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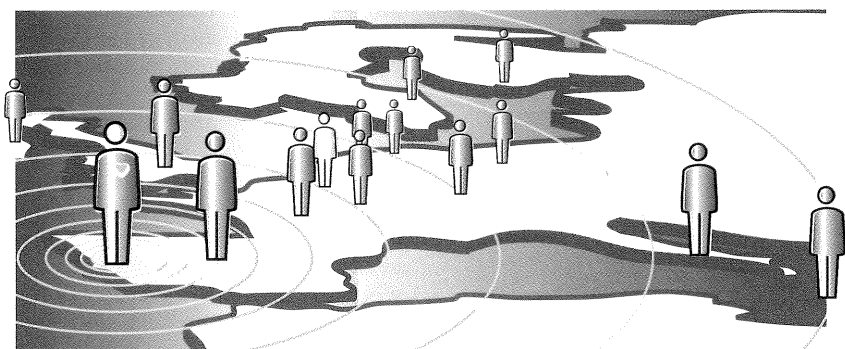
European Monitoring Centre
for Drugs and Drug Addiction

DrugNet *Europe*

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WHAT IS A FOCAL POINT ?

REITOX meeting gets the ball rolling

A meeting of the 16 REITOX Focal Points was held in Lisbon from 18-20 September marking an important phase in the development of this network which, co-ordinated by the EMCDDA, involves the 15 EU Member States and the European Commission*.

In his capacity as independent consultant to the EMCDDA, Mr. Jasper Woodcock (UK) presented to the Heads of the Focal Points his observations on the setting up and functioning of the network. In particular, he highlighted the dual role of these centres: firstly as national observatories responsible for collecting and disseminating information for and to the EMCDDA and other Focal Points, and secondly as bodies running projects aimed at improving and developing information collection.

Following presentations by the Heads of the Focal Points of the United Kingdom, France and

Greece, a rich debate ensued which allowed the EMCDDA and the 16 centres to reflect on their respective roles.

Finally, the participants underlined the need, while developing the network, to avoid imposing models and to respect the diversity of structures in each Member State. The discussions also revealed concerns for the EMCDDA and the centres to come up with a common definition of basic criteria outlining «What is a Focal Point?»

As a result, a draft text has been drawn up based on the conclusions of each Focal Point. This will be presented at the next EMCDDA Management Board meeting in Lisbon from 9-10 January 1997.

Alain Wallon

Mr. Alain Wallon has been nominated co-ordinator of the REITOX network at the EMCDDA and began his duties on 1 October 1996.

e-mail: alain.wallon@reitox.net

* See DrugNet Europe No 1.

Management Board gives Norway green light

At its 8th meeting in Lisbon from 5-6 September, the EMCDDA's Management Board gave the green light to a formal procedure allowing Norway to participate in the agency's activities. The decision, the subject of detailed discussions within this statutory body over the last year, has its roots in an application for membership submitted by Norway in 1995, the first non-Member State of the European Union to do so.

In view of the lengthy procedure involved in admitting new members, the Management Board ruled that, as a provisional measure, the EMCDDA and Norway could co-operate on a factual and informal basis. This could lead to Norway's participation in some of the technical working groups of the EMCDDA.

The prospect of Norwegian membership is of particular interest to the EMCDDA due to the fact that the National Directorate for the Prevention of Alcohol and Drug Problems is already collecting data of direct relevance to the Centre's work programme, particularly in the areas of epidemiology and demand reduction. It is also fulfilling many of the functions expected of a National Focal Point.

Other matters discussed by the Management Board were the implementation of the operating programme for 1995-96 (particularly the REITOX programme) and the presentation of the Annual Report. It also approved the outline of the 1997 work programme, a feasibility study on quantities of drugs used for personal use or for trafficking, and took decisions on budgetary matters and issues related to its own rules of procedure.

Kathleen Hernalsteen

GUIDELINES FOR THE EVALUATION OF DRUG PREVENTION

Early in 1996, as part of a drive to promote the quality of scientific evaluation of demand reduction activities and to enhance the quality of information gathered, the EMCDDA contracted the German Focal Point, the Munich-based Institut für Therapieforschung (IFT), to develop *Guidelines for the Evaluation of Drug Prevention*. With the help of a group of international experts, the IFT completed a draft formula in October 1996, which will be tested over the coming months in a feasibility phase involving some 20 projects around Europe*. The final version will be published next Summer.

