

January–March 2015

**In this issue:** New EMCDDA trendspotter study explores online supply of drugs | EMCDDA scientific paper award 2015 | New review studies the effectiveness of overdose antidote, naloxone | Finland updates controls of NPS | New EMCDDA products and services | EMCDDA former premises sold

# 89

## 2015 annual work programme — highlights



The 2015 programme promises to build a solid bridge between current priorities and those defined for the upcoming strategy (2016–18).

The EMCDDA's 2015 annual work programme — adopted by the Management Board on 5 December — sets out the objectives for the final year of the agency's 2013–15 strategy (1). Three core principles drive this three-year strategy and shape activities in 2015. These include: delivering a relevant, timely and responsive analysis of the drug situation; achieving efficiency and ensuring that maximum value is delivered from activities and investments; and enhancing communication and a customer-focused approach.

The 2015 programme promises to build a solid bridge between current priorities and those defined for the upcoming strategy (2016–18).

A prominent feature of this year's programme is the launch of a revised national reporting package (see p. 6), following extensive consultation with the Reitox focal points. The new package, which determines how data are reported from the Member States to the EMCDDA, is designed to ensure efficiency, match priorities and resources and better address the information needs of European and national stakeholders.

2015 will also see a transformation in the way in which statistics are presented online. Changes will include: a clearer distinction between data and analysis; improved documentation of methods; and a better web interface. This will be one of the highlights of the 2015 *European Drug Report* package, for which delivery on the web will remain a central theme.

A major task in 2015, in cooperation with Europol, will be the preparation of the second *EU drug markets report* (for publication in 2016). During the year, the agency will also publish four in-depth reviews in its Insights series on: psychiatric comorbidities; hepatitis C treatment; wastewater analysis; and the Internet and drug markets. Evidence-based decision-making will continue to be supported by the Best practice portal.

Further progress is also expected to be achieved in the development of drug supply indicators. This includes the pilot implementation of revised reporting instruments on: drug seizures; drug production facilities; and drug law offences.

The EMCDDA has been preparing beneficiary countries of the EC's Instrument for Pre-Accession Assistance (IPA) for participation in its work since 2008. After the successful closure of its IPA 4 project in 2014, it will embark on IPA 5 in the spring.

**Continued on page 8**

## Lisbon Addictions 2015 — registration open

Registration is now open for the first European conference on addictive behaviours and dependencies, to be held in Lisbon from 23–25 September 2015 (1). Hosted by the Portuguese General-Directorate for Intervention on Addictive Behaviours and Dependencies (SICAD), the event is held in collaboration with: the scientific journal *Addiction*; the International Society of Addiction Journal Editors (ISAJE); and the EMCDDA.

The conference is organised around four themes: *Addictions: a multi-disciplinary perspective*; *Translating research into policy and practice*; *New frontiers in addiction research*; and *Challenges of addiction in an interconnected world*. Abstracts are invited until 1 March.

**Maria Moreira and Renate Hochwieser**

(1) [www.lisbonaddictions.eu/start#register](http://www.lisbonaddictions.eu/start#register)

### Key dates

**January 2015:** Registration opens

**28 February:** Deadline for early-bird registration (fee EUR 350)

**1 March:** Deadline for abstracts

**1 June:** Deadline for late-breaking abstracts

**30 June:** Deadline for regular registration (fee EUR 400); final scientific programme published online

**23–25 September:** Conference and on-site registration (fee EUR 500)

## DRUG SITUATION

### DRUG MARKETS

## New trendspotter study explores online supply of drugs



A recent development is the sale of illicit drugs on the 'deep web'.

The speed with which the Internet is transforming drug markets poses a major challenge to law enforcement, public health, research and monitoring agencies. This is according to *The Internet and drug markets*, the latest EMCDDA 'trendspotter' study<sup>(1)</sup>. The study aims to raise understanding of the current online supply of drugs and to map the range of existing Internet markets.

The study kicked off with data collection and a literature review in September 2014 and culminated in an expert meeting in Lisbon in October. Special focus was placed on the online sale of new psychoactive substances (NPS) and medicinal products for illicit use; the role of social media and apps; and drug sales on the 'deep web' (inaccessible via standard web browsers).

Use of the 'surface web' (accessible via common search engines) for the sale of NPS has received increased attention over the last decade. However, a recent development in the online market, highlighted in the study, is the sale of illicit drugs on the 'deep web'. A prominent subject in the study are 'cryptomarkets', or 'deep web' online marketplaces. These allow goods and services to be exchanged between parties who use digital encryption software (e.g. Tor) to conceal their identities.

