EMCDDA releases Annual report 2009

Cocaine and heroin are maintaining a firm hold on Europe’s drug scene and there is little to suggest any improvement regarding their use. Polydrug use is also a major concern, as the range of available substances grows and drug-taking repertoires become increasingly complex. But on a more positive note, new data confirm a continued fall in cannabis use, particularly among young people. These were among the key points stressed by the EMCDDA as it launched its Annual report 2009: the state of the drugs problem in Europe on 5 November in Brussels.

Some 13 million European adults (15–64 years) have tried cocaine in their lifetime. Of these, 7.5 million are young adults (15–34 years), 3 million of whom have used it in the last year. Cocaine use in the EU remains concentrated in western EU countries, but elsewhere in Europe consumption remains low. In highest-prevalence countries (Denmark, Spain, Ireland, Italy and the UK), recent surveys show that use in the last year among young adults ranged from 3.1 % to 5.5 %. In most reporting countries, recent data point to a stable or rising trend in last-year use in this age group.

On heroin, data published in the report support the EMCDDA’s assessment last year of a ‘stable but no longer diminishing problem’. Following a decline in heroin-related problems from the mid-1990s to early 2000s, indicators of opioid trends (new demands for treatment, deaths, seizures) still point to worrying developments. ‘While there is currently no evidence of a return to the epidemic spread of heroin use seen in the 1980s and 1990s, the health and social problems arising from the use of this drug remain considerable’, said EMCDDA Chairman Marcel Reimen. ‘Any indications that the situation may be worsening are grounds for substantial concern’.

The EMCDDA estimates that there are between 1.2 and 1.5 million problem opioid users in the EU and Norway, most of these being heroin users. New data also suggest that recruitment to heroin use is still occurring, albeit moderately. Based on data from 19 reporting countries, the overall number of new demands for treatment, with heroin as the primary drug, was 6 % greater in 2007 than in 2002. And between 2006 and 2007, eight countries reported that users entering treatment for cocaine and heroin maintain a firm hold on Europe’s drug scene.

Keeping pace with a shifting drug phenomenon

‘Effective and evidence-based policies are increasingly necessary as challenges in the drugs field grow ever more complex’, said EMCDDA Director Wolfgang Götz, in his message launching the Annual report 2009: the state of the drugs problem in Europe. A common theme running through this year’s report is the need for our vision to keep pace with an ever-shifting drug phenomenon and that well-conceived interventions can deliver real benefits and value.

Highlighted in particular is Europe’s increasingly volatile synthetic drug market, where ‘highly innovative’ suppliers circumvent drug controls by offering alternatives to controlled drugs. While this practice is not new, what is new is the wide range of substances now on offer, the growing use of the Internet and the aggressive and sophisticated marketing of products. The difficulties of ‘hitting a moving target’ are described in the report.

As regards the more traditionally used drugs, ‘overall, we are not seeing major increases and, in some areas, trends appear to be downwards’, said Götz. Indicators for amphetamine and ecstasy use, for example, still suggest an overall steady or declining situation. And, new data confirm a continued fall in cannabis use, particularly among young people. However, he added: ‘cocaine and heroin continue to maintain a firm hold on Europe’s drug scene’. And polydrug use is now widespread in Europe, increasing risks and complicating the delivery of treatment.


Continued on page 8
Is 'Spice' the taste of things to come?

Products marketed under the 'Spice' brand, and often sold as incense, have been monitored through the early-warning system since early 2008. Packaging information claims that these are a blend of plant or herbal materials (as many as 14 ingredients) (1). But, recent tests have shown some batches also to contain synthetic cannabinoids. Up to October 2009, JWH-018 and eight other synthetic cannabinoids had been identified in 'Spice' products in Europe. These ingredients do not feature in the product information and may therefore be consumed unknowingly.

In 2009, almost half (48 %) of the 115 online retailers surveyed were offering 'Spice'. While these were based in 14 European countries, the largest number was located in the UK (42 %), and significant numbers in Romania (15 %), Ireland (7 %) and Latvia (7 %). 'Spice' was also found to be available in 'head' or 'smart' shops — commercial outlets selling 'legal highs' — in at least nine EU Member States.

Concerns over synthetic cannabinoids have led a number of countries to take legal action to ban or otherwise control 'Spice' products or related compounds (Germany, Estonia, France, Lithuania, Luxembourg, Austria, Poland and Sweden). At least 27 herbal smoking blends have recently been found marketed online as alternatives to 'Spice', using a wide variety of names (e.g. 'Smoke', 'Sence').