An *Expert Workshop on Guidelines for the Evaluation of Prevention*, organised by the IFT and the EMCDDA in Munich from 19-21 August, reached a broad consensus on the draft text. The main aim of the Guidelines will be to offer practical advice on how to ensure good practice in the evaluation of drug prevention activities. First of all a checklist will outline the necessary steps for evaluating the planning, implementation and results of programmes. This will be completed by a user-friendly glossary, providing detailed explanations of terms and concepts used in the text, practical suggestions for usage and an inventory of instruments for evaluation.

The Guidelines are targeted at programme-planners and all those working in the area of prevention. They will also be useful for scientists involved in evaluating programme results and decision-makers responsible for funding and evaluating projects. Once finalised, the Guidelines will be translated into various European languages to encourage broad use at grassroots level.

The first European Conference dealing exclusively with the evaluation of prevention will be organised by the EMCDDA and its partners in Lisbon from 12-14 March 1997**. The Conference will aim to promote and disseminate concepts and methods for the evaluation of prevention and bring together high-level national experts in the field.

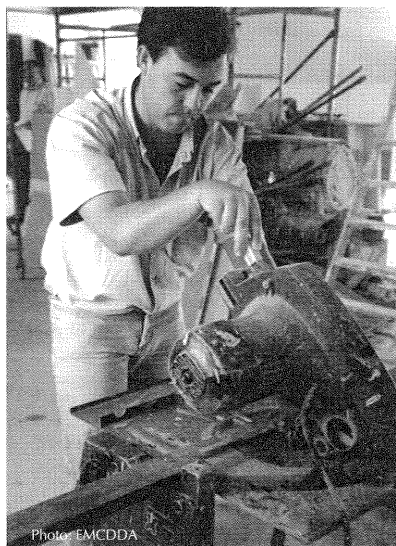
Margareta Nilson and Gregor Burkhardt

* Those interested in participating in this feasibility phase are requested to contact the IFT (see address on page 4).

** The Conference will welcome four participants from each country of the European Union. (Two will be nominated by the National Focal Points. The other two paying participants will be subject to a selection process on the basis of their replies to a questionnaire which is available from the EMCDDA).

DRUG PREVENTION IN THE WORKPLACE

«**H**ow to manage diversity in the workplace» was the theme of a workshop attended by the EMCDDA in Milan from 12-13 September, organised in the framework of *Progetto Euridice*, an initiative launched in 1988 by the social co-operative, *Cooperativa Marcella*, the municipality of Milan, trade unions and other partners. The trans-national project, involving towns in Italy and Spain (Barcelona)



was set up in response to rising drug consumption in the workplace. The aim of the Milan workshop was to assess progress made to date and to consider possibilities for further expansion of the project to other industrialised regions in Europe.

Participants at the workshop noted that, in Italy, prevention policies were still dominated by the medical system, a fact resulting in high expenditure for treatment and aftercare but a low prevention culture, especially in the workplace. On the other hand, representatives from the Catalan trade unions noted a recent shift in focus in prevention activities from the private sphere to work time, and a move away from controls, tests and bans to health education.

The project, which actively involves its partners in its design, was positively evaluated at the meeting. Also praised were the EMCDDA's projects for an electronic *Information System on Demand Reduction Activities*, (judged to be an important quality label and means of improving evaluation methods) and the *Guidelines for the Evaluation of Drug Prevention* (considered a useful tool for programme-development).

Gregor Burkhardt

For further information, please contact Cooperativa Marcella, Via della Pace 19, 22070 Lurago Marinone, Como, Italy. Tel: ++ 39 31 938184. Fax: ++ 39 31 937734.

Demand Reduction Experts call for New Initiatives

Developing prevention activities, treatment centres for addicts, training for specialists and co-operation with NGOs is vital to the fight against rising drug consumption in central and eastern Europe...

This was one of the conclusions reached by participants at a meeting attended by the EMCDDA in Riga (Latvia) from 5-6 September in the framework of the Drug Demand Reduction Project of the Phare Multi-Country Programme for the Fight Against Drugs*. The event was attended by the co-ordinators of the national Phare Demand Reduction Projects in the Baltic States, Poland, the Czech Republic, Slovenia, Slovakia, Hungary, Romania and Bulgaria. Also present were European drug specialists, members of the co-ordination unit of the Phare programme and international

organisations working in the drugs field, including the European Commission, the United Nations and the Pompidou Group.