**Jane Mounteney**

(1) See Fact sheet 3/2015 at [www.emcdda.europa.eu/news/2015](http://www.emcdda.europa.eu/news/2015)

### KEY INDICATORS

## Improving knowledge on the use of NPS, alcohol and medicines

With an expanding range of products penetrating Europe's psychoactive drugs market, it is important to develop comparable and valid ways to measure use of new psychoactive substances (NPS). The EMCDDA has begun to collect preliminary data on NPS use via surveys, but the understanding of what constitutes a 'new' substance varies between individuals and countries, as well as over time. This presents a major challenge for monitoring. A pilot set of questions on this subject ('NPS module') was developed by the agency in 2013 for use in general population surveys (GPS) and presented for discussion to its network of GPS experts<sup>(1)</sup>.

Three countries have now adopted the new NPS module, while four others have used adaptations of it. The EMCDDA is advising use of the common module to increase comparability.

### QUALITY ASSURANCE

## New internal statistics code of practice

One of the three core principles of the EMCDDA 2013–15 strategy is a commitment to efficiency. This is to be achieved, among others, via an improved quality assurance framework for the statistical procedures employed by the agency. In this light, an EMCDDA *Internal statistics code of practice* was developed in 2014<sup>(1)</sup>. The code was drawn up in consultation with the Reitox network and the EMCDDA Scientific Committee, as well as with Eurostat, whose *European statistics code of practice* provided a basis for the work<sup>(2)</sup>.

The new EMCDDA code establishes a set of principles that provide the agency with guidance and objectives for its work. It serves as a declaration of the agency's intent to pursue a programme of continuous improvement and evaluation of efforts in order to provide 'factual, objective, reliable and comparable information'. The EMCDDA code, in line with Eurostat's, is based on 15 principles covering: the institutional environment; statistical production processes; and the output of statistics. A set of statements on good practice for each of the principles provides guidance for the implementation of the code.

The document, adopted by the EMCDDA Management Board in December (see p. 8), is a milestone in the path to reassessing quality standards. It establishes the goals to be pursued by the agency and reflects its commitment to ensuring high-quality data collection, analysis and reporting.

**Maria Moreira**

(1) For more, see [www.emcdda.europa.eu/data/2014/methods](http://www.emcdda.europa.eu/data/2014/methods)

(2) For more, see <http://ec.europa.eu/eurostat/web/quality/european-statistics-code-of-practice>

A number of the questions from the new NPS module will be used in the 2015 ESPAD school surveys in over 40 countries.

Given the important role played by alcohol in the wider context of problem drug use, and polydrug use in particular, the EMCDDA participates in projects to harmonise alcohol use data in the EU<sup>(2)</sup>. To improve monitoring of this issue, alcohol-related questions in the EMCDDA's European model questionnaire for GPS surveys will be revised.

Finally, the EMCDDA has also begun work to improve knowledge on the use of psychoactive medicines in the context of polydrug use. This is a particularly challenging area due to the wide variety of medicines that can be obtained (licitly or illicitly) and used with, or without, a doctor's prescription.

**Deborah Olszewski and Julián Vicente**

(1) [www.emcdda.europa.eu/activities/gps](http://www.emcdda.europa.eu/activities/gps)

(2) [http://ec.europa.eu/health/alcohol/projects/index\\_en.htm](http://ec.europa.eu/health/alcohol/projects/index_en.htm)  
[www.emcdda.europa.eu/news/2014/sicad-rarha-conference](http://www.emcdda.europa.eu/news/2014/sicad-rarha-conference)

## RESPONSES

## SCIENTIFIC WRITING

**Scientific paper award 2015**

The nomination procedure for the EMCDDA scientific paper award 2015 was opened in January. The prize — inaugurated in 2011 by the EMCDDA and its Scientific Committee — aims to enhance understanding of the European drugs problem by acknowledging high-quality research in the field of illicit drugs.

Research societies with a European focus, EMCDDA Scientific Committee members, EMCDDA staff, the Reitox national focal points and relevant peer-reviewed journals have all been invited to nominate papers. Eligible articles will have been published in a peer-reviewed journal in 2014 and will have a clear European focus or the primary author being citizen of, or based in, an EU Member State, Turkey or Norway.

