national drug prevalence parameters in a cost- and time-effective way.

For further information please contact: Alain Origer, Direction de la Santé, Allée Marconi, Villa Louvigny, L-2120 Luxembourg.
Tel: ++ 352 47 85 25. Fax: ++ 352 46 79 65.

An information baseline for the EU Action Plan on Drugs

On 23 October, the Horizontal working party on drugs of the Council welcomed a 'Joint report on the identification of criteria for an evaluation of the European Union Strategy on Drugs (2000–2004)' drawn up by the EMCDDA and Europol [1]. The report constitutes a major step towards an evaluation framework for the EU Action Plan on Drugs [2].

Produced with the support and expertise of the national partners of the two agencies, the report offers an analysis of each of the six targets of the EU Action Plan, underlining monitoring and evaluation potentials and constraints. For each target, the report offers monitoring parameters designed to spotlight the situation prior to the 2000–2004 Strategy in each of the domains covered by the targets (1999). It also identifies instruments for compiling the information at EU level, primarily: the EMCDDA's 2000 *Annual report*; Europol's 1999 *Organised crime situation report*; and the 1999–2000 *European Union situation report on drug production and drug trafficking*.

The six targets of the Action Plan reflect political priorities in the EU and have been drawn up independently of existing monitoring and evaluation tools. This has limited the capability for a full coverage of each target with material available from 1999. However, far from detracting from the value of the exercise, this bias constitutes a valuable step for the development of monitoring tools both at national and EU levels. The next step will be the production of the first situation review ('snapshot 1999') on the basis of the selected parameters. It is foreseen for Summer 2002.

This review/'snapshot' will offer policy-makers an information baseline enabling them to assess progress in meeting the six targets of the EU Action Plan on Drugs (2000–2004). It will be compared with a second review describing the situation in 2003, which will be made available to policy-makers as they review the Action Plan during 2004.

Philippe Roux

[1] CORDROGUE 65, see http://www.emcdda.org/policy_law/eu/eu_actionplan.shtml (plus Table of parameters in annex).

[2] Article 2.22 of the EU Action Plan on Drugs calls on the EMCDDA and Europol to contribute to the development of a structure, which would facilitate measurements of the EU Strategy on Drugs.

Products and services

New publications
Drugs in focus

Drugs in focus is the title of a new series of bimonthly EMCDDA policy briefings launched in January 2002. The briefings will be published six times per year in the 11 official EU languages plus Norwegian. Issue number 1 focuses on the 'Key role of substitution in drug treatment', and presents key questions; the main issues at stake; and policy considerations.

Policy-makers wishing to receive the printed publication are requested to specify their requirements (language and quantity) by e-mail (info@emcdda.org). The briefings will also be downloadable from the EMCDDA website (http://www.emcdda.org). To receive updates of new issues, register at: http://www.emcdda.org/infopoint/register.cfm

Coming soon

- *Report on the risk assessment of GHB in the framework of the joint action on new synthetic drugs.* Available in English.
- *Report on the risk assessment of ketamine in the framework of the joint action on new synthetic drugs.* Available in English.

Further information on all EMCDDA publications and details of how to order titles are available on the EMCDDA website at http://www.emcdda.org/infopoint/publications.shtml

EMCDDA exhibits at Online Information 2001

The EMCDDA promoted its websites at the international exhibition Online Information 2001 held in London from 4–6 December (http://www.online-information.co.uk). The Centre was among the participating services exhibiting at the EU stand, along with organisations such as Eurostat and the Office for Official Publications of the European Communities.

The EMCDDA presented its websites and electronic products to information professionals and the general public. Following recent restructuring, its central website (http://www.emcdda.org) is now better organised to serve as an entry point to all EMCDDA information online. Highlights include the new dedicated website (http://annualreport. emcdda.org) devoted to the EMCDDA 2001 *Annual report*.

ELDD added to 'favourites'

Since its launch last year on International Day Against Drug Abuse and Illicit Drug Trafficking (26 June), the European Legal Database on Drugs (ELDD) (http://eldd.emcdda.org) is quietly gaining recognition as an authoritative source of information on drug legislation in the EU Member States and Norway.

In the five months following the launch, visitor sessions had risen from 2000 to almost 4000 per month, with the average session duration increasing from 9 to 15 minutes. Over 18 000 pages were viewed in November alone. The most popular pages are clearly the Country Profiles, although the Substances and Classifications table had been downloaded over 1000 times between June and November. Those who have registered for news and updates include users from Eastern Europe, Asia and North America as well as officials from various international drug control bodies. The ELDD's latest comparative analysis on decriminalisation looks at recent legal developments in Europe.

The ELDD will be actively promoted early in 2002 to increase awareness amongst its target audiences: decision-makers; professionals; researchers; the media and the general public.

Brendan Hughes

Resources
Useful products in the campaign against drugs

Conferences: Maintenance therapy

The 5th Conference of the European Opiate Addiction Treatment Association will take place in Oslo from 14–16 May. It will focus on 'Maintenance therapy: Evidence-based practice and integrated treatment approaches'. Registration deadline: 1 March 2002.

Contact: Egil Haga (conference secretary), Kirkevn 166, N-0407 Oslo.
Tel: ++ 47 23 01 60 50. Fax: ++ 47 23 01 60 51.
E-mail: egil.haga@psykiatri.uio.no
http://www.med.uio.no/ipsy/skr/conf.htm

Club health 2002

The 2nd International Conference on Nightlife Substance Abuse and Related Health Issues will take place from 24–27 March in Rimini. Entitled 'Club Health 2002', it is hosted by the Regione Emilia-Romagna (Italy) in association with the Liverpool John Moore's University (UK). Official languages: EN and IT.