The EMCDDA attended the meeting due to interest shown by the participating countries in an exchange of experience in the field of collection, analysis and dissemination of information on drug demand reduction in the EU. Over the two days the participants were informed of the EMCDDA's demand reduction projects and explored possibilities for closer contacts in the future.

Petra Paula Merino

* Phare Drugs Programme - The overall aim of the programme is to enhance the level of skills, knowledge and activities in the sphere of drug demand reduction. The Phare Multi-Country Programme for the Fight Against Drugs is geared to three main priorities: General Drugs Approach and Policy; Drug Demand Reduction; and Control of Illicit Production and Trafficking.

How many users? How many problems? How many drugs? These are some of the key questions tackled in the EMCDDA's Annual Report on the State of the Drugs Problem in the European Union. Below are some of the highlights of the Report which is available on request from the EMCDDA.

Prevalence and Patterns of Use

In the proportion of the general adult population who say they have ever tried an illegal drug typically ranges from about 5-8 per cent in several countries to 11-16 per cent in several others, but is higher (10 to 20 per cent) among younger adults.

► Much lower percentages admit drug use in the last 12 months. For cannabis this ranges from 1 to about 4-5 per cent, but 5 to 15 per cent in younger age groups.

► Cannabis continues to be the most common illegal drug throughout the European Union. The most common pattern of use is occasional or intermittent rather than frequent.

► Cocaine use is rare but there have been modest increases in prevalence in most countries. Typically, use is social and intermittent. Crack smoking has recently emerged as a significant problem among some urban marginalised groups.

► Typically about 1 per cent or less of the general population have tried heroin. However heroin-related problems are the most prominent of all the drugs. The total number of heroin addicts in the European Union could be between 500,000 and one million.

► Since the late '80s amphetamines, ecstasy and sometimes LSD, have become more popular among young people. By age 18 to 20, in some countries 3-4 per cent and in others 9-10 per cent of young adults have tried amphetamines and similar proportions have tried ecstasy and LSD.

► Many countries saw a marked rise in drug-related deaths in the last half of the 1980s and in some the total may now again be increasing.

► Increased misuse of medicines and problems arising from drug combinations are reported but generally the main problem drug for new

treatment clients is heroin; amphetamines are important in northern Europe.

► Average ages of new treatment clients are between the early 20s and early 30s and two-thirds or more are men.

► There are extreme differences in drug-related HIV and AIDS rates among drug injectors. The rate of new HIV infections has been falling but the behaviours that transmit HIV continue to be practised.

► Since the 1980s most countries have witnessed rising totals for offences against the drug laws; drug users often form 30-40 per cent of the prison population.

Demand Reduction

2 Most European Union Member States have increased their investment in demand reduction and all agree that demand reduction is a multidisciplinary, community responsibility. This philosophy is matched by the predominance of decentralised initiatives.

► Preventing drug use is a universal priority.

Common across the European Union are approaches which focus on the factors which lead to drug taking or protect young people from drug use, moving the emphasis from drugs to wider family and social influences.

► School programmes are the most widespread form of primary prevention in Europe and often a legally required component of secondary education.

► Primary prevention seems most effective when it starts early and continues seamlessly through to secondary school. Addressing young people's attitudes to drugs and to themselves appears to improve outcomes. Experts favour programmes dealing with illegal drugs in the context of legally available substances and general health promotion.

PART I

Demand and Demand Reduction



Photo: EMCDDA

Annual Report « Highlights »

DrugNet

Bi-monthly Newsletter of
the European Monitoring
Centre for Drugs and
Drug Addiction

SUPPLEMENT

NOV. - DEC. 1996

ISSUE No2

Exchange between National and International Levels

7 The six priority international partners for the EMCDDA are UNDCP, the Pompidou Group, the WHO, Interpol, Europol, and the World Customs Organisation.

► Among these are to be found some of the world's most extensive and technologically-advanced information systems on aspects of drug misuse which could provide key foci around which to improve the quality and comparability of epidemiological information in the EU.

► However, data collection and analysis systems differ widely and the interfaces between them are underdeveloped, impeding the extent to which they can be integrated into a comprehensive European picture.

► In part this is due to the organisations' differing remits, most confining themselves to illegal drugs but others treating these in the context of substance use in general and health.

► Rather than creating yet another system for collecting national reports, the European Monitoring Centre for Drugs and Drug Addiction might best contribute by helping to strengthen and unify Member States' participation in existing international systems.

