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EMCDDA releases 2002 Annual report

On 3 October, the EMCDDA launched its *2002 Annual report on the state of the drugs problem in the European Union* at the European Parliament in Brussels. This edition of *Drugnet Europe* brings you the highlights of the report. It also covers the first *Report on the drug situation in the candidate CEECs*, which was released simultaneously. A dedicated website, *2002 Annual report online*, is available at <http://annualreport.emcdda.eu.int>. It contains the report, statistical tables, data sources, news releases and much more. The CEEC report can be found at <http://candidates.emcdda.eu.int>.

Polydrug use: greater insights needed

The *2002 Annual report* echoes growing EU concerns about polydrug use and calls for greater study of the 'rituals and social controls' involved, as well as the clinical issues. It says that some forms of polydrug use are riskier than others.

Most drug deaths are associated with injecting heroin combined with other drugs. Some polydrug use carries a high risk of dangerous driving, and violent or aggressive behaviour has recently been associated with increased use of alcohol combined with stimulant drugs.

Successful treatment: needs expanding

The *Annual report* says that one aim of the EU action plan on drugs (2000–2004) is 'to increase substantially the number of successfully-treated addicts'. But there are no aggregated EU data to measure this directly, although many evaluations of what works have been conducted across the EU.

The report goes into some detail about withdrawal treatment or detoxification, drug-free treatment and medically-assisted treatment. It concludes that, in recent years, much emphasis has been placed on expanding treatment services and, to a large extent, this has been achieved. The challenge now is to widen their scope, refine such interventions and boost their success. Throughout this section the report stresses the need for more in-depth research into the various treatment methods.

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Photo: European Parliament

Sterling efforts by candidate CEECs

The *2002 Report on the drug situation in the candidate CEECs*, published alongside the *Annual report*, says the drug problem in these countries is 'drastically different' to only five to seven years ago. CEECs were then viewed as drug 'transit' countries. Today they have become a clear target for drug consumption itself.

Reports indicate that drug use in the CEECs is still increasing. Drugs such as heroin are progressively replacing locally produced opiates. 'New' drugs, such as amphetamines or ecstasy, have appeared on the scene, with a significant proportion exported from the EU to markets in the east. CEECs continue to be a transit region for cannabis destined for the European Union.

Risky behaviour related to drug consumption is very prevalent. There is considerable potential for the spread of drug-related infectious diseases among injecting drug users.

The challenge for the enlarged Union will be to help new Member States achieve a more comprehensive and sustainable response to what has become a complex problem. This will probably require new political initiatives. The CEECs face a considerable challenge in aligning policies in the field of drugs to those prevailing in the existing EU countries. However, despite formidable difficulties, they cannot afford to relax their efforts, which, for a variety of reasons, are often limited and inconsistent. Nevertheless, CEEC efforts in this regard 'are worthy, not only of recognition, but of continuing support', notes the report.

See <http://candidates.emcdda.eu.int>

Drug situation

Black and minority ethnic groups and drugs

An EMCDDA project to analyse drug use, its consequences and correlates among minorities in the EU and Norway was conducted by the Centre for Ethnicity and Health, University of Central Lancashire, UK, from December 2001 to October 2002.

The study used a qualitative approach. Since much of the knowledge on the drug use of black and minority ethnic (BME) communities is undocumented, key messages were extracted from the EMCDDA's previous work on this issue ⁽¹⁾ and used to devise a questionnaire specific to each country and addressed to key informants (drug researchers, service providers and others involved in the health or welfare of BME communities).

The results highlighted that drug use among these communities is under-researched and often unacknowledged, or hidden by policy-makers, drug researchers, drug-service providers and even some members of the groups themselves.

The link between drug use and social exclusion is well established and the evidence collected by this study does not indicate that the drug-using patterns of BME groups are different from those of



Drug use among these communities is under-researched

socially excluded, white, indigenous populations. However, there are some cultural variations in the types of substance used, and some risk factors specifically affecting drug use among BME communities. These include: trauma suffered by those coming from countries at war, and the migration experience failing to meet expectations.

However, responses may have to be different in order that the barriers faced by these groups to accessing drug treatment, education and prevention services (e.g. lack of cultural sensitivity on the part of the service, distrust of confidentiality, language problems, etc.) can be overcome.