Commenting on the issue, EMCDDA Director Wolfgang Goetz said: 'Attempts to circumvent drug controls by marketing unregulated substitutes are not new. What is new is the wide range of substances now being explored, the aggressive marketing of products that have been intentionally mislabelled, the growing use of the Internet, and the speed at which the market reacts to control measures. If "Spice" is a taste of things to come, Europe will need to ensure that its responses are adequate to tackle this growing challenge'.


Recent changes in the ecstasy market

According to the report, most ecstasy tablets analysed until 2007 typically contained MDMA or another ecstasy-like substance (e.g. MDA, MDEA). However, more recent, preliminary data suggest that this may be changing in some EU countries. For example, in around half of the ‘ecstasy’ tablets seized or sold in Denmark and the Netherlands, no MDMA was found, but instead tablets contained mCPP.

Changes in the ecstasy market may be the result of the increasingly successful efforts to prevent the diversion of precursors, the controlled chemicals used to manufacture illicit drugs. The shortage of PMK, a key precursor used to make MDMA, could be one explanation for the recent changes in the make-up of ecstasy. It cannot yet be said if this development is temporary or marks a more significant shift in the market.

Methamphetamine edges into new territory

Methamphetamine is yet to make significant inroads into the stimulant drug market in western Europe, where cocaine or amphetamine still dominate. However, there are some signs that methamphetamine is starting to edge into new territory.

Historically, methamphetamine use in Europe has been concentrated in the Czech Republic. The Annual report informs, however, that the drug appears to be becoming more available in parts of northern Europe, such as Norway and Sweden, where amphetamine has traditionally been the stimulant drug of choice. Market factors and precursor chemicals seem important here, with production sites appearing to be located in Lithuania, whose geographical position may facilitate the importation of the methamphetamine precursor BMK from outside the EU.

In 2007, almost 4,500 methamphetamine seizures, amounting to approximately 340 kg were reported in Europe. Norway accounted for by far the highest number of seizures (1,284) and the largest amount of methamphetamine recovered (167 kg). The second largest amount of methamphetamine seized in Europe (51 kg) was in Sweden.

Methamphetamine production in Europe has traditionally taken place in small-scale kitchen laboratories in the Czech Republic, where small quantities are produced usually for personal or local consumption (390 of these laboratories were detected in 2007).

However, Europol now reports that a small number of larger sites have been detected and dismantled in other parts of Europe, such as Germany and the Netherlands (1). The report warns that ‘given the relative ease with which methamphetamine can be produced and the considerable negative impact that this drug can have on public health, there is no room for complacency’. A case in point is Slovakia, a country where methamphetamine problems have grown significantly in recent years. Around a quarter (26%) of clients entering treatment in Slovakia now report methamphetamine as their primary drug.

Treatment today — From ‘one size fits all’ to targeted solutions

Twenty years ago, drug treatment in Europe was not difficult to describe. Only a few specific approaches were applied, and these were delivered mainly in outpatient or clinic-type settings. The Annual report describes how today, however, services for drug users are increasingly diversified and offered as part of an integrated package of care. Harm-reduction and treatment interventions, for example, are increasingly linked and offered by the same providers. Less positively, the report describes how social reintegration services for drug users remain poorly developed.

Although progress has been made in treating drug users in Europe, coverage is still uneven. For example, in 2007 some 650,000 opioid users were estimated to have received substitution treatment in Europe, yet eastern EU Member States only contributed to a small proportion of this total. Access to treatment outside metropolitan areas can also still be difficult. But some countries now show that the integration of drug treatment into general health care — for example by involving general practitioners — can contribute to a broader provision of treatment (see map, Chapter 6). And, while in most countries, it is theoretically possible to continue or start substitution treatment inside the prison setting, in practice this is often difficult, underlining the need to expand treatment opportunities of all types within this setting.

Finally, for drugs other than opioids, treatment options are far less developed. However, this problem is now recognised and a growing number of projects address the treatment needs of stimulant and cannabis users. Developments in information technology, for example, have facilitated innovations, such as Internet-based treatment programmes and the use of text messages.