National Focal Points

8 Focal Points are key information collection and exchange points in the European Information Network on Drugs and Drug Addiction (REITOX), the network which supports the work of the EMCDDA.

► Focal Points are almost all expert centres in their own right. As Focal Points, they are all still developing structures and functions to suit emerging needs.

► However, there is consensus that being a Focal Point means co-ordinating their own national information networks to meet the EMCDDA's requirements for a core set of data, annual national reports on drugs, and a national information network.

► National networks to support the Focal Points are varied and in different stages of development. Most rely on a few key partners.

► Focal Points outside national administrations, and/or which receive data mainly in aggregated form, have less scope to influence the quality, presentation and cross-national compatibility of the information they handle.

► National Focal Points can add value to European drugs initiatives by helping to upgrade the cross-EU compatibility and comparability of information, harmonising the collection, storage, processing and dissemination of data.

► Arguably, Focal Points are now at the stage where it is critical that Member States and the EMCDDA agree on their roles and responsibilities and how they should be supported by European and national funding.

Documentation Centres

9 Each nation of the European Union has at least the beginnings of a drug specialist documentation centre.

► There are wide differences in their nature, size and coverage. Some countries have large, well-established services but several are at the initial stages.

► Together their coverage of the subject is sufficient to provide for a comprehensive European documentation service on drugs and drug addiction.

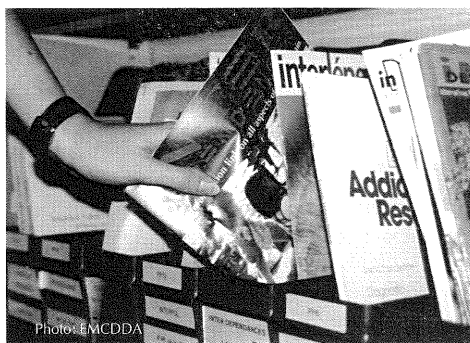
► Electronic access to information is limited to a minority of Member States.

► Resourcing and levels of communication technology, professionalism and standardisation are currently below that needed to create and sustain an effective European documentation network.

► Initiatives at European level could free resources by reducing overlap and improve services by encouraging standardisation and the networking of documentation centres across the European Union.

PART IV

Information Structures



► The EMCDDA could act as a European clearing house for information on research programmes and initiatives on drugs, in partnership with the European Commission and research co-operation networks and centres.

These highlights are available from the European Monitoring Centre for Drugs and Drug Addiction in the eleven European Union languages.

EMCDDA hosts Phare Training Programme

In the framework of the European Union's Phare Multi-Country Project on Drug Information Systems* (DIS), the EMCDDA hosted a *Cluster Training Programme*** in Lisbon from 25-27 September for 15 trainers from the Czech Republic, Hungary, Poland, Slovakia and Slovenia. The aim of the course was to foster co-operation between the five countries, the EMCDDA and a number of participants from EU Member States, and to provide training in areas of common concern.

Following briefings on the EMCDDA and on drug information systems in central and eastern Europe, the meeting focused on specific requirements for operating such systems and clarified the parameters for future co-operation with the EMCDDA and its REITOX programme.

Over the three days, the participants discussed how to run a National Focal Point in their own countries, benefitting from the practical experience shared by the Focal Points of the Netherlands, France and Portugal. They also examined how to achieve optimal results from completing the so-called «Information Map», an exercise devised by the EMCDDA to record the sources, availability and flow of information in the different countries to the National Focal Points. Guidelines for annual National Reports to the EMCDDA and

the application of instruments for the standardisation of information were also covered.

The meeting revealed that drug information systems are already functioning in central and eastern European countries along the same lines as those set up by the Centre. In their conclusions, the participants underlined the need to increase mutual exchange of information and expertise and asked the EMCDDA to take account of the results of their work and involve them on a regular basis in its activities.



*Phare - A European Union initiative for economic integration with central and eastern Europe. The Phare-DIS project aims to develop information systems for collecting, processing and distributing data concerning drugs and drug addiction in order to obtain a general overview of the problem on national, multi-country and pan-European level. The 11 central and eastern European countries participating in the project strive for the same results as those pursued by the EMCDDA. The project was launched in 1993 and is planned to continue until 1999.

** Cluster Training Programme (CTP) - A specially-designed training programme for a group of countries which have common interests and experiences. CTPs aim to provide better targeted training adapted to the specific needs of a limited number of countries.

