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

EMCDDA releases new figures on drug users in EU prisons

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

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

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

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

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



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

Women, for example, on average represent only some 5% of inmates in European prisons, but the proportion of drug users among them is disproportionately high in most EU countries. Some data suggest that two-thirds of women entering prison have a history of severe drug and/or alcohol use prior to imprisonment. The report points out that half to three-quarters of drug-using women earn their money for drugs by prostitution. All prisoners, but especially young offenders, are subject to extremely high-risk behaviour, including drug use by injection with its risks of blood-borne viruses. 'This may be due to feelings of inviolability', says the report.

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

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

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

Continued on page 8

Drug situation

Mapping law-enforcement information sources on drugs

The EMCDDA has been collecting data based on law-enforcement sources (e.g. on arrests, convictions, prisons, drug seizures, drug price/purity) on a routine basis for the past five years. The reliability and comparability of these statistics has now to be evaluated.

It is necessary to look closer at the context, definitions, recording practices and methodological characteristics of available law-enforcement data. Further information is also needed on the specific populations that regularly come into contact with law-enforcement institutions, such as detainees or prisoners.

In response to this need, the EMCDDA developed in 2000 an 'Information map' on law-enforcement sources. This questionnaire was filled in by each EU Member State via its Reitox National Focal Point and submitted to the EMCDDA for comparative analysis in April 2001.

The Information map is designed to identify primary data sources, such as law-enforcement agencies, and to describe how they are structured. It is also intended to identify the issues to which routine data refer in the judicial process, in order to assess selection effects and biases that should be taken into account when analysing these data.

The tool will provide an overview of law-enforcement information systems in the European Union, in particular

routinely available data, but also potentially available data or data from ad-hoc studies.

The Information map consists of standardised forms developed to describe the information sources which provide routine data on seizures, arrests, prosecutions, convictions, prisons, and drug use amongst detainees or prisoners.

Information concerning topics such as coverage, collection methods, data analysis, biases and limits are included in these forms.

EMCDDA

Information

map will provide

overview of

law-enforcement

information

systems in the

European Union

Chloé Carpentier

Prevalence and patterns of problem drug use: rapid progress

European experts met in Lisbon from 9–10 July to assess implementation of the EMCDDA's key indicator on prevalence and patterns of problem drug use ⁽¹⁾. Representatives from all EU Member States attended the meeting along with experts in statistical modelling from an ongoing European network project ⁽²⁾. The main objective was to review progress at national level in estimating numbers and trends in problem drug use, using EMCDDA guidelines ⁽³⁾.

In Europe, problem drug use generally implies opiate dependence, often in combination with other drugs (polydrug use). The meeting paid special attention to estimating the number of problematic users of drugs other than opiates, such as cocaine, amphetamines and cannabis. It also focused on estimating the numbers of injecting drug users, trends in prevalence over time and breaking down results by gender and by age group (15–64 and 15–24, 25–34, 35–64).



Most Member States are now able to provide reasonably valid prevalence estimates of problem drug use

The importance of estimating the incidence of problem drug use (the rate of recruitment of new users over time) was underlined, and participants agreed to develop guidelines for incidence estimation on the basis of existing work.

Over the last three years, developments in relation to this key indicator have been swift, with most Member States now able to provide reasonably valid prevalence estimates of problem drug use. However, the validity, accuracy and recency of these estimates depend much on available data, and further work is required if the usefulness of estimates for policy decisions is to increase.

Lucas Wiessing

⁽¹⁾ http://www.emcdda.org/situation/methods_tools/key_indicators.shtml

⁽²⁾ http://www.emcdda.org/situation/methods_tools/modelling_network.shtml

⁽³⁾ http://www.emcdda.org/situation/themes/problem_drug_use.shtml

Responses

On-site pill-testing interventions in the European Union

Concern about the pharmaceutical content of pills sold as ecstasy, but which often contain other harmful substances such as PMA and 4-MTA, has increased in the European Union in recent years.

In response, the EMCDDA commissioned a study in 2000 to describe the goals, methods, results and evaluation efforts related to pill-testing interventions in the European Union. The study, undertaken by the Austrian organisation Check-It!, is now available on the EMCDDA website ⁽¹⁾.

