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Europe's drugs problem 'increasingly complex'

Europe's drugs problem is becoming 'increasingly complex', with new challenges emerging that raise concerns for public health. This is according to the *European Drug Report 2014: Trends and developments* released by the EMCDDA on 27 May in Lisbon. This annual review of the drug phenomenon describes an overall stable situation, with some positive signs in relation to the more established drugs. But this is counter-balanced by new threats posed by synthetic drugs, including stimulants, new psychoactive substances and medicinal products, all of which are becoming more prominent in a changing European drug market.

The findings were presented at a press conference at the EMCDDA which opened with a video message from European Commissioner for Home Affairs, Cecilia Malmström. On the panel were Chairman of the EMCDDA Management Board João Goulão, EMCDDA Director Wolfgang Götz and Scientific Director Paul Griffiths.

Commenting on the report, Commissioner Malmström said: 'I am deeply concerned that the drugs consumed in Europe today may be even more damaging to users' health than in the past. There are signs that the ecstasy and cannabis sold on the street are getting stronger. I also note that the EU Early Warning System, our first line of defence against emerging drugs, is coming under growing pressure as the number and diversity of substances continue to rise sharply'.

The Commissioner added: 'This annual analysis from the EMCDDA provides us with a critically important window on Europe's evolving drugs problem... It is essential that we use these data to ensure that the response by European authorities keeps pace with the evolving challenges we face'.

EMCDDA Director Wolfgang Götz explained: 'Looking at the big picture, we see that progress has been made in Europe on some of the major health



Cecilia Malmström: 'I am deeply concerned that the drugs consumed in Europe today may be even more damaging to users' health than in the past'.

policy objectives of the past. But the European perspective can obscure some important national differences. Our latest data show how encouraging overall EU trends on overdose deaths and drug-related HIV infections, for example, sit in sharp contrast to worrying developments in a few Member States'.

Recognising this complexity, the report provides a top-level overview of the long-term drug-related trends and developments at European level, while also homing in on emerging problems in some countries.

For more highlights, see pages 2 and 3.

European Drug Report package 2014

How many new drugs were detected in Europe over the last year? Is cannabis getting stronger? How many Europeans have ever used an illicit drug? What are the latest drug policy developments in the region? These are just some of the questions explored in the EMCDDA's latest European Drug Report (EDR) information package.

Rooted in a comprehensive review of European and national data, the multimedia EDR package offers an interlinked range of products, with the *European Drug Report: Trends and developments* at its centre (23 languages).

Presented alongside the report are the innovative *Perspectives on drugs*, online

interactive windows on key aspects of the European drug situation (see pp. 4 and 7). The *European Drug Report: Data and statistics* and 30 *Country overviews* complete the picture, presenting explanatory graphics and national-level data.

For more, see www.emcdda.europa.eu/edr2014

EUROPEAN DRUG REPORT 2014

HEROIN

Heroin in decline; replacement substances cause concern

There are an estimated 1.3 million problem opioid users in Europe, mostly heroin users.

Although global heroin production remains high and quantities seized in Turkey are rising ⁽¹⁾, latest data on the demand for treatment and on seizures in Europe point to a downward trend in the use and availability of this drug. *The European Drug Report 2014: Trends and developments* notes that the number of reported

first-time entrants to specialist drug treatment for heroin problems fell from a peak of 59 000 in 2007 to 31 000 in 2012. Data on drug supply show that the quantity of heroin seized in 2012 (5 tonnes) was the lowest reported in the last decade, half the amount seized in 2002 (10 tonnes). The number of heroin seizures also fell from some 50 000 in 2010 to 32 000 in 2012.

There are an estimated 1.3 million problem opioid users in Europe, mostly heroin users. The report raises concerns over heroin being replaced by other substances, such as synthetic opioids. Illicitly produced or diverted from medical sources, these include highly potent fentanyl and substances used in opioid substitution treatment (e.g. methadone, buprenorphine). In 2012, 17 countries reported that over 10% of first-time opioid clients entering specialist treatment were misusing opioids other than heroin (Figure 2.9).

⁽¹⁾ See EDR Chapter 1, Figures 1.4 and 1.5.

INFECTIOUS DISEASES

HIV: outbreaks in some countries impact negatively on EU trend

Over the last decade, large gains have been made within the EU in addressing HIV infection among people who inject drugs. Latest findings show, however, that developments in some countries are impacting negatively on the long-term decline in the number of new HIV diagnoses in Europe. 'Outbreaks of HIV among drug users in Greece and Romania, together with ongoing problems in some Baltic countries, have stalled Europe's progress in reducing the number of new drug-related HIV infections', states the report.

The average rate of newly reported HIV diagnoses attributed to injecting drug use was 3.1 per million population in 2012. In Estonia, the rate of new diagnoses remains high (53.7 cases per million in 2012), while in Latvia, annual rates have been rising since 2009 (up from 34.5 cases per million in 2009 to 46.0 in 2012). There were 1 788 newly reported HIV cases in 2012, slightly more than in 2011 (1 732), continuing the upward

DRUG-RELATED DEATHS

Overall reduction in deaths, but rises in some countries

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. Overall, around 6 100 overdose deaths, mainly related to opioids, were reported in Europe in 2012. This compares to 6 500 reported in 2011 and 7 100 cases in 2009. Nevertheless, the report shows how, in contrast to an overall encouraging European trend, overdose deaths remain high, or are increasing, in some countries.

Around 6 100 overdose deaths were reported in Europe in 2012

The average mortality rate due to overdoses in Europe is estimated at 17 deaths per million population (15–64 years), but with wide national variations. Rates of over 50 deaths per million were reported in five countries, with the highest rates reported in Estonia (191 per million) and Norway (76 per million), followed by Ireland (70 per million), Sweden (63 per million) and Finland (58 per million) (Figure 2.13).