For further information on the Phare Project on Drug Information Systems please contact: Ann Mennens, Project Co-ordinator, Prins Hendriklaan 23, 1075 AZ Amsterdam, The Netherlands.
Tel: ++ 31 20 675 04 15. Fax: ++ 31 20 675 69 86.
e-mail: Ann.Mennens@fad.phare.org

The EMCDDA and the European Union

The EMCDDA is currently involved in a number of activities as a result of specific requests addressed to it by the EC institutions.

The first areas of action have their origins in the *Seminar on the Comparison and Application of National Drugs Legislation* organised in March 1996 as a follow-up to the *Conference on Drugs Policy in the European Union* held under the Spanish Presidency in Brussels from 7-8 November 1995. The seminar concluded that the EMCDDA would be particularly well qualified to pursue a number of the final recommendations in view of its technical and professional competence.

As a result, the Centre is proposing a number of the tasks in its 1997 work programme which is still subject to approval by the Management Board.

In the meantime, and in reaction to an appeal in June from the European Council in Florence for the speedy completion of a study on harmonisation*, the Centre is fulfilling its role via a feasibility study on «The quantities of each drug that, in practice, the judicial authorities in each Member State consider for personal use or for various levels of trafficking». The provisional findings will be available at the end of the year and a final report published early in 1997.

Another of the Centre's projects, approved by the Council of Ministers of the EU, is a pilot project on drug-related

continued on p. 4 ►

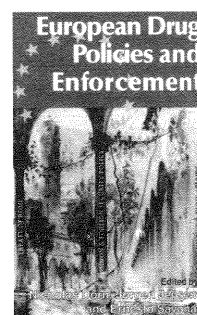
BOOKSHELF

«European Drug Policies and Enforcement»

Throughout Europe, the 1990s have seen increasing polarisation between drug trafficking-control and drug user-control measures. On the one hand, exceptional legal powers, more intrusive local policing methods, and high-level police co-operation between countries have been witnessed. On the other, a range of local and national policies on drug users have been seen to favour social integration rather than punishment...

These are among the issues explored by contributors to the recently-published *European Drug Policies and Enforcement* which, in four parts, examines: Policing Local Drug Scenes; Debating National Drug Policies; Contesting Styles of European Policy-making; and EU External Policies, Enlargement and Drug Control.

The collection of essays presents experiences of drug policy-making at urban, regional, national and European Union levels and goes on



to examine future prospects for drug control within the EU, in confederal and inter-governmental contexts, following the Union's 1996 Conference.

European Union policies on trade, development and drug control in the Andean region are also considered, together with mixed prospects for drug enforcement in the context of EU enlargement.

Editors: Nicholas Dorn, Jørgen Jepsen and Ernesto Savona. **Published by:** Macmillan Press Ltd. **Date:** May 1996. **Language:** English. **Price:** £40 hardback or £14.99 paperback plus European postage and packing. **ISBN** 0-333 63334-2 hardback. **ISBN** 0-333-65221-5 paperback. For further information please contact: 'Macmillan Direct' Tel: ++44 1256 29242 with a credit card number or 'European Sales' Tel: ++44 1256 330688. For background information please contact Mr. N. Dorn Tel: ++44 171 928 1211.

The EMCDDA is responsible for the selection of materials for the Bookshelf and for the text presented. However, the content of these books, and the opinions expressed within them, lie with the authors themselves.

A Day in the Life of a National Focal Point

GERMANY

Founded in 1973 by scientists of the Max-Planck-Institute for Psychiatry, the Institut für Therapieforschung (IFT) is a non-profit organisation, funded largely by public organisations such as the German Federal Ministry of Health and federal and regional authorities. Since 1988, its work has focused predominantly on substance abuse research in the fields of epidemiology, health education, prevention and treatment, including all types of psychoactive substances. For the last two years, the IFT has been Germany's National Focal Point. The Institute is organised around five working groups and its director is Dr. Gerhard Bühringer.

Since 1980, the IFT has been hosting Germany's two main national treatment monitoring systems: the facility-based information system for outpatients (Einrichtungsbezogenes Informationssystem - EBIS), and for inpatients (Stationäres Einrichtungsbezogenes Dokumentationssystem - SEDOS). Together these make up the country's primary epidemiological sources registering more than 700 specialised treatment units for alcohol and drugs throughout the nation and over 140 000 persons under treatment per year. Every two to four years, the organisation also carries out the National Survey on the Use of Psychotropic Substances in Germany, another reason why its was elected National Focal Point.