Pill-testing interventions – the analysis of alleged ‘ecstasy’ pills at parties, and dialogue with the users on the results – are an important means of entering into contact with hard-to-reach populations and raising their awareness of preventive and harm-reduction issues. They are also crucial in helping policy-makers and prevention and outreach workers learn more about new substances and consumption trends and thus maintain their credibility among well-informed users of psychoactive substances.

On the basis of information gained through on-site pill-testing interventions, national early-warning systems could enrich their data on the social contexts of this type of drug use, exploring factors such as: Who are the people consuming these substances? How, where and why are they consuming these substances in a particular way? What information can be passed on to potential consumers in a meaningful and successful manner?

Further evaluation studies are now needed to provide scientific proof of the protective impact of on-site pill-testing interventions. There is currently no evidence to suggest that such interventions promote drug use or might be used by dealers for marketing purposes.

Gregor Burkhardt

⁽¹⁾ http://www.emcdda.org/responses/themes/outreach_pilltesting.shtml



Pill-testing interventions are an important means of entering into contact with hard-to-reach populations and raising their awareness of preventive and harm-reduction issues

International prevention conference

‘Evidence-based prevention’ was the focus of this year’s *Jornadas sobre prevención de drogodependencias* (Conference on the prevention of drug addictions) organised by the municipality of Alcorcón (Spain) from 20–22 June. For the first time, this year’s conference attracted participants not only from Spain, but also from across the European Union.

Several presentations and roundtables examined strategies for more rational prevention policies, in reaction to the often indiscriminate funding of anything allegedly ‘preventive’.

The conference commended quality-control tools for use in drug prevention, including EDDRA, the EMCDDA’s database of evaluated demand-reduction activities, and other guidelines and instruments. In its presentation, the European Commission reported using EMCDDA guidelines and the EDDRA questionnaire when selecting and financing prevention projects. The EMCDDA presented for the first time a cross-analysis of EDDRA projects on drug prevention in schools.

Gregor Burkhardt

<http://www.ayto-alcorcon.es/jornadas/index.htm>

Germany: experts review

national plan on drugs

A hearing focusing on ‘Perspectives for drug and addiction prevention’ was held in Berlin from 5–6 July at the initiative of the German Drugs Co-ordinator, Marion Caspers-Merk and the Drug and Addiction Committee of the German Ministry of Health. The aim of the meeting, which centred on drug prevention, was to review and revise the 1990 German plan on drugs.

Participants included representatives from the Federal Ministries involved in drug issues as well as drug and prevention co-ordinators from the German Länder. Also present were delegates from the Federal Centre for Health Education, the German umbrella organisation for NGOs working in the drugs field and various drug experts.

The area of drug prevention is multi-faceted. Accordingly, experts were invited to present the concept from their professional point of view: theoretical, medical, legal, structural and practical. The goals and methodologies of drug prevention were also discussed as well as how to improve evaluation and co-operation.

The conclusions of the hearing will be taken into account in the context of future drug policy developments in Germany.

Margareta Nilson

Bookshelf

Missing pieces



Missing pieces: Developing drug information systems in Central and Eastern Europe is the title attributed to three volumes published by the Pompidou Group of the Council of Europe and the United Nations International Drug Control Programme (UNDCP). The volumes record the results of a joint project extending a multi-city network on drugs to Central and Eastern Europe over the period 1998–2000.

The first volume offers an executive summary of the project which aimed to facilitate the development of drug-information systems in the region by combining the creation of expert human networks with the adoption of sound data-collection methods. The second volume reports the results of nine studies into emerging drug problems in six countries of the region. Chapters focus on drug users in Bulgarian prisons, injecting drug users in Ljubljana and drug use among young offenders in Hungary. The final volume presents experts' proposals for drug prevention in the region.

Published by: Pompidou Group and UNDCP • **Date:** March 2001
Language: English • **Price:** Free
Volumes may be ordered from: Catherine Lahmek, Pompidou Group secretariat, Council of Europe, F-67075 Strasbourg Cedex, France
Tel: ++ 33 3 3 88 41 29 87
Fax: ++ 33 3 3 88 41 27 85

The reports are downloadable from:
<http://www.pompidou.coe.int/missingpieces.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

Drug monitoring centres explored

Clearly the concept of drug monitoring centres is in vogue. Beyond the EMCDDA and its Reitox network of National Focal Points, many countries in Africa, Asia and Latin America are now looking to set up such centres at national and regional level. In this context, they are seeking co-operation and support from the EMCDDA, from EU institutions and programmes and from the EU Member States.