The final report of the project will be available at http://www.emcdda.org/situation/themes/social_exclusion_minorities.shtml

Chloé Carpentier (EMCDDA) and Jane Fountain (co-ordinator of the project, University of Central Lancashire)

⁽¹⁾ 'Mapping available information on social exclusion and drugs, focusing on minorities across the 15 EU Member States' – Executive Summary available at http://www.emcdda.org/situation/themes/social_exclusion_minorities.shtml

Expert meeting on treatment demand

The annual expert meeting on the treatment demand indicator was held at the EMCDDA from 3–4 October. Experts from the 15 EU Member States, Norway and Bulgaria discussed the state of the art and perspectives on treatment demand data. The meeting focused on three main issues: data quality; data analysis; and treatment success.

The need to improve data coverage both at geographical level and by the various centre types was discussed. In 2002, data cover a high percentage of outpatient and inpatient treatment centres and some other types of centre. Problems mainly arise in large countries, where the possibility of obtaining complete coverage is remote. It is thus more suitable here to focus on gathering data from a sample of treatment centres. Data collection among general practitioners (GPs) is also very limited and a periodic census, based on a representative sample of doctors, was proposed.

Discussion on data analysis focused on the potential for analysing existing data and on the need to differentiate between such analyses by client profile. A profile of individual clients does not exist in Europe. Instead, clients are grouped according to patterns of use (substance used, route of drug administration), geographical differences and social characteristics (gender, age, employment and educational status, nationality, living conditions). Breakdown by drug, route of administration and socio-demographic characteristics will be the basis for future analysis.

The feasibility of collecting data on treatment success was discussed. The difficulty of collecting routine information on outcomes, and the need to concentrate on specific research projects, were highlighted.

Future work will focus on data quality, especially the improvement of data coverage and analysis based on specific client profiles.

Linda Montanari

Epidemiological Information System on Drug Data

The EMCDDA's Epidemiological Information System on Drug Data (EISDD) is a relational database management system, which allows authorised users to access raw data material, even when unfamiliar with handling databases. It is designed to facilitate retrieval, analysis and reporting activities.

In its initial phase, the system will mainly serve as a support tool for use inside the EMCDDA. With continuing development, it might also become a dissemination tool. The integrated meta database can be considered the main EMCDDA data archive for quantitative epidemiological information. It contains short file descriptions, with electronic references to the statistical information already collected by the Centre.

Norbert Frost

Responses

Experts discuss supervised consumption facilities

In the context of an EMCDDA project on drug consumption rooms, nine experts from Germany, Spain, the Netherlands, Switzerland and Australia met at the EMCDDA on 23 and 24 September to discuss the topic from the perspectives of the service manager, service user, researcher and policy-maker.

Presentations covered: the historical development and legal framework of the facilities; selected evaluation studies on consumption rooms from the four European countries; and a comparative study of concepts, objectives and outcomes of drug consumption rooms in Hamburg and Rotterdam. The Australian experts presented the clinical model of the medically supervised injecting centre in Sydney and the results of the 15-month process evaluation of this trial.

The meeting showed that the main objectives pursued by the facilities are similar. On the one hand, they aim to reduce the negative health consequences of drug use (infectious diseases, mortality and morbidity due to overdose and other adverse reactions) and to improve drug users' access to health services. On the other hand, they aim to reduce public nuisance associated with street-based injecting. Despite this homogeneity, significant differences exist with regard to the objectives that are prioritised in the respective local contexts, the way the facilities are implemented in practice and the conditions under which they operate.

Most time was devoted to examining the evaluation studies, as the main purpose of the meeting was to contribute to the preparation of a review of available evidence on consumption rooms by the EMCDDA. However, other issues discussed included: the range of services, other than supervision of consumption, that are provided by the facilities; different models of integration of consumption rooms into general drugs services; rules and quality standards; project monitoring; and staffing and training issues. The importance of taking drug users' views into account to inform service planning and implementation was underlined by the participants.

The review of available evidence will be concluded during the autumn and the report is expected by the end of the year.