Last year, a record number of 60 eligible articles authored by European scientists were assessed by an award committee and the four winners acknowledged at a ceremony at the EMCDDA on 25 November <sup>(1)</sup>. This year's award ceremony will take place in Lisbon in the autumn.

**Renate Hochwieser and Maria Moreira**

<sup>(1)</sup> For more, see [www.emcdda.europa.eu/activities/scientific-paper-award](http://www.emcdda.europa.eu/activities/scientific-paper-award)

## OVERDOSE PREVENTION

**Norwegian overdose strategy**

For over a decade, Norway has been among the European countries with the highest rates of fatal overdoses, currently with around 240 overdose deaths per year. In 2013, the Norwegian Parliament adopted a proposal mandating the Norwegian Directorate of Health to implement the 'National strategy for overdose prevention' (2014–17). A publication, released in autumn 2014, outlines the details of the strategy and action plan, describing the measures implemented to date in this regard <sup>(1)</sup>.

The aim of the strategy is to reduce the number of overdose deaths gradually every year. The Norwegian Parliament also decided to step up efforts to prevent overdose altogether, by establishing a so-called 'Vision zero', acknowledging that most of these events are preventable.

The strategy is based, both on the current national and international knowledge-base for overdose risk factors, and on evidence-based interventions for preventing overdose. It incorporates multifaceted preventive approaches, includes harm-reduction measures (e.g. distribution of nasal naloxone to drug users) and focuses on improved access to quality treatment for drug users.

In order to monitor the effects of the strategy, evaluation measures will accompany the implementation of interventions. Norway is one of the first European countries to implement a comprehensive long-term national strategy and action plan to reduce overdoses.

**Thomas Clausen, National drug-related deaths expert, Norway**

<sup>(1)</sup> <http://helsedirektoratet.no/publikasjoner/nasjonal-overdosestrategi-20142017/Publikasjoner/National-overdose-strategy-2014-2017-IS-0418E.pdf> (English version).

## PRISONS

**CARE project releases results of PRIDE study**

CARE — an EU-funded project promoting quality and continuity of care for drug users in prisons — released the results of its PRIDE study in December 2014 <sup>(1)</sup>. The study assessed the implementation of harm reduction measures in prisons in five European countries <sup>(2)</sup> and identified the existence of structural hindering factors.

PRIDE, the first work package completed under CARE, analysed the range of harm reduction services implemented in prisons in the countries concerned and to what extent international and national guidelines in this area are being applied. The study examined the findings of surveys conducted in Belgium, Denmark, Italy and Austria (2013–14), following methodology of an earlier survey conducted in France (2009–10).

The study assessed the implementation of a wide range of harm reduction measures including: information, education and communication; testing and counselling; condoms and lubricants; opioid substitution therapy; bleach; HBV vaccination; post-exposure prophylaxis; needle-exchange programmes; ARV treatment; and risk prevention for tattooing and piercing.



Results show a low level of implementation of harm reduction measures in prisons in the five countries studied.

The PRIDE results show a low level of implementation of harm reduction measures in prisons in the five countries studied; although variations were reported between the countries concerned and in the measures offered. Austria reported the highest observance of international guidelines, whilst Italy reported the lowest.

Overall, the most implemented interventions were antiretroviral therapy (ART) for HIV and opioid substitution treatment (OST). Needle-exchange programmes and condom distribution were the least implemented. The study also showed that structural factors, such as prison overcrowding, can represent a serious obstacle to implementing harm reduction services in prisons.

**Laurent Michel, Cinzia Brentari, Heino Stöver and Linda Montanari**

<sup>(1)</sup> Coordinated by the University of Applied Sciences in Frankfurt. For more, see: <https://www.frankfurt-university.de/fachbereiche/fb4/forschung/forschungsinstitute/isff/projekte3/care.html>

<sup>(2)</sup> Belgium, Denmark, France, Italy and Austria.

## BOOKSHELF

## L'autoguérison au quotidien



In this work, *L'autoguérison au quotidien* (*The day-to-day of self-healing*), author Harald Klingemann meets individuals who have managed to overcome addiction without professional help and uncovers the valuable advice they have to share.

The author charts a course of individual development, from self-observation and self-reflection towards self-healing and fulfilment. He asserts that emphasising the individual's potential for self-healing does not mean that the provision of treatment and public services should be reduced, but rather that these should be mindful of individual needs. The book favours a palette of professional services sensitive to the individual's willingness to change and supportive of the goal of self-healing. The topic is of particular interest from the perspective of research (long-term results of treatment could be compared with self-healing results) and of service design and provision (how to facilitate the conditions for self-healing).