Theoretically, the term 'monitoring centre' can imply the following:

- a monitoring or research institute which produces data and statistics of merely technical or scientific interest; or
- a key instrument operating on the basis of sound and scientifically based information-collection in the context of a balanced strategy to address drug problems (this is the option chosen by the EU and its Member States).

The creation of a drug monitoring centre largely suggests that politicians have taken responsibility for the drug policies they have adopted, and accept that the proven and validated scientific results produced by the information systems may not always be to their liking, provided that they actually reflect hard facts.

A monitoring centre should not be a cathedral or chapel in a political desert; nor should it be a political instrument in itself. Rather, it should be a technical instrument to usefully inform policies and politicians responsible for the fight against drugs.

Therefore, a monitoring centre should be a means of observing and evaluating projects, programmes and measures; be suitably linked to national and regional strategies; and be closely bound to national drug co-ordination structures. While it cannot always be the primary producer of information, it should always have a global outlook and must animate and bring together a complex network of data sources (e.g. on treatment demand; general population surveys). It should develop a national, regional and international role.

Finally, a monitoring centre should play a decisive role in harmonising methods used for collecting data in the various geographical regions it covers. It should be technically and scientifically independent but also connected to the planning and evaluation of the strategy of which it forms part, and must work for the duration of that strategy.

As a case in point, the EMCDDA's present work programme is a key instrument in helping policy-makers implement the European Union Action Plan on Drugs (2000–2004) and its six quantitative objectives. The agency's main goal is to harmonise and achieve greater compatibility of drugs data in Europe, and its key target audience are the politicians who expect reliable and comparable information on drugs for decision-making, both nationally and in conjunction with the European Union.

Today monitoring centres are playing a key role in the global effort against drugs. Requests for co-operation received by the EU and the EMCDDA from countries and regions setting up such bodies will be closely assessed and support lent where appropriate.

Georges Estievenart
Executive Director, EMCDDA

This article is based on a speech delivered at the Third high-level meeting on the Co-ordination and Co-operation Mechanism on Drugs between the European Union and Latin America and the Caribbean, Cochabamba (Bolivia), 11–12 June, 2001. See article on page 5.

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Enlargement New Focal Points to attend milestone seminar

A milestone seminar, bringing together for the first time National Focal Points (NFPs) from the European Union and Central and East European Countries (CEECs), will take place in Lisbon from 22–23 October. The meeting, to be held during the next regular Reitox session, follows the recent appointment of NFPs in nine of the 10 CEEC candidate countries and represents a significant step forward for the Phare project on EMCDDA–CEEC co-operation.

The seminar will provide the newly-appointed CEEC Focal Points with an insight into the activities of the Reitox network and the state of development of the EU national centres. The Portuguese Focal Point will host the opening day and present its tasks and achievements.

Alexis Goosdeel

**Cochabamba
Declaration:
'need for creating
regional and
national information
networks and
observatories to
promote effective
data collection
and analysis'**

Partners Cochabamba Declaration: need for drug observatories

Delegates from the EU, Latin America and the Caribbean met in Cochabamba (Bolivia) from 11–12 June for the Third high-level meeting of the Co-ordination and Co-operation Mechanism on Drugs between the two regions. The EMCDDA attended as observer, along with the United Nations International Drug Control Programme (UNDCP), the Organisation of American States (OAS) and the Inter-American Drug Abuse Control Commission (CICAD).

In a final statement (the *Cochabamba Declaration*), the meeting reiterated 'the importance of the exchange of information and experiences between the two regions, enabling co-ordinated action to develop effective drugs strategies'. It also acknowledged 'the need for creating regional and national information networks and observatories to promote effective data collection and analysis.' Such systems, it stated, 'should focus on monitoring drug trends in order to help appropriate drug control programmes'.

Other principles outlined in the declaration included the notion of shared responsibility and a balanced and comprehensive approach to drugs based on participation, sustainable development, demand reduction and compliance with international law.

EMCDDA Director Georges Estievenart addressed the meeting on the 'Exchange of information and experience: collecting information' in which he examined the concept of drug monitoring centres (see Feature, page 4).