Despite similar objectives, local consumption-room practice varies a lot

Dagmar Hedrich

EDDRA: treatment and after-care at 'Erlenhof' in Austria

Erlenhof, a treatment centre in Upper Austria, has existed since 1981 and offers inpatient treatment as well as after-care. However, a frequent problem has been that clients stay too long in treatment and that there is insufficient after-care in the wake of an inpatient treatment process. Lastly, both treatment and after-care interventions were not really tailored to meet the specific needs of the individual client.

Erlenhof, therefore, set out new objectives, with the aim of facing these problems and improving interventions. These objectives included: adjusting interventions to specific needs; expanding the availability of after-care; and supporting the social reintegration of the client by sourcing suitable training or 'protected' jobs that reflect the skills, wishes and needs of the client.

Although the final results of the evaluation will not be available until 2004, the interim findings show that the use and duration of after-care have risen considerably, in line with the stated objectives. On the issue of tailoring interventions to the individual client, the interim results show that a choice of profession/training, perceived by the client as satisfying and useful, is a central aspect of achieving long-term abstinence.

Ulrik Solberg

Measuring 'addiction' in Europe

Clinical, sociological, cultural and policy aspects of the Addiction Severity Index (ASI), and other international instruments, will be the focus of a conference organised by the Centre for Social Research on Alcohol and Drugs (SoRAD), Stockholm University, and the Nordic Council for Alcohol and Drug Research (NAD), Helsinki, in collaboration with the EMCDDA, to be held from 20–24 January 2003 in Stockholm.

The increasing demand for accountability and evidence of effectiveness in alcohol and drug treatment has driven the development and spread of interview instruments to measure the status of clients at entry to treatment and at later follow-ups. One such instrument which has been widely adopted in Europe is the ASI, but other instruments have also been used internationally in Europe.

The development of the ASI in Europe is an interesting case of technical diffusion, in the field of substance abuse and international collaboration. The time seems ripe to bring together the experiences generated in Europe. The political, administrative, professional and research reasons for the spread of, or resistance to, specific instruments, as well as the actual use of ASI and other instruments in international and national settings for research, assessment, evaluation and feedback to clients, will be discussed.

Additional information at <http://www.sorad.su.se>
 Contacts: jenny.cisneros@sorad.su.se or margareta.nilson@emcdda.org

Margareta Nilson

Bookshelf

Informing America's Policy on Illegal Drugs: What we don't know keeps hurting us



This book presents the recommendations of a special committee set up to examine the information required to address the illegal drug problem in the US. The conclusion of the committee, that 'it is unconscionable to carry out public policy of such magnitude without any way of knowing whether and to what extent it is having the desired effect', is also relevant within the EU.

Overall, the committee found that existing drug-use monitoring systems in the US are strikingly inadequate to support the full range of policy decisions that a nation state must make. Firstly, consumption data and drug price data are lacking, yet these are critical for understanding drug markets and for the success of enforcement policy. Secondly, the sub-populations at highest risk of drug abuse – such as school dropouts, the homeless and prisoners – are not adequately covered by the general population surveys that are generally used to indicate prevalence of drug use. Longitudinal data – examining patterns of drug use in the same population over time – are critical to understanding the effects of drug policies.

The committee also recommended that the evaluation of drug prevention strategies should be prioritised. The book highlights missed opportunities for randomised controlled clinical trials to determine the potential benefits and costs of drug treatment.

Sheila Bird – member of the EMCDDA Scientific Committee – describes this as an excellent book, and as 'a wake-up call to the deployment of scientific and statistical methods for informing any nation's policy on illegal drugs'.

The book can be read free online at <http://www.nap.edu/books/0309072735/html>

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

The European Convention and the way ahead

The European Convention, created by the Laecken European Council, was initiated on 28 February 2002. The mandate of this Convention is to prepare for the future enlargement of the European Union. Several questions will be addressed, such as: the division of competence between the EU and the Member States; the coherence and efficiency of the external action of the EU; better definition of the institutions' respective tasks; and a strengthening of the EU's democratic legitimacy.

This European Convention takes inspiration from the one that led to the elaboration of the charter of fundamental rights of the EU. One of the key features of the Convention is that it is integrated with civil society. Another is that meetings and debates among its members are open to the general public. Furthermore, all the documents produced are available on the website dedicated to this Convention.