Contact: Regione Emilia-Romagna, Ufficio Tossicodipendenze, Viale Aldo Moro 38, 40127 Bologna.
Tel. ++ 39 051 44 44 71.
Fax: ++ 39 051 44 45 13.
E-mail: clubhealth@libero.it
http://www.clubhealth.org.uk

Telematics and prevention

The Finnish network Prevnet is holding its 1st Annual Telematics and Prevention Conference from 13–17 March in Athens in co-operation with the Greek Reitox focal point. The conference will cover the basic areas of telematics, while digging deeper into the complexities of using Internet-based and other telematic methods for drug prevention programming.

Contact: Tracey Powers-Erkkilä, c/o A-Clinic Foundation, Fredrikinkatu 20 B 18, FIN-00120 Helsinki.
Fax: ++ 358 9 17 52 76. http://www.prevnet.net

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

Calendar 2002

EMCDDA meetings

10–11 January: Expert meeting on drug-related crime: concepts, definitions and potential indicators, Lisbon.

16–18 January: EMCDDA Management Board meeting, Lisbon.

22–28 January: Reitox bilateral and cluster meetings in Scandinavian countries (DK, FIN, NO, S).

24–25 January: Expert meeting on a conceptual framework for understanding and predicting changes in patterns of drug use in the EU, Lisbon.

11–13 February: 1st Reitox Academy Training Programme session on 'EMCDDA technical tools, networking strategies and development of national action plans', Phare project EMCDDA–CEEC co-operation, Athens.

20–22 February: 23rd Reitox meeting, EMCDDA, Lisbon.

External meetings

7–8 February: Mainliners 6th International hepatitis C conference, 'Human rights/human wrongs – responding to the global challenge', Lisbon.

21 February: 'Crack and heroin – challenging the status quo', international conference on the latest developments in addiction treatment, London.

3–7 March: 13th International conference on the reduction of drug-related harm, and 2nd International harm-reduction congress on women and drugs, Ljubljana.

EU meetings

10 January: Horizontal working party on drugs, Brussels.

6 February: Horizontal working party on drugs, Brussels.

Statutory bodies

Scientific Committee adopts workplan for 2001–2003

The EMCDDA's Scientific Committee held its 16th meeting in Lisbon from 22–23 November and adopted a formal opinion on the Centre's 2002 (draft) work programme. It also discussed and adopted its own workplan for 2001–2003.

A representative of the European Commission's DG Research attended the meeting and presented the next EU Multi-annual Framework Programme (2002–2006) for research, technological development and demonstration activities. The Committee was invited to propose drug-related research priorities for this new EU programme, in line with the EMCDDA's 2001–2003 work programme.

Other items discussed at the meeting included: guidelines for the Centre's five key epidemiological indicators; the availability of drug treatment facilities in the EU; and a report by the EMCDDA and Europol on the identification of criteria for an evaluation of the EU Strategy on Drugs (2000–2004) (see p.6). Finally, with regard to the 1997 Joint action, the Committee was informed on: the state of play of a guidance document from the Centre on the functioning of the early-warning system; the further development of the guidelines for risk assessment; and the follow-up to the risk-assessment report on PMMA. The Scientific Committee will next meet from 4–5 April 2002.

Lena Westberg

See next issue of *Drugnet Europe* for report on latest Management Board meeting.

New synthetic drug PMMA: controls proposed

Continued from page 1

by the user as a weakness or failure of the pill believed to be ecstasy. This may lead to the consumption of more pills and to subsequent overdose.

Results of animal experiments indicate that there is a narrow margin between the behaviourally active and lethal dose of PMMA and therefore a high risk for acute toxicity in humans. Also highlighted in the report are the serious risks resulting from mixing the drug with alcohol, MDMA, amphetamines and ephedrine. The report also stresses the absence of any therapeutic value of PMMA.

This was the fifth risk assessment carried out under the Joint action. One synthetic drug (4-MTA/'flatliners') was made subject to control measures (Article 5) on 13 September 1999. The other risk assessments involved: MBDB, GHB and ketamine.

Lena Westberg

(1) PMMA is currently regulated by law in four Member States: Germany, Ireland, Sweden and the UK. See *Drugnet Europe* Nos 30, 32.

drugnet europe is published by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), Lisbon. The EMCDDA is an autonomous agency of the European Union established in 1993 to provide the Community and its Member States with 'objective, reliable and comparable information' on drugs and drug addiction. *Drugnet Europe* is published six times a year in English, French, German and Portuguese. Original language: English. For free subscriptions please specify your requirements via e-mail: info@emcdda.org

Official publisher: European Monitoring Centre for Drugs and Drug Addiction • **Proprietor:** European Monitoring Centre for Drugs and Drug Addiction **Executive Director:** Georges Estievenart • **Editor:** Kathy Robertson • **Printing and layout:** Cromotipo, Artes Gráficas, Lda, Rua Passos Manuel, 78 A–B, PT-1150-260 Lisbon, Portugal • **Graphic conception:** Composiciones RALI s.a., Particular de Costa, 8–10, 7º planta, ES-48010 Bilbao, Spain • **ISSN:** 0873–5379 **Catalogue number:** TD-AA-02-001-EN-C • *Printed in Portugal* • *Printed on chlorine-free paper.*