Drugs-Lex

Study to compare national drug strategies in the EU

The EMCDDA has recently embarked on a comparative study of EU Member States' national drug strategies.

The initiative, launched in September, is rooted in a new focus attributed to national drug strategies by the EU Action Plan on Drugs (2000–2004) and the recent trend in many EU countries to adopt national drug strategies. Over the past two years, seven EU countries have adopted such strategies.

The new EMCDDA study will compare the content, objectives and targets of these new strategic approaches and their compatibility both with the six targets of the EU Action Plan and drug co-ordination efforts at national and regional level.

The study, to be conducted in close co-operation with the European Commission (Directorate-General for Justice and Home Affairs), is scheduled for completion by mid-2002. It builds on a previous EMCDDA report on 'Drug co-ordination arrangements in the EU Member States' (see *Drugnet Europe*, No 29). Released in March 2001, this described the

mechanisms existing in each EU country to co-ordinate the policies carried out by the different national public administrations.

**Over the past
two years,
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drug strategies**

The Commission's EU Drugs Strategy and Action Plan (2000–2004) have both contributed to promoting a more strategic planned approach to drugs in the European Union.

Daniilo Ballotta

For further information,
http://www.emcdda.org/policy_law/national.shtml

Reitox Monitoring treatment demand in the EU

Experts on treatment monitoring from the 15 EU Member States met at the EMCDDA from 21–22 June for the third meeting of the European expert group on treatment demand. The meeting focused on two main topics: data quality and the use of treatment data.

All EU countries have now adopted the European TDI Protocol ⁽¹⁾ for data collection in the treatment field. Future efforts will concentrate on the coverage of data (geographical and by treatment centre type) and on collecting contextual data (characteristics of national treatment systems and population structure).

Interesting data were presented at the meeting both on the EU and national level. Analysis at EU level of the age of first use of primary drugs showed differences between countries (e.g. lower starting age in Ireland and Finland) and between treatment centre types (higher starting age in low-threshold services and in prison). This may be explained by changing patterns of drug use and also by different population structures.

In their presentations, national experts presented: a description of drug facilities in Sweden (inpatient hospital, out-patient, prison, residential); the geographical distribution of patterns of administration routes in Spain and their possible link to market availability; and the characteristics of drug users in prison in Ireland. UK data were also provided on trends over time (i.e. the increasing demand for treatment over the last 10 years) and on the duration of contact with services (51% of people out of contact within 12 months).

These contributions revealed the potential of treatment demand data in analysing the drug situation via an improvement in data quality. In future, the EMCDDA will pay special attention to the EU Action Plan on Drugs (2000–2004), particularly information related to the plan's target to increase the number of successfully treated addicts in EU countries.

Linda Montanari, Julian Vicente,
Roland Simon

⁽¹⁾ http://www.emcdda.org/multimedia/project_reports/epifieldtrial98ct10fr.pdf

Spotlight UK National Focal Point DrugScope

DrugScope, the UK National Focal Point, will hold the first European Conference on Drug Trafficking and Law Enforcement from 11–12 October in London. The conference will summarise what is known about drug markets and law enforcement (on the basis of research evidence, strategic intelligence and practical experience) and will identify what needs to be known for policy purposes. It will aim to contribute to the effectiveness of policy and its implementation in relation to drug enforcement at international, European, national regional and local levels.

Participants will include law-enforcement and intelligence managers; practitioners working at all levels of serious and organised crime; policy-makers; and researchers on drug trafficking and enforcement.



For further information, please contact: Pascale Darchy-Robinson, Conference Organiser, DrugScope, 32–36 Loman Street, London, SE1 0EE.
Tel: ++ 44 20 7928 1211. Fax: ++ 44 20 7928 1771.
E-mail: conferences@drugscope.org.uk
<http://www.drugscope.org.uk>

Outbreak of serious illness related to contaminated heroin: less severe illness, different bugs

In the course of July, new warnings were issued in Britain about the possibility that a batch of contaminated heroin was back on the market in England and Scotland. The EMCDDA, alerted by the UK Public Health Laboratory Service (PHLS), passed on these new warnings to the Reitox network of National Focal Points for immediate dissemination to professionals in contact with drug users throughout the EU. Last year, over 30 deaths occurred in England, Ireland, Scotland and Wales due to heroin believed to have been contaminated with *Clostridium novi* (see reports in *Eurosurveillance Weekly* <http://www.eurosurveillance.org>).