Roland Simon

A number of countries show that the involvement of general practitioners can contribute to the broader provision of treatment

Spotlight
Polydrug use increases risks and complicates responses

In Europe today, polydrug use patterns are widespread, and the combined use of different substances is responsible for, or complicates, most of the problems we face, states the Annual report. Published alongside the report this year is a ‘Selected issue’ entitled Polydrug use: patterns and responses. The review provides an overview of this behaviour in schoolchildren (15–16 years), young adults (15–34 years) and problem drug users.

Of schoolchildren (15–16 years) surveyed in 22 countries, 20 % reported use in the last month of alcohol with cigarettes, 6 % cannabis with alcohol and/or cigarettes, and 1 % cannabis with alcohol and/or cigarettes plus one other drug (ecstasy, cocaine, amphetamines, LSD or heroin). Research shows that among schoolchildren, polydrug use can increase the risk of toxic effects and chronic health problems later in life.

Among young adults (15–34 years), polydrug use is symptomatic of more established patterns of substance use and can be associated with increased risks. Frequent or heavy alcohol users in this age group were between two and nine times more likely to have used cocaine in the last year than the general population.

Polydrug use is particularly prevalent among problem drug users and can aggravate their already difficult health conditions, leading to increased risk-taking and possibilities of severe consequences (e.g. fatal overdoses).

A defining factor in Europe’s substance use problem is the concomitant consumption of alcohol’, states the report, underlining that presence of alcohol.

The report this year is a ‘Selected issue’ entitled Drug offences: sentencing and other outcomes.

The study reviews the actual outcomes of drug-law offences in 26 reporting European countries, recorded in national statistics from the police, prosecutors and courts. It examines them according to the type of offence (personal use, supply) and the type of outcome (fine, custody, treatment, community work). The key question addressed is: ‘What is the most likely outcome in a given country for being stopped for a drug possession or supply offence?’

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According to the review, custodial sentences are rarely handed out for drug use or possession but are common for supply-related offences. The statistics reported for personal use offences show that the Czech Republic, Denmark, Germany, France, Latvia and the Netherlands were the most likely to issue a fine, while Poland and Croatia were most likely to issue a suspended prison sentence. Italy, Austria, Portugal, Slovakia and the UK predominantly reported warnings or suspended processes.

In the majority of reporting countries, a prison sentence was given more often for supply offences than for any other sanction. In the Czech Republic, Germany, Portugal and Slovakia, most prison sentences for supply offences were suspended. The use of long prison sentences appears to be relatively rare, according to the data available. And few community work orders were given for drug possession or supply offences.

Only seven countries provided information on the type of drug that led to the sentence. These limited statistics show that the sentences tended to differ according to the drug type, even where the drugs are viewed equally under the law. This suggests that judiciaries perceive differences in the levels of harm or seriousness associated with the various drugs, other than those signalled by legislation.

Despite unanimous political support across Europe for treatment instead of punishment for addicts, data on the number of treatment orders given, and prosecutions suspended or closed due to ‘successful’ treatment, were not reported by over half of the reporting countries (14 of the 26).

Countries are often simplistically labelled as ‘liberal’ or ‘repressive’ when it comes to drug control. However, these assertions are meaningless so long as the actual outcomes of drug-law offences remain largely unknown. As a step towards filling this information gap, the EMCDDA published alongside the Annual report a ‘Selected issue’ entitled Drug offences: sentencing and other outcomes.

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New 'Country overviews' from the Western Balkans

Five new online ‘Country overviews’ were released early November on the EMCDDA website, as a key output of the agency’s technical assistance project with the Western Balkans (see p. 5).

Presenting national drug situations ‘at a glance’, the new overviews relate to: Albania, Bosnia and Herzegovina, the former Yugoslav Republic of Macedonia, Montenegro and Serbia. The overviews provide the latest trends and characteristics of national drug problems, a summary of statistics and concise information in 13 areas (e.g. prevalence, national drug laws, drug-related deaths). ‘Country overviews’ covering the EU Member States, candidate countries to the EU and Norway were updated in July 2009 and can also be consulted online. Sandrine Sleiman http://www.emcdda.europa.eu/publications/countryoverviews

Drugs and driving: enforceable and evidence-based laws needed

Many of the accidents and deaths that occur on European roads are caused by drivers whose performance is impaired by a psychoactive substance. Alcohol alone is estimated to account for up to 10,000 road deaths a year in the EU, one quarter of all road deaths. But no comparable figures are available for road accidents relating to illicit drugs and psychoactive medicines. This means that, with no clear picture of the problem, tailoring responses will prove difficult at European level.