**Author:** Harald Klingemann

**Publisher:** FAVRE

**Language:** French

**Date:** September 2014

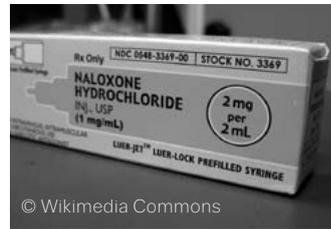
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## FEATURE

## New EMCDDA review studies effectiveness of overdose antidote, naloxone



Evidence supports THN provision as part of a comprehensive harm reduction response.

Can naloxone provided in the community help reduce the thousands of drug-induced deaths recorded in Europe every year? This is the question explored in a new EMCDDA Paper released in January: *Preventing fatal overdoses: a systematic review of the effectiveness of take-home naloxone* <sup>(1)</sup>.

Naloxone — a pharmaceutical drug used to reverse the effects of opioid overdose — has been used in emergency medicine (e.g. by ambulance crews, hospital emergency-room teams) for over 40 years.

But as many overdoses occur in the presence of drug users' family members or peers, empowering bystanders to act effectively, before emergency services arrive at the scene, can save lives <sup>(2)</sup>.

Following pilot initiatives in the 1990s, measures to scale up naloxone availability to those likely to witness an overdose have emerged in the last decade. This has been driven partly by the epidemic of opioid-related deaths (heroin and non-heroin) in the USA <sup>(3)</sup>.

**Can naloxone provided in the community help reduce the thousands of drug-induced deaths recorded in Europe every year?**

Analysing 21 studies conducted in four countries — Canada, Germany, UK and the USA — the new review examines the latest evidence on the role of take-home naloxone (THN) in reducing opioid overdose fatalities. It concludes that THN provision, delivered with educational and training interventions, can be effective in reducing overdose-

related deaths and improving knowledge on the signs of overdose and the correct management of patients.

Listed by the World Health Organization (WHO) as an 'essential medicine', naloxone is available in injectable form, with non-injecting administration under investigation. Programmes and trials with THN distribution are currently run in seven European countries: Denmark, Germany, Estonia, Spain, Italy, UK and Norway (see Annex 3 of review). Since September 2013, Estonia has offered a naloxone programme to tackle the sharp rise in deaths caused by illicit use of the synthetic opioid fentanyl. In 2014, Norway began a pilot of a nasal spray naloxone programme.

The report shows how evidence supports THN provision as part of a comprehensive harm reduction response. WHO guidelines on community-based naloxone provision were launched in November 2014 and a number of European countries have now developed national guidelines <sup>(4)</sup>. Knowledge exchange on THN is important to allow potential implementers to take informed decisions <sup>(5)</sup>.

Drug use is one of the major causes of mortality among young people in Europe. Overall, some 6 100 overdose deaths were reported in Europe in 2013. Substances associated with the risk of overdose include: opioids (non-medical or prescribed); benzodiazepines and synthetic opioids (e.g. fentanyl).

**Marica Ferri and Lucas Wiessing**

<sup>(1)</sup> [www.emcdda.europa.eu/publications/emcdda-papers/naloxone-effectiveness](http://www.emcdda.europa.eu/publications/emcdda-papers/naloxone-effectiveness)

<sup>(2)</sup> [www.emcdda.europa.eu/topics/pods/preventing-overdose-deaths](http://www.emcdda.europa.eu/topics/pods/preventing-overdose-deaths) (EMCDDA Perspectives on drugs).

<sup>(3)</sup> [www.whitehouse.gov/ondcp/national-drug-control-strategy](http://www.whitehouse.gov/ondcp/national-drug-control-strategy)

<sup>(4)</sup> [www.emcdda.europa.eu/best-practice/guidelines](http://www.emcdda.europa.eu/best-practice/guidelines)

<sup>(5)</sup> The role of take-home naloxone (THN) in reducing opioid-related fatalities was the focus of an EMCDDA meeting held in Lisbon on 14 October 2014. [www.emcdda.europa.eu/events/2014/meetings/naloxone](http://www.emcdda.europa.eu/events/2014/meetings/naloxone) See video at [www.youtube.com/user/emcddatube](http://www.youtube.com/user/emcddatube)

## INTERNATIONAL

## IPA 4 project draws to a close

Since 2008, the EMCDDA has been preparing beneficiary countries of the European Commission's Instrument for Pre-Accession Assistance (IPA) for future participation in its activities. From January 2012 to November 2014, this was carried out via a technical cooperation project (IPA 4) involving all seven IPA beneficiaries <sup>(1)</sup>.