By the end of August, nine potential cases of serious illness (including *necrotising fasciitis* or 'flesh-eating disease') had occurred in Scotland, but these less severe than in 2000. It is suspected that, unlike last year's outbreak, they represent a cluster of mixed infection comprising Group A *Streptococcus* and *Clostridium perfringens*.

At present, there is no evidence that the outbreak of heroin-related serious illness in Scotland is related to last year's outbreak, but continued vigilance is needed. In England, there have been no reports of severe illness in drug users similar to cases in 2000.

The incidents illustrate the value of the European infrastructure for rapidly alerting professionals in the drugs field. Furthermore, they show that improved surveillance of acute serious health events among injecting drug users is warranted.

Jim McMenamin, David Goldberg, Noel Gill, Lucas Wiessing

Products and services



EMCDDA 2001 Annual Report to be launched in Brussels in November

Publications EMCDDA *Annual report 2001*

The EMCDDA will launch its 2001 *Annual report on the state of the drugs problem in the European Union* on 19 November in Brussels under the Belgian Presidency of the EU. This year, the report will be published, not only in the 11 official EU languages but also in Norwegian, following the country's adhesion to the Centre on 1 January this year.

As well as offering the printed report in an extra language, and making available downloadable PDF files of all 12 language versions, the Centre will go a step further this year by offering its audiences a dedicated website: *Annual report 2001 online*. This site will offer users improved possibilities to explore the *Annual report's* contents as well as additional reference data, enabling them to retrieve information efficiently according to their needs.

'Hot topics' and 'Highlights' on the home page will be updated daily and will contain direct links to topical issues within the report as well as press information or related statistical background data on a focus of interest.

The four main chapters of the report, fully available in HTML format, will cover:

- drug demand and supply;
- responses to drug use;
- selected issues (cocaine, infectious diseases, and synthetic drugs); and
- the drugs problem in Central and East European Countries (CEECs).

In addition, the site will offer statistical tables and data sources and news and media information, with direct links from the relevant passages of the report.

The complete site will contain search facilities and a sitemap and will be accessible in English from the day of the launch at <http://annualreport.emcdda.org> or <http://emcdda.kpnqwest.pt>

Other language versions of the site (French, German and Portuguese) will follow.

Andrea Classen and Gonçalo Felgueiras

Coming soon

- *Guidelines on the evaluation of outreach work*, EMCDDA Manuals series, No. 2. Available in English.
- *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>

New EMCDDA services for journalists

The EMCDDA has opened a new section of its website specially created for use by journalists from the print and broadcast media in the European Union and worldwide.

The *News and media services* section (http://www.emcdda.org/infopoint/news_media.shtml) offers instant access to a selection of products, services and links designed to enhance journalists' coverage of drug-related stories and familiarise them with the work of the EMCDDA. Photographs of the agency, a quote bank and image bank are among the new features offered. A new registration facility is also available alerting journalists to news releases.

Kathy Robertson

Resources Useful products in the campaign against drugs

Bulletin

The first in a series of monthly information bulletins produced by the Inter-American Observatory on Drugs was released in June 2001. The bulletin is downloadable from <http://www.cicad.oas.org/oid> Those interested in publishing articles in the newsletter are requested to contact e-mail: oidcicad@oas.org

Conference

'Prison and community: overcoming the barriers and making the links' is the title of the 5th European conference on drug and HIV/AIDS services in prison to be held in Brussels from 18–20 October. The conference aims to review past and current practices concerning services offered to drug dependent offenders in European prison systems.

Contact: Edoardo Spacca, Network Co-ordinator, European Network of Drug and HIV/AIDS Services in Prison, Cranstoun Drug Services, 4th Floor Broadway House, 112–134 The Broadway, Wimbledon, London SW19 1RL
Tel ++ 44 20 8543 8333
Fax: ++ 44 20 8543 4348
E-mail: espacca@cranstoun.org.uk

Thesaurus

The French association *Toxibase* has recently launched the 2nd edition of its thesaurus *Consummation, abus et dépendances aux substances psychoactives*. The thesaurus is a multilingual indexing tool for all those working in information management and documentation in the area of addictions. It updates the 1999 edition and proposes around 2,000 terms, structured alphabetically and thematically.