The need to gather evidence on drugs and driving, as a basis for effective responses in prevention and enforcement, is underlined in the latest edition of the EMCDDA’s policy briefing Drugs in focus (1). The briefing summarises key issues now facing policymakers in this area and outlines innovative developments. Among the policy considerations presented are the need for Member States to carry out surveys of the prevalence of drugs in drivers and the importance of cross-national data comparability to build a solid base of evidence. In the current absence of an approved roadside drug-testing device, the paper also cites the importance of training for the police in spotting signs of impairment due to drugs.

‘Reducing the loss of life caused by driving under the influence of psychoactive substances requires measures that are based on a scientific understanding of this complex phenomenon’, states Director Wolfgang Götz. ‘The challenge to legislators is to design sound and effective laws that can be enforced, and that give a clear message to the public’.

Brendan Hughes

(1) See http://www.emcdda.europa.eu/publications/drugs-in-focus/driving

Enlargement

Croatia and Turkey participate in the work of the EMCDDA

Croatia and Turkey are increasingly playing a role in the work of the EMCDDA, thanks to a technical cooperation project run under the European Commission’s Instrument for Pre-Accession programme (IPA) (1). Launched in March 2008, the project was designed to strengthen the national drug information networks and national focal points in these two candidate countries, and promote their integration into the Reitox network. It responds to one of the objectives of the last EU drugs action plan (2005–08): ‘to enable candidate countries to participate in the work of the EMCDDA, Europol and Eurojust’.

As the project draws to a close in November 2009, the two countries are actively contributing to the work of the EMCDDA. One example is their provision of national data-reporting packages, presented in line with EMCDDA guidelines.

In the context of the above cooperation, a 20-strong Croatian delegation, headed by Deputy Prime Minister Đurđa Adlešić, visited the agency on 21 September as the country prepares for membership of the agency (1). The meeting reviewed the past achievements and future perspectives of the technical cooperation activities between the EMCDDA and Croatia as well as areas where the country could contribute to the EMCDDA’s next three-year work programme (2010–12). Preparations for Croatia’s upcoming membership of the EMCDDA were at the centre of the talks.

Xavier Poos

(1) See Drugnet Europe No 60. The five participating countries are: Albania, Bosnia-Herzegovina, the former Yugoslav Republic of Macedonia, Montenegro and Serbia (including Kosovo).

International

EMCDDA–CARDS project with the Western Balkans

The EMCDDA’s technical assistance project with the Western Balkans — financed under the European Community Assistance for Reconstruction, Development and Stabilisation (CARDS) programme (1) — drew to a close at the end of October following almost two years of activity.

Among the achievements of the project are: an overview of national expertise in the drugs field; the identification of national information sources; and recommendations for the establishment and/or strengthening of national and regional drug information systems.

Key outputs of the project include: the creation of national working groups to collect and interpret existing national information; a bilingual ‘Country overview’ for each beneficiary country (English plus the national language); and 2008 ESPAD school survey reports (2) for four countries (Bosnia-Herzegovina, the former Yugoslav Republic of Macedonia, Montenegro and Serbia).

Key partners in the project met in Sarajevo on 22 October for in-depth discussions on the project results and upcoming activities under the next EMCDDA–Western Balkan technical assistance project. This is scheduled to kick off in January 2010 under the European Commission’s Instrument for Pre-Accession programme (3).

Frédéric Denecker

(1) See Drugnet Europe No 60. The five participating countries are: Albania, Bosnia-Herzegovina, the former Yugoslav Republic of Macedonia, Montenegro and Serbia (including Kosovo).

(2) See Drugnet Europe No 60. The five participating countries are: Albania, Bosnia-Herzegovina, the former Yugoslav Republic of Macedonia, Montenegro and Serbia (including Kosovo).

(3) See Drugnet Europe No 60. The five participating countries are: Albania, Bosnia-Herzegovina, the former Yugoslav Republic of Macedonia, Montenegro and Serbia (including Kosovo).
Bookshelf

Forensic chemistry of substance misuse

This book, Forensic chemistry of substance misuse — A guide to drug control, is intended to provide the chemical background, both to UK and international legal controls regarding drugs of abuse and related substances. Chapters cover the recent history of the drug classification debate, international comparisons of drug legislation and candidates for future controls. A description is also given of the EU early-warning system on new psychoactive substances, coordinated by the EMCDDA and Europol.