While heroin is still involved in many fatal overdoses, deaths relating to this drug are generally falling and those linked to synthetic opioids are on the rise in some countries. Overdose deaths rose sharply (by 38%) in Estonia in 2012, with fentanyl and its derivatives present in most cases. Non-controlled fentanyl derivatives and a range of other potent synthetic opioids (e.g. AH-7921) have been increasingly reported on the illicit market through the EU Early Warning System.

Despite Europe's success in fighting HIV transmission among drug users, the virus retains the potential to spread rapidly in certain groups

trend observed since 2010 (Figure 2.11). Whereas in 2010, Greece and Romania contributed just over 2% of the total number of newly reported diagnoses among those infected through injecting drug use in the EU, by 2012 this figure had increased to around 37% (with Greece reporting a rate of 42.9 cases per million population and Romania 8.0 cases).

Despite Europe's success in fighting HIV transmission among drug users, the virus retains the potential to spread rapidly in certain groups. A 2013 EMCDDA–ECDC risk-assessment exercise to examine countries vulnerable to new HIV outbreaks revealed that one or more risk indicators were present in around one-third of the 30 countries examined ⁽¹⁾.

⁽¹⁾ www.eurosurveillance.org/ViewArticle.aspx?ArticleId=20648

For more on these stories, see www.emcdda.europa.eu/news/2014/3

EUROPEAN DRUG REPORT 2014

STIMULANTS

Cocaine stable or declining, but concerns around methamphetamine and MDMA

Cocaine remains the most commonly used illicit stimulant drug in Europe, although most users are found in a small number of western EU countries. An estimated 14.1 million European adults (15–64 years) have ever used the drug; 3.1 million in the last year. Recent data suggest declining use of cocaine, with 11 out of 12 countries running surveys between 2011 and 2013 reporting falls in prevalence among young adults (15–34 years). Looking at long-term trends in cocaine use, decreases were seen in Denmark, Spain and the UK (all reporting relatively high prevalence rates), following a peak in 2008 (Figure 2.5). Most other countries show stable or declining trends.

Use of amphetamines (encompassing amphetamine and methamphetamine) remains overall lower than that of cocaine in Europe, with around 11.4 million adults reporting lifetime use and 1.5 million last-year use. Of the two drugs, amphetamine is more commonly used, but there are growing concerns around the availability and use of methamphetamine in Europe. The report describes how methamphetamine seizures, while still small in number and quantity, have increased over the last

decade, suggesting increased availability of the drug (Figure 1.10). In 2012, 7 000 seizures amounting to 343 kg were reported in the EU. A further 4 000 seizures, amounting to 637 kg, were reported by Turkey and Norway (almost twice the amount seized in the entire EU).

Methamphetamine use, historically low in Europe and mainly limited to the Czech Republic and Slovakia, now appears to be spreading (e.g. in Germany). Worrying reports are emerging from south-east Europe (Greece, Cyprus, Turkey) that crystal methamphetamine *smoking* is a limited, but emerging, problem, with the possibility of a spread among vulnerable populations. And methamphetamine *injecting* has been reported as a new trend among small groups of men who have sex with men in some large European cities (†).

Also highlighted in the report are concerns over the re-emergence of high-quality ecstasy (MDMA) powders and pills. Seizures and reports of adverse health events have prompted Europol and the EMCDDA to release a joint warning on the availability of high-potency products containing MDMA (‡). Europol reports the dismantling in Belgium in 2013 of the two largest drug production sites ever found in the EU, capable of rapidly producing large volumes of MDMA.

(†) www.emcdda.europa.eu/publications/emcdda-papers/exploring-methamphetamine-trends-in-Europe

(‡) See page 6 and www.emcdda.europa.eu/news/2014/europol-emcdda1

NEW PSYCHOACTIVE SUBSTANCES

EU Early Warning System 'under increasing pressure'



The rise in the number, type and availability of new psychoactive substances (NPS) in Europe shows no signs of abating. In 2013, 81 new drugs were notified for the first time to the EU Early Warning System (EU–EWS). This brings the number of new substances monitored by the EMCDDA to over 350. According to the *European Drug Report*

2014: *Trends and developments*, the system is 'coming under increasing pressure from the volume and variety of new drugs appearing on the market'. Almost 250 NPS were detected in the last four years.

NPS, not controlled under international law, are often sold on the market as 'legal highs' and produced with the intention of mimicking the effects of controlled drugs. Twenty-nine of the drugs detected last year were synthetic cannabinoids, the largest group currently monitored by the EU–EWS. The speed at which recently controlled drugs have been replaced by new substances has prompted a variety of innovative legal responses across Europe.

New drugs may be produced in clandestine laboratories inside Europe. More commonly, however, they are sourced legally as powders mostly from China and India, and imported into Europe where they are processed, packaged and sold as 'legal high' products or 'research chemicals', as well as sold directly on the illicit drug market. The Internet continues to play a key role in shaping the NPS market. In 2013, the EMCDDA identified some 650 websites selling these substances to Europeans. In addition, purchasing new and 'old' drugs via 'darknets' represents a new challenge for law enforcement.

In 2013, 81 new drugs were notified for the first time to the EU Early Warning System

Highlighted in the report are signs that, in some countries, these substances are now targeting the main segments of the drug market. In April 2014, the EMCDDA Scientific Committee risk-assessed four potent and harmful new substances: 25I-NBOMe, AH-7921, MDPV and methoxetamine. These are being sold as replacements for — and could even be more harmful than — the drugs they aim to mimic, respectively: LSD (hallucinogen), morphine (opiate), cocaine (stimulant) and ketamine (a medicine with analgesic and anaesthetic properties).

Risk