Tel: ++ 33 4 78 72 47 45
E-mail: toxibase@toxibase.org

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



Calendar 2001

EMCDDA meetings

- 5 September:** EMCDDA Bureau meeting, Lisbon.
- 5–7 September:** 22nd EMCDDA Management Board meeting, Lisbon.
- 14 September:** EMCDDA Scientific Committee sub-committee on risk assessment, Lisbon.
- 22–23 October:** First Reitox EU–CEEC extended seminar, Lisbon.
- 23–25 October:** 22nd meeting of the Heads of the Reitox Focal Points, Lisbon.
- 26 October:** Reitox Steering Committee, Lisbon.
- 29 October:** EMCDDA risk-assessment meeting on PMMA, Lisbon.

External meetings

- 2–6 September:** 44th International Conference ‘Science meets practice’, International Council on Alcohol and Addiction, Heidelberg.
- 11–15 September:** 5th International Colloquium on drug addictions, hepatitis and AIDS, Grasse.
- 12 September:** Information session: Dutch policy on treatment for drug users in prisons, Directorate-General for Justice and Home Affairs, Brussels.
- 15–18 September:** WHO workshop on pharmacological treatment of opioid dependence, Ljubljana.
- 19–21 September:** Ibero-American encounter of national drug observatories, Cartagena de Indias, Colombia.
- 4–6 October:** 12th Annual conference, European Society for Social Drug Research, Venice.
- 5–10 October:** 6th International Congress on AIDS in Asia and the Pacific (ICAAP) Melbourne.
- 11–12 October:** 4th Annual meeting of the Global Research Network on HIV Prevention in Drug-using Populations, Melbourne.
- 17–19 October:** ‘20 years of SPOTT, a future with history’, Community centre for drug addicts, Barcelona.
- 18–20 October:** ‘Prison and community: overcoming the barriers and making the links’, ENDHASP, Brussels.

EU meetings

- 17 September** Horizontal Working Party on Drugs, Brussels.
- 24 October** Horizontal Working Party on Drugs, Brussels.

Statutory bodies

Management Board formally adopts tools for harmonised indicators

Technical tools and guidelines designed by the EMCDDA to collect standardised and reliable information on its five key epidemiological indicators were adopted by the Management Board from 5–7 September. These will provide the technical basis for implementing the five indicators in the 15 EU Member States and for reporting core data to the EMCDDA in a comparable way. The Board examined the progress, obstacles and legal framework for implementing the indicators as well as the operational implications for the Centre. Steps are now being taken to maintain and encourage political support in the EU Member States.

Annual reporting by Member States to the United Nations International Drug Control Programme (UNDCP) was also discussed. A detailed paper on the human-resource implications and legal aspects of this activity will be presented to the next Management Board meeting in January 2002, following close consultation with the UNDCP.

The Management Board was informed of the decisions of the Bureau (e.g. impact of enlargement, application of Iceland and Slovenia to the EMCDDA) and of general issues, including the execution of the 2001 work programme and the 2001 *Annual report*.

Kathleen Hernalsteen

EMCDDA releases new figures on drug users in EU prisons

Continued from page 1

The EMCDDA says a number of international recommendations cover the principle of equity as the basis of treatment and care of drug-using prisoners. This means prisoners should have access to the same professional standards of medical and health-care services as outside gaol. Although in some countries this principle is enshrined in government policy, in practice it is hardly ever achieved – at least for drug-using inmates. One reason is that often different government departments are responsible for the care of drug users in the community and those in prison. ‘This situation creates inherent problems for the continuity of care of drug users.’

Nevertheless, says the report on a positive note, there is a considerable and increasing range of interventions across the EU focused on drug-users in prison. The study confirms that all Member States provide some form of treatment in their prison systems.

Heino Stöver and Petra Paula Merino

⁽¹⁾ *Assistance to drug users in European Union prisons* can be downloaded (abridged version) from http://www.emcdda.org/responses/themes/assistance_prisons.shtml

A news releases is available at http://www.emcdda.org/infopoint/news_media/news_releases.shtml



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