The European Convention should conclude in June 2003 and submit its results to the European Council. They will serve as a working base for the intergovernmental conference convoked by the Treaty of Nice. The task of one of the 10 working groups of the Convention is to reflect on a clearer delimitation of competencies between the EU and the Member States. One of the domains to be examined is drugs and drug addiction.

A member of the Convention suggested that, in the event of a new Treaty being drawn up, a specific clause should be included to encourage a more integrated and global approach to the drug phenomenon. In spite of the political will for a global and balanced approach to the drug phenomenon – enacted by the 2000–2004 drug strategy and endorsed by the European Council in Santa Maria da Feira – the legal context remains extremely complex and fragmented between the different EU countries. A single framework might smooth the progress of European action on drugs.

'Today there are new challenges to be met, which are incentives to the European Union to rethink its role, improve its operation and go down new avenues of progress and democracy' (1)

Cécile Martel

(1) <http://www.european-convention.eu.int>

Enlargement Planning the future

The final meeting of the Phare-EMCDDA project and a 'Planning the future' conference took place from 19-20 September in Prague. During the meeting, the EMCDDA and the coordinators of the CEEC focal points presented the project results and provided the candidate-country authorities, the European Commission and the EMCDDA with feedback and proposals for further integration of the new national focal points into the Reitox network and the Centre's work programme.

Based on the conference conclusions, the Commission and the EMCDDA proceeded rapidly with the preparation of a follow-up project, as foreseen by the Commission's 2002 financial proposal for participation of the central and eastern European candidate countries in Community agencies.

The new project will commence in November this year in order to further strengthen the national focal points and ensure the continuation of the candidate countries' participation in the EMCDDA's activities.

Roumen Sedefov

Partners Meeting with international organisations on treatment demand information

On 2 October, a meeting involving the EMCDDA and some of the main international, regional and national organisations working on drug treatment demand was held in Lisbon. Experts on treatment demand from the ODCCP, UNDCP, CICAD, ONDCP, SAMHSA and EMCDDA discussed results, problems and the various methods of collecting data on treatment demand.

The ODCCP (United Nations Office for Drug Control and Crime Prevention) collects data on treatment demand and treatment facilities by means of an annual and biannual questionnaire completed by each country at global level (<http://www.odccp.org/odccp/index.html>).

The ONDCP (White House Office of National Drug Control Policy) is collecting data on the drug situation through federal drug data sources, in order to obtain relevant information to formulate drug policy (<http://www.whitehousedrugpolicy.gov>). The main information source for treatment data in the US is the Substance Abuse and Mental Health Service Administration (SAMHSA), which is an umbrella for the substance abuse and mental health services. It includes an Office of Applied Studies, with a specific scheme - Treatment Episode Data Set (TEDS) - for collecting treatment data at federal level (<http://www.samhsa.gov>). The Inter-American Drug Abuse Control Commission (CICAD) is trying to establish a common system for collecting data on treatment in the Member States of the Organisation of American States (OAS) (<http://www.cicad.oas.org/en/Main/main.htm>).

Initiated by a joint presentation on treatment demand monitoring by CICAD's executive secretariat and the EMCDDA at the 31st session of CICAD in May 2002, and on the basis of the existing arrangements for cooperation between the EMCDDA and its partner organisations (UNDCP, ONDCP, CICAD), a specific and concrete collaboration on treatment data has started. It is anticipated that this process will involve: participation in the technical expert meetings, exchange of documents and endeavours to harmonise basic relevant information, in line with the 'Lisbon Consensus Document' on drug information systems, endorsed by the UN Commission on Narcotic Drugs of March 2000. The next step will be to produce a common document based on the results of the Lisbon meeting.

Alain Wallon and Linda Montanari

Drugs-Lex

Recent developments in the ELDD: New action plan on drugs in Norway

In September 2002, a new drugs plan was adopted in Norway: the Action Plan to Combat Psychoactive Substance Use Problems 2003-2005.

Adopted by the government, the new plan will enter into force in January 2003. It is divided into the following domains: prevention and health promotion, rehabilitation and care. The new plan aims to: increase law enforcement effectiveness; and improve community-based prevention programmes, early intervention programmes, assistance to drug addicts and coordination and cooperation.