The official closure of the project took place during the latest Reitox week from 24–25 November in Lisbon. Among those present at the ceremony were the project's 'national correspondents' and representatives of the Brussels-based EU permanent missions of the countries concerned <sup>(2)</sup>.

The IPA programme is designed to help candidate countries and potential candidate countries in their efforts to meet accession criteria and to align with EU policies and standards. Among the results of IPA 4 were: the first ever general population survey (GPS) in Albania, Kosovo\* and Serbia, as well as a pilot GPS in Montenegro. Other successful outputs included updated national reports and country overviews for all IPA countries, which are now available on the EMCDDA website <sup>(3)</sup>. A follow-up project (IPA 5) has been confirmed by the European Commission and is scheduled to start in spring 2015.

**Frédéric Denecker**

<sup>(1)</sup> Albania; Bosnia and Herzegovina; the former Yugoslav Republic of Macedonia; Kosovo\*; Montenegro; Serbia and Turkey. \* This designation is without prejudice to positions on status, and is in line with UNSCR 1244 and the ICJ Opinion on the Kosovo Declaration of Independence. See *Drugnet Europe* 78.

<sup>(2)</sup> [www.emcdda.europa.eu/news/2014/third-reitox-week](http://www.emcdda.europa.eu/news/2014/third-reitox-week)

<sup>(3)</sup> [www.emcdda.europa.eu/countries](http://www.emcdda.europa.eu/countries)

## PARTNERS

## EMCDDA–Eurostat collaboration

In line with conclusions of the Council of the EU on improving the monitoring of drug supply in the European Union (2013) <sup>(1)</sup>, the EMCDDA is working intensively on a suite of supply reduction indicators.

In an effort to streamline this work, the EMCDDA has stepped up its collaboration with Eurostat — the statistical office of the European Union — in a joint initiative to improve data collection on drug law offences <sup>(2)</sup>. After a review of their respective data on criminal and non-criminal offences in 2014, it was concluded that, in future, the information will be collected and analysed by the EMCDDA. This synergistic move will refine the comparability and quality of the data, which is used as an important proxy indicator of drug-related crime.

**The EMCDDA has stepped up collaboration with Eurostat to improve data collection on drug law offences**

In the framework of the EMCDDA's new national reporting package (see p. 6), the Reitox national focal points will now collect and report data on this issue to the EMCDDA, which will in turn share the information with Eurostat. The revised data-collection process will enhance understanding of the European drug situation, taking advantage of the technical knowledge and expertise of both bodies.

**Andrew Cunningham, Luis Royuela and Roumen Sedefov**

<sup>(1)</sup> [http://www.consilium.europa.eu/uedocs/cms\\_data/docs/pressdata/en/jha/139606.pdf](http://www.consilium.europa.eu/uedocs/cms_data/docs/pressdata/en/jha/139606.pdf)

<sup>(2)</sup> <http://ec.europa.eu/eurostat>

## DRUGS-LEX

## Finland updates controls of new psychoactive substances

Finland has recently made changes to the way in which it controls the supply of new psychoactive substances (NPS), via new legislation which came into effect on 20 December 2014 <sup>(1)</sup>. In recent years, several EU Member States have used (EU-harmonised) medicines legislation to quickly control psychoactive substances with no medicinal use and to punish their unauthorised supply <sup>(2)</sup>. In July 2014, however, the European Court of Justice ruled that a country could not do this systematically <sup>(3)</sup>. As a result, Finland has now reclassified these NPS — as well as related procedures and offences — controlling them under drug law rather than medicines legislation.

The aims of the Narcotics Act have been broadened accordingly. In addition to preventing drug manufacture, distribution and use, the act now aims to 'reduce the health risks associated with the use of intoxicating substances'. The amended Act prohibits the production and supply of 'psychoactive substances banned from the consumer market' (possession and use are not criminalised, unlike with narcotic drugs). These substances are defined as those 'used for intoxicating purposes that might be a danger to health and that

have been decided to be made subject to control in accordance with the EU Council Decision or are positional isomers of such a substance and that are neither medicines nor narcotic drugs'.