In 1994, the German Council on Drug Problems (Deutsche Hauptstelle gegen die Suchtfahren - DHS) was appointed by the Federal Ministry of Health as sub-focal point for the treatment sector,

while the Federal Centre for Health Education (Bundeszentrale für gesundheitliche Aufklärung - BZgA) was named sub-focal point for prevention. The IFT co-ordinates the work of these two units nationally and acts as the link to the EMCDDA. The work of the Focal Point is carried out by the Clinical Epidemiology Unit under the direction of Mr. Roland Simon, member of the Pompidou Epidemiology Group since 1990 and currently its second chairman.

The IFT employs a total staff of 35 including 25 researchers. The day-to-day running of the two treatment monitoring systems is ensured by four of these researchers who organise training, publish results and further develop the system. They are assisted by auxiliary staff responsible for computer maintenance and other technical requirements.

Since January 1996, one full-time staff member has been responsible for work set by the EMCDDA. The main focus of this work has been the development of a common core data set for all EU treatment monitoring systems within the 1996 REITOX programme. To achieve this task, a direct link and close collaboration with the IFT's working groups on «Social Epidemiology» (national surveys) and «Prevention» have been essential.

Finally, the IFT is involved in other projects at European level which are an important source of expertise and development. These include the Phare project on Drug Information Systems, and co-operation with researchers in the EASAR and ICEBERG groups*. The growing visibility of the EMCDDA and the REITOX network within Germany has been marked by the publication of the first *Annual Report on the State of the Drugs Problem in the EU* and the first national drugs report for Germany.

* EASAR and ICEBERG - EASAR is a group of European research institutes in the field of addiction funded by the European Commission. The ICEBERG group is a working group of national treatment monitoring systems in the drugs field.

For further information, please contact, Mr. Roland Simon, Head of the National Focal Point for Germany and Head of the Clinical Epidemiology Unit, or Mr. Martin Tauscher, IFT, Parzivalstr. 25, 80804 Munich.
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The EMCDDA and the European Union

► continued from p. 3

urban petty crime. This aims, firstly, to encourage stronger links between information and research and their application to policy-making and interventions in European cities, and, secondly, to facilitate an exchange of experience with different strategies on drug-related urban delinquency.

The study, which will be ready in provisional draft form early in November will include: an inventory and detailed analysis of existing European networks involved in the exchange of information and experience on drugs and urban delinquency; a feasibility study for a system of an exchange of information among cities on the problems of, and responses to, drug-related urban delinquency, and a bibliography of research in this field. The draft conclusions of the study will be presented in Brussels from 21-22 November at a European Seminar on *Prevention of Urban Delinquency linked to Drugs Dependence*.

Kathleen Hernalsteen and Richard Hartnoll

* This relates to Member States laws and the influence thereof on reducing consumption of and illicit trafficking in drugs.

EMCDDA Calendar

- 14-15 Nov.** - Expert workshop on concepts and terminology in the field of demand reduction, London.
- Mid-Nov.** - Presentation of the Annual Report, Lisbon.
- 18-19 Nov.** - Expert workshop on synthetic drugs, Lisbon.
- 19-20 Nov.** - Presentation of the Annual Report, Sweden.
- 25 Nov.** - EMCDDA Bureau meeting, Lisbon.
- 26 Nov.** - Presentation of the Annual Report, Austria.
- 2-3 Dec.** - REITOX meeting, Lisbon.
- 13-14 Dec.** - Joint EC-EMCDDA seminar on research-related initiatives in the EU, Florence.

Selected EU Meetings

- Early Nov.** - Drugs Experts Group within the Council of the EU, Brussels.
- 5-6 Nov.** - Joint Irish Presidency/Commission seminar on EU action to combat the drugs problem, Dublin (including official presentation of the EMCDDA Annual Report).
- 12 Nov.** - Health Council, Brussels.
- 21-22 Nov.** - Joint seminar (European Parliament, Commission and Council) on Prevention of Urban Delinquency related to Drugs, Brussels.
- 28-29 Nov.** - Justice and Home Affairs Council, Brussels.
- 13-14 Dec.** - European Council Meeting in Dublin.

The EMCDDA welcomes any suggestions on the content and format of this newsletter and looks forward to your contributions. The newsletter is available in printed form in English but, on request, may be accompanied by translations in French, Portuguese and German. Please let us know which version you would prefer.

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