It envisages a performance measure system in order to track down and evaluate concrete and measurable

results. Its main goal is a substantial reduction in the social and health-related problems resulting from psychoactive substance abuse.

The three main focuses are: a) to prevent all types of substance abuse, especially among children and young people, targeting legal and illegal substances; b) better availability of effective counselling, help and treatment, including rehabilitation and care; c) a substantial reduction in health

problems and deaths related to psychoactive substance abuse, including low-threshold health services, needle-exchange programmes and injection rooms.

Its main goal is a substantial reduction in the social and health-related problems resulting from psychoactive substance abuse

With this new plan, Norway joins a trend visible in the majority of EU countries in developing strategic approaches in national drug policies.

Daniilo Ballotta

Reitox EMCDDA training seminar

In order to increase information coverage, familiarity and responsiveness to the standard tables for the new EMCDDA prevention indicator, the Greek focal point (UMHRI) took the initiative to organise two training seminars, from 1–4 October, in Athens and Thessaloniki, with the support of EMCDDA experts. Around 150 professionals from Greek prevention agencies participated.

Both seminars were preceded by a short introduction by national authorities (Ministry of Health and OKANA), as well as by a presentation by the EMCDDA Reitox coordination. The latter allowed present professionals to gain a broader picture of the Centre's activities – including the future impact and challenge to integrate the candidate countries. It also gave detailed insight into the soon-to-be-adopted framework for the future functioning of the focal points and related Reitox network system.

For the first time, the EMCDDA gave direct guidance on prevailing and evidence-based prevention models, their related intervention components and the existing indicators (available in the Evaluation Instruments Bank) for their evaluation.

This gave the EMCDDA an opportunity to clarify positions and reflect on what to do and what not to do in prevention. It also examined what to concentrate on in formulating prevention policy, such as organising structured activities in schools, rather than diffuse or isolated actions like 'motivating, articulating, counselling, community mobilisation', which cannot be properly evaluated and have no evidence base.

As there is neither an official mandate nor clear terms of reference for the OKANA prevention centres to implement school-based programmes, their access to schools has recently been suspended, as their programmes are perceived as overlapping with the prevention programmes of the Ministry of Education. This is hopefully a temporary situation, as the EMCDDA data suggest that the most promising, cost- and resource-effective prevention strategy is to concentrate efforts on the implementation of structured school-based programmes, tutored, for example, by existing prevention centres.

*Gregor Burkhart and
Frédéric Denecker*

Spotlight Reitox co-operation

For the first time, two focal points (Belgium and Greece) took the initiative to meet bilaterally from 2–3 September, in the presence of the EMCDDA (Wolfgang Goetz). The meeting was led by Denise Walckiers and Manina Terzidou of the Belgian and Greek focal points respectively. Also present were Mr Willy Brunson, Belgian EMCDDA Management Board member and delegates from the Belgian sub-focal points. The latter represent the federal bodies and, together with the NFP, constitute the Belgian Information Reitox Network (BIRN).

Each focal point described its structure, its working method and the strong and weak points of their methodologies. Three key indicators, the joint action on new synthetic drugs and the national annual reports were all discussed, with particular emphasis on the collection and quality of data.

One fundamental difference between the two countries is that the Greek focal point has set up a centralised data-collection system at national level, whereas, in Belgium, data are collected at federal level, due to the country's administrative structure.

Discussion of good practice will be pursued at future meetings. Two themes which may also be included on the agenda are: a survey protocol on infectious diseases, and ESPAD and HBSC protocols.

The anticipation that Slovenia will participate as a candidate country is foreseen for the next meeting.

Further information can be obtained from Birn@iph.fgov.be; ektepn@ektepn.gr and emcdda-reitox@ultra2.emcdda.org

Reitox working group Guidelines for national reports

On 7 October, a group of four national focal points from the EU Member States and the candidate countries discussed guidelines for the 2003 national reports, as a basis for the EMCDDA 2005 *Annual report*.