Approximately 150 of these substances have now been listed in a corresponding Government Decree. Evaluation of a substance is still carried out by the Finnish Medicines Agency, together with the National Institute for Welfare and Health, police and customs. The Criminal Code classifies supply-related acts linked to these NPS as offences endangering health and safety, which are punishable by a fine or up to one year in prison.

**Brendan Hughes and Elina Kotovirta**

<sup>(1)</sup> Narcotics Act 373/2008, amendment 1127/2014 [www.finlex.fi/fi/laki/ajantasa/2008/20080373](http://www.finlex.fi/fi/laki/ajantasa/2008/20080373); Government Decree 1130/2014 [www.finlex.fi/fi/laki/alkup/2014/20141130](http://www.finlex.fi/fi/laki/alkup/2014/20141130); Criminal Code 39/1889, amendment 1128/2014 [www.finlex.fi/fi/laki/alkup/2014/20141128](http://www.finlex.fi/fi/laki/alkup/2014/20141128)

<sup>(2)</sup> [www.emcdda.europa.eu/topics/pods/controlling-new-psychoactive-substances](http://www.emcdda.europa.eu/topics/pods/controlling-new-psychoactive-substances)

<sup>(3)</sup> Joined cases C358/13 and C181/14.

## SPOTLIGHT



## Summer school 2015

The University Institute of Lisbon (ISCTE-IUL) and the EMCDDA will be joining forces again this summer to hold the fourth European drugs summer school (EDSS) on 'Illicit drugs in Europe: demand, supply and public policies' <sup>(1)</sup>. Registration opened on 15 January for the two-week course, which will take place in the Portuguese capital from 29 June to 10 July. The initiative is also supported by the US National Institute on Drug Abuse (NIDA).

EMCDDA scientific experts and ISCTE-IUL-professors, along with leading academics, guest speakers and policymakers, will prepare participants to meet the complex policy challenges in this field. Week 1 of the summer school focuses on 'Monitoring the problem' and will feature lectures on: problem drug use; drug supply in Europe; and detecting new drugs. Week 2 is dedicated to 'Hitting a moving target', with lectures on: broadening the scope (addictive behaviours and dependencies); international drug policy; and the analysis of best practice as a means to enable decision-making. 'Keynote lectures', a prominent feature of the summer school, will be continued in 2015 with a new group of speakers lined up to address the students.

The target audiences for the EDSS are: university students, researchers, professionals and administrators interested in working on drugs issues. Previous rounds of the summer school brought together students from the EU Member States as well as from Asia and Latin America. In 2015, students will again be able to apply for scholarships and 'early-bird' reductions are available.

**Marica Ferri, Alessandra Bo and Sónia Vicente**

<sup>(1)</sup> [www.emcdda.europa.eu/news/2015/EDSS-registration](http://www.emcdda.europa.eu/news/2015/EDSS-registration)

## REITOX

## New Reitox national reporting package kicks off in 2015

A new Reitox national reporting package (NRP) enters into force this year following its seal of approval at the Heads of focal point meeting held in Lisbon from 26–28 November. Guidelines and an implementation plan for the new package were adopted at the meeting, marking the end of an extensive EMCDDA–Reitox consultation since 2012 to revise the existing reporting system (established in 1995). The package determines how data are reported from the Member States to the EMCDDA in order to provide an overall picture of Europe's drug phenomenon.

The aim of the new package is to ensure efficiency, match priorities and resources and better address the information needs of European and national stakeholders. The NRP is composed of three components: standard tables (ST) for reporting standardised quantitative information; structured questionnaires (SQ), for reporting qualitative information; and thematic workbooks (TW), replacing the former national reports.

**The new package is designed to ensure timely reporting, improve coherence and reduce the reporting burden**

To date, 10 thematic workbooks have been endorsed on the following themes: drug policy; legal framework; drugs; prevention; treatment; best practice; harms and harm reduction; drug market and crime; prison; and drug-related research. These workbooks contain mandatory questions (to provide core information to the EMCDDA) and optional, open-ended questions (to allow NFPs the chance to report on specific areas of work in their country).

The new package is intended to ensure timely reporting, improve coherence and reduce the reporting burden. Implementation of the package is designed to be progressive, with five of the 10 workbooks compulsory in the first year.