Technical and subsidiary material is presented in 20 appendices. These list controlled substances, provide detailed pharmacological profiles of the most commonly used drugs, and cover topics such as precursor chemicals and sentencing guidelines. The book is designed to appeal, not only to forensic scientists, but also to the police, customs officials, lawyers and all those with an interest in drug legislation.

Author: Dr L. A. King
Publisher: RSC Publishing
Languages: English
Date: 2009 (hardback)
Price: GBP 49.95 (hardback)
Further information: http://www.rsc.org

Research

Bridging the research gap in the field of illicit drugs in the EU

Research is essential to achieving a better understanding of today’s illicit drug problems and is now a central plank of the EU drugs strategy and action plan (2009–12). But with multifaceted drug problems examined through many different fields (e.g. neuroscience, epidemiology, toxicology), research activities are fragmented, both at national and European level. In this light, the current EU drugs action plan calls, not only for the promotion of illicit drug-related research, but also for the development of its strategic direction and for cooperation among drug researchers across the EU.

It was in this context that the European Commission (Directorate-General for Justice, Freedom and Security/DG-JLS) held a conference in Brussels from 24–25 September on the theme Bridging the research gap in the field of illicit drugs in the EU. The results of an overview study on drug research in Europe, coordinated by the Commission (DG-JLS), were presented at the conference (1). Some 200 policymakers, scientists and research administrators attended the event and discussed the findings.

Europe has a good track record in epidemiological and treatment research, yet gaps exist in the fields of policy, supply and some aspects of prevention. It appears that research on the whole is funded by Member States, but even at this national level, transparency and coordination are often lacking and the dissemination of research findings is unsatisfactory. Speaking at the opening session, EMCDDA Director Wolfgang Götz underlined the challenge of overcoming these obstacles, by developing coordination mechanisms and structures that would help exploit the considerable potential Europe has in this field (2).

The conference conclusions encourage EU Member States and the scientific community to work towards the common goal of boosting drug-related research and sharing research findings. They also urge that the mechanisms of the EU’s 7th Framework programme (3) be used to their full extent to help advance science.

Margareta Nilson

(1) See report and summary at http://www.illicitdrugsresearch.eu/docs.jsp. Other background documents and presentations are available at the conference website http://www.illicitdrugsresearch.eu
(2) Speech available at http://www.emcdda.europa.eu/about/press/speeches
(3) http://cordis.europa.eu/fp7/home_en.html

Experts explore needs of treatment clients

Over 40 European experts met at the EMCDDA from 14–15 September for their annual meeting to examine the profiles and characteristics of people seeking treatment for drug problems (1). The meeting covered issues of data quality and methodology, as well as the ongoing revision of the EMCDDA treatment demand indicator (TDI). The aim of this revision process is to adapt the TDI standard protocol to current changes in Europe’s problem drug using population and in its treatment system.

Analyses of treatment data at European and country level were presented at the meeting. Ahead of two EMCDDA ‘Selected issues’ in 2010 on older drug users and methamphetamine/amphetamine use, the group focused on treatment demands in these contexts.

Linda Montanari

(1) The results of the meeting are available at http://www.emcdda.europa.eu/themes/keyindicators/tdi
Products and services

Annual report 2009 information package

The Annual report 2009 was launched at a press conference at the European Parliament (EP) on 5 November. This followed a presentation the previous day to the EP Committee on Civil Liberties, Justice and Home Affairs (LIBE). Presenting the report were EMCDDA Chairman Marcel Reimen and Director Wolfgang Götz.

To mark the launch, the agency released a comprehensive, multilingual information package offering the latest findings on the drug phenomenon across 30 countries. This package comprises: the report itself (in 23 languages); two ‘Selected issues’ on polydrug use and sentencing statistics (in English, see p. 4); and an accompanying press pack and PowerPoint presentations in 23 languages.

Also available on the day were the 2009 Statistical bulletin, offering tables and graphs on the European drug situation, and ‘Country overviews’ presenting national drug situations ‘at a glance’. Finally, around a dozen countries marked the release of the report with national launches and events combining European and national drugs perspectives.