The topics discussed at the meeting followed the structure of the report, according to the main sections: policy and legislation; monitoring the situation; monitoring responses; and selected issues. Few changes were foreseen in the general structure, but improvements were proposed in order to better harmonise and facilitate the collection of information.

For the first two points (policy and legislation and monitoring the situation), some definitions and objectives were clarified. For the third point (monitoring responses), discussion focused on new areas of developments: prevention of drug-related deaths; consumption rooms; and interventions for drug supply reduction.

New issues selected for the coming year will be: evaluation of national drug strategies; cannabis problems in context; understanding the increase in treatment demand and co-morbidity. Specific guidelines on these topics were discussed. The next step will be discussion with all the focal points at the next Reitox meeting, which will be held in Lisbon from 27–29 November. The final guidelines will be adopted in December 2002.

Linda Montanari

Products and services

News on the EMCDDA websites

2001 was the first year to see a special online edition of the EMCDDA's *Annual report on the state of the drugs problem in the European Union*. The site, in four languages – German, English, French and Portuguese – quickly became the Centre's most popular feature website. At the time of its publication, but also throughout the year, people looking for substantial material on the drugs phenomenon turned to this site.

For this reason, increased efforts were made in 2002. Thus, for the launch of the *2002 Annual report* on 3 October, the Centre published a complete and improved online version of the report in all official EU languages plus Norwegian. This had a positive impact on the report's reception by the public as the media were delighted to refer to explanatory graphics in their audience's mother tongue. It was worth the effort – access statistics for the first fortnight after the launch show a doubling of page views compared to last year's equivalent.

- The *Annual report* website can be found at <http://annualreport.emcdda.eu.int>
- Last year's report can still be accessed for a comparison of data and outcome at <http://ar2001.emcdda.eu.int>

On the same day, 3 October, another website was launched, featuring the *2002 Report on the drug situation in the candidate CEECs*. The site offers the complete contents of this first report, plus a special section with basic information about all candidate countries, including drug-related links per country.

- The EMCDDA candidate countries' website can be found at <http://candidates.emcdda.eu.int>

The Centre is now offering another service in connection with its activities on enlargement: the Reitox Academy Training Programme website. This initiative's main objective is to address the identified training needs of national focal points and national experts in the candidate countries. The website is the new interface for accessing the main reference documents, the contents and the presentations made during all seminars. Access is restricted to the national focal points and to participants of these activities. Participants in future training activities will receive a password for access to the website, allowing them to download the preparatory documents and training materials before a seminar.

- The Reitox Academy website can be found at <http://academy.emcdda.eu.int>
- Individuals wishing to gain access should contact the EMCDDA Reitox/Enlargement coordination (Fax: ++ 351 21 8113062. E-mail: enlargement@emcdda.eu.int).

The EMCDDA's site for the Qualitative European Drug (QED) research network has recently changed its look to fit in better with the current EMCDDA web design. The site offers valuable information, from an annotated bibliography of qualitative research on drug use to a bulletin board for letters, conference announcements and reports.

- The QED website can be found at <http://www.qed.org.uk>

Andrea Classen

Drugs in focus No. 6

'Recreational drug use, a key EU challenge' is the title of the forthcoming edition in the EMCDDA's policy briefing series, *Drugs in focus*. Issue number 6 (November–December), to be launched mid-November, highlights the key challenges currently presented by the use of psychoactive drugs. Among others, it describes the relatively high level of drug use in recreational nightlife settings and focuses on the unknown long-term risks of taking such substances.

Drug use in recreational nightlife settings requires targeted and specific responses. It is, therefore, hoped that this briefing will be of particular interest to policy-makers at national and European levels.

Those interested in subscribing to the briefings free of charge are invited to do so by e-mail (info@emcdda.org), stating the language and the quantity required.

Joëlle Vanderauwera

Resources Useful products on the drugs issue

Drogenpraxis-Drogenrecht-Drogenpolitik

The handbook *Drogenpraxis-Drogenrecht-Drogenpolitik* brings together the experience of more than 40 authors from various disciplines and provides a comprehensive and up-to-date overview on major areas of service delivery, policy and legislation in the drugs field in Germany.

Addiction theories, basic treatment and counselling approaches, models of service delivery and quality management issues are addressed and a whole range of 'traditional' responses to drug use is covered – from primary prevention and substitution treatment to vocational rehabilitation and housing programmes.