**Sandrine Sleiman**

## NEW PSYCHOACTIVE SUBSTANCES

## Dangerous drug PMMA makes a comeback

Over the last three months, PMMA — a stimulant-type drug of the phenethylamine group — has been seen to be making a comeback on the European illicit drug market in ecstasy tablets bearing a Superman logo. Since the end of December 2014, these tablets have been associated with the deaths of at least six individuals in Europe.

PMMA (para-methoxymethamphetamine) underwent a formal EMCDDA risk assessment in 2001 and, following a Council Decision in February 2002, was subjected to control measures and criminal penalties across the EU Member States <sup>(1)</sup><sup>(2)</sup><sup>(3)</sup>.

PMMA is considered to elicit entactogenic effects in users — similar to those provoked by MDMA. However, the substance has weaker stimulant effects, is slower-acting and more toxic

than MDMA, particularly when combined with other substances. Users believing tablets to be MDMA, and experiencing the weak stimulant effects and delayed onset of action, may believe that they have consumed 'weak ecstasy'. As a result, they may be tempted to re-dose, increasing the risk of adverse effects and possible overdose.

From 1993 to 2013, the EMCDDA is aware of approximately 47 deaths in 10 European countries associated with the use of PMMA, with a notable cluster in Norway in late 2010.

**Rachel Christie, Andrew Cunningham and Roumen Sedefov**

<sup>(1)</sup> Risk assessment report at [www.emcdda.europa.eu/publications/risk-assessments/pmma](http://www.emcdda.europa.eu/publications/risk-assessments/pmma)

<sup>(2)</sup> [www.emcdda.europa.eu/news/2002](http://www.emcdda.europa.eu/news/2002)

<sup>(3)</sup> [www.emcdda.europa.eu/news/2012/10](http://www.emcdda.europa.eu/news/2012/10)

# PRODUCTS AND SERVICES

## 2015 annual work programme



The EMCDDA's 2015 annual work programme — adopted in December 2014 (see p. 1) — sets out the objectives for the third year of the agency's 2013–15 strategy. It builds on measures put in place in 2014 to ensure that the EMCDDA's approach remains appropriate to the challenge of reporting on an evolving drug situation within the context of changing customer needs and expectations. Reflecting the agency's strong commitment to developing a performance measurement system, well-defined performance indicators are presented in the document.

Available in English at: [www.emcdda.europa.eu/publications/work-programmes/2015](http://www.emcdda.europa.eu/publications/work-programmes/2015)

## Risk assessments: 4,4'-DMAR and MT-45



Two new psychoactive substances (NPS) raising health concerns in Europe were risk-assessed by the EMCDDA extended Scientific Committee on 16 September 2014. The first of these is 4,4'-DMAR, a derivative of aminorex with psychostimulant properties, which has been available on the drug market since at least December 2012. The second is MT-45, a synthetic opioid investigated in the 1970s for its analgesic properties and detected for the first time on the European drug market in October 2013.

Respectively, a total of 31 and 28 deaths were associated with these drugs and, in all cases, the presence of the substance in biological samples was analytically confirmed. The two formal risk assessment reports, presented to the Commission and the Council for consideration in autumn 2014, will be available online in the coming weeks.

Available in English at: [www.emcdda.europa.eu/publications/risk-assessments](http://www.emcdda.europa.eu/publications/risk-assessments)

## Mortality among drug users in Europe



Drug use is one of the major causes of mortality among young people in Europe, both directly through overdose (drug-induced deaths) and indirectly through drug-related diseases, accidents, violence and suicide. Every year, over 6 000 drug users die of overdose in the EU, most of these deaths involving opioids and occurring among problem drug users. To gain a clearer picture of the overall number of lives lost due to drug use in Europe, this new EMCDDA Paper builds on the results of earlier work investigating 'all-cause' mortality among problem drug users. By linking data on entrants to drug treatment programmes with information from death registries, mortality cohort studies can determine death rates from all causes within the study population.

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# EVENTS



## EMCDDA former premises sold

The *Palacete Mascarenhas* — the EMCDDA's former premises in Lisbon — was sold on 23 January 2015. The building became the seat of the agency in September 1995, on the arrival of the first core-business staff.

The building had been up for sale since 2009, the year when the agency moved to its new site in the Portuguese capital (¹). Given the depressed real-estate climate, the building remained on the market for some five years. The *Palacete* will now serve as headquarters of the Lisbon Metropolitan Area, a public association of the 18 municipalities of the Greater Lisbon area.