New drug profiles

Highlighted in this year’s Annual report are challenges related to the appearance of new unregulated synthetic cannabinoids. By October 2009, nine synthetic cannabinoids (including JWH-018) had been identified in ‘Spice’ products in Europe. The recent findings prompted the EMCDDA to launch on 5 November a new ‘drug profile’ dedicated to these substances. A second profile on barbiturates was launched on the same day.


EMCDDA thematic paper on 'Spice'

Smokeable herbal mixtures under the brand name ‘Spice’ are known to have been sold on the Internet and in various specialised shops since at least 2006. Although advertised as an ‘exotic incense blend which releases a rich aroma’ and ‘not for human consumption’, when smoked, ‘Spice’ products have been reported by some users to have cannabis-like effects (see p. 2). A new Thematic paper looks into the ‘Spice’ phenomenon.


Evaluation Instruments Bank

The EMCDDA recently launched a revamped version of its Evaluation Instruments Bank (EIB), an online archive of freely available instruments for evaluating drug-related interventions. Along with updated and more intuitively-organised content, the new design puts the accent on ease-of-use.

Available at http://www.emcdda.europa.eu/eib

EMCDDA conference proceedings

‘Identifying Europe’s information needs for effective drug policy’, was the focus of an international conference hosted by the EMCDDA in Lisbon from 6–8 May. Commemorating 15 years of monitoring Europe’s drug situation, the event took stock of the existing knowledge base on drugs and set out current and future information needs.

A report on the proceedings is now available in English at http://www.emcdda.europa.eu/publications

Resources

Useful materials or events on the drugs issue

Online training in clinical research methods

This ‘Introduction to clinical drug and substance abuse research methods’ is an online modular training programme designed to introduce clinicians and substance abuse professionals to basic clinical research methods.

Financed by the National Institute on Drug Abuse (NIDA), the programme helps trainees: interpret findings from the drug abuse research literature and prepare a clinical research proposal; and prepare research findings for publication in peer-reviewed journals. It also offers advice on defining proper levels of measurement and appropriate statistical methods for a clinical study.

For more, see http://www.drugabuseresearchtraining.org/About.cfm

ISSDP conference

The 4th annual conference of the International Society for the Study of Drug Policy (ISSDP) will be held in Santa Monica, USA, from 15–16 March 2010. Focusing on the future of drug policy, the event will explore policy trends, ‘research to practice’ and practices meriting further research.

Among the areas discussed will be: drug policy analysis pertaining to drug markets; the harms caused by both the supply and demand for drugs; and the intended and unintended consequences of drug policy. Individuals from Latin America, Africa, Asia and the Middle East are strongly encouraged to participate.

For more, see http://www.issdp.org/conferences.htm

Organisations wishing to publicise their newsletters, magazines, websites, CD-ROMs or any other resources are invited to contact Kathryn.Robertson@emcdda.europa.eu
New data confirm declining cannabis use, particularly among the young

Around 74 million Europeans (15–64 years) have tried cannabis in their lifetime, around 22.5 million of them having used it in the last year. This makes cannabis still Europe’s most commonly consumed illicit drug. But, following marked increases in use through the 1990s and early 2000s, new European data confirm the drug’s declining popularity, particularly among the young.

The trend is particularly noticeable among schoolchildren (15–16 years), as shown by the ESPAD surveys. Most west European countries, as well as Croatia and Slovenia, reported a decrease or stabilisation in lifetime cannabis use in 2007, following high prevalence or an upward trend to the 2003 ESPAD survey. In most central and east European countries, the increasing trend to 2003 may now be levelling out (only Slovakia and Lithuania report a rise of more than 3 %). A third group of countries, mainly in northern and southern Europe, stand out for their overall stable and low lifetime prevalence of cannabis use from the mid- to late 1990s to 2007 (Chapter 3, Figure 4). School survey data from the US and Australia also point to a decreasing trend.

The data available likewise point to a stabilising or downward trend between 2002 and 2007, the number of reported heroin seizures in the EU and Norway rose on average by around 4 % per year. In 2007, an estimated 56 000 seizures were reported (compared with 51 000 seizures in 2006), the highest number being reported in the UK. While the overall amount of heroin seized in the EU and Norway declined between 2002 and 2007, it increased from 8.1 tonnes in 2006 to 8.8 tonnes in 2007. Turkey, an important transit country for heroin entering the EU, reported a record 13.2 tonnes seized in 2007, compared to 2.7 tonnes in 2002.