Furthermore, experiences with more recent services, such as supervised drug consumption rooms and heroin prescription programmes, are also described and attention is drawn to current needs in service developments, such as increasing the gender-sensitivity of services, reducing drug-related deaths, improving hepatitis prevention and making services more target-group-specific.

Besides its practice-oriented description of services, the handbook contains up-to-date information on technical issues that are relevant for those working in the area. These include: counselling and treatment methods; service evaluation and quality-management issues; and systems of treatment funding. It also provides an overview of the legal framework.

For further details, see: www.fhverlag.de and www.archido.de



Calendar 2002

EMCDDA meetings

- 20 November:** EDDRA evaluation meeting, Lisbon.
- 21–22 November:** EDDRA coordination meeting, Lisbon.
- 26 November:** EMCDDA workshop on the early-warning system on new synthetic drugs, Lisbon.
- 27–29 November:** Reitox meeting, Lisbon.
- 12–13 December:** EMCDDA Scientific Committee meeting, Lisbon.

External meetings

- 14 November:** Preparatory meeting for the Conference on measuring addiction in Europe, Centre for Social Research on Alcohol and Drugs, Stockholm.
- 15 November:** Meeting on assistance to drug users in EU prisons, Azienda Sanitaria di Firenze, Florence.
- 27–29 November:** Conference on healthy schools and drugs, Trimbos Institut, Hamburg.
- 2–4 December:** CICAD regular session, Mexico.
- 4 December:** Conference on situation and perspectives of low-threshold drug services in Switzerland, Freiburg.
- 5–6 December:** Pompidou Group project meeting on treatment demand, Strasbourg.
- 5–6 December:** International seminar on best practices in drug prevention, Regione del Veneto, Vicenza.
- 9–11 December:** Steering group meeting on treatment demand, Manchester.

EU meetings

- 11 November:** Horizontal Working Party on Drugs, Brussels.
- 11–12 December:** Horizontal Working Party on Drugs, Brussels.

EMCDDA releases 2002 Annual report

Continued from page 1

Drugs in prison: major problems

The *Annual report* describes how drugs and drug use have fundamentally changed prison reality over the past two decades. All EU countries experience major problems due to drugs and drug-related infectious diseases in prison. The prison population is a high-risk group in terms of drug use, with drug users over-represented compared with the community outside prison.

Access to illicit drugs is far more difficult within prison than outside, but anything is obtainable for payment. The current availability of addiction-care services does not match the potential need of the estimated 50%+ of drug users in the prison population. Often, key interventions that are effective in the community as a whole are not implemented in prison, as they are seen as 'politically loaded' and meet resistance from prison staff.

2002 Annual report overview

Here are some of the key points from the overview contained in the *2002 Annual report*:

The most commonly-used drug remains cannabis by far. Use in the last 12 months in the EU is often as high as 18% among young adults. Use of other drugs is much less common. Drug use is more common among men than women, but the gap is narrower among the young.

The most-seized drug is also cannabis. Since 1996, Spain has been seizing more than half the EU total. In 2000, almost nine tonnes of heroin were seized – a third in the UK. The price of drugs is generally stable or falling across the EU.

Synthetic drugs are seen by the EMCDDA as a particular challenge and it warns of an expanding market, especially in and around Europe's nightlife scene. The Centre favours an open debate of appropriate responses.

Problem drug use is estimated to vary from 2–10 cases per 1 000 population aged 15–64. It is highest in Italy, Luxembourg, Portugal and the UK and lowest in Austria, Germany and the Netherlands.

HIV prevalence among injecting drug users varies from about 1% in the UK to 34% in Spain, but overall the picture has not changed in recent years. AIDS incidence has dropped in most countries in the last five years.

Drug-related deaths are relatively stable at a reported 7–8 000, although the real figure is probably higher. Opiates are mainly to blame. Most overdose victims are young men.

National drug strategies all now emphasise effective responses to drugs, with schools a top priority, together with appropriate judicial responses.

See news release at http://www.emcdda.org/infopoint/news_media/newsrelease.cfm and Chapter 1 of the *Annual report*.



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