**Gonçalo Felgueiras**

(¹) [www.emcdda.europa.eu/contact](http://www.emcdda.europa.eu/contact)

## ISSDP conference

The International Society for the Study of Drug Policy (ISSDP), which seeks to encourage and support outstanding research in drug policy, will be holding its annual conference from 20–22 May 2015 in Ghent. Hosted by Ghent University's Institute for Social Drug Research, the event will include plenary sessions, panel discussions, poster sessions and post-conference workshops. Selected papers presented at the conference will be considered for publication in the *International Journal of Drug Policy*. Registration is open until 15 May.

For more, see [www.issdp2015.ugent.be](http://www.issdp2015.ugent.be)  
E-mail: [issdp2015@ugent.be](mailto:issdp2015@ugent.be)

Organisations wishing to publicise their events or resources are invited to contact [Kathryn.Robertson@emcdda.europa.eu](mailto:Kathryn.Robertson@emcdda.europa.eu)

## EMCDDA meetings

5–6 February:	European Commission CLEN project group meeting on designer drugs and other illicit products, hosted by the EMCDDA, Lisbon.
1 March:	Deadline for abstracts for the Lisbon Addictions 2015 conference (see p. 1).
10 April:	Visit to the EMCDDA of the Minister of Health of Luxembourg, Lydia Mutsch.
15–17 April:	Reitox regional academy on new psychoactive substances for European Neighbourhood Policy (ENP) eastern partnership beneficiary countries, Tbilisi.
27–30 April:	42 <sup>nd</sup> EMCDDA Scientific Committee meeting, Lisbon.
29–30 April:	Visit to the EMCDDA of a delegation from the Health Commission of the German Parliament.

## External meetings

9–17 March:	58 <sup>th</sup> session of the UN Commission on Narcotic Drugs (CND), UNODC, Vienna.
7 April:	World Health Day.
21–24 April:	International conference on 'Precursor chemicals and new psychoactive substances', INCB/UNODC, Bangkok.

## EU meetings

3–4 February:	Horizontal working party on drugs, Brussels.
10 February:	Bi-regional conference: four years working together in the framework of COPOLAD, Montevideo.
11–12 February:	High-level meeting of the EU–CELAC coordination and cooperation mechanism on drugs, Montevideo.
20 February:	Heads of EU agencies meeting, Brussels.
25–26 February:	Horizontal working party on drugs, Brussels.
16 April:	National drug coordinators' meeting, Riga.

## Management Board update

The EMCDDA Management Board, meeting in Lisbon from 4–5 December, adopted the agency's work programme for 2015, with a corresponding total budget of EUR 15.3 million (EU subsidy and contributions from Norway and Turkey). Representatives of the Republic of Turkey participated for the first time as full members in the Board meeting (without voting rights). This followed the entry into force on 1 June 2014 of an agreement between the European Community and Turkey on the participation of the country in the work of the EMCDDA.

On 3 December, the European Commission decided not to establish a list of candidates for the post of future EMCDDA Director (following the procedure started in October 2013) and to close the selection procedure. Further to a proposal of the College of Commissioners, the Board decided to publish a new vacancy notice in January 2015. It also agreed to extend the mandate of current Director Wolfgang Götz until the arrival of his successor. This decision, of an exceptional nature, was taken in the interest of the service and to ensure continuity of the EMCDDA executive management in the transition period. Vice-Chair of the Board, Claude Gillard (Belgium), was confirmed as observer for the pre-selection procedure.

Also adopted at the meeting were: rules implementing the Financial Regulation applicable to the EMCDDA; an EMCDDA policy for the prevention and management of conflicts of interest; and an *Internal statistics code of practice* (see p. 2). The Board also mandated the Director to negotiate a Memorandum of Understanding between the EMCDDA and the Ministry of Justice of the Republic of Georgia.

## Monika Blum

## Continued from page 1

Finally, a critical task for the EMCDDA in 2015 will be ensuring the ongoing implementation of the EU Early Warning System on new drugs. Presenting the agency's work to the European Parliament's Committee for Civil Liberties, Justice and Home Affairs on 21 January, Director Wolfgang Götz said: 'The EMCDDA leads the world in the collection, exchange and analysis of information on new psychoactive substances'. However, he regretted that current resources were insufficient for the agency 'to cope with the increasing number of substances being identified'.

## Narcisa Murgea

(<sup>1</sup>) [www.emcdda.europa.eu/publications/work-programmes/2015](http://www.emcdda.europa.eu/publications/work-programmes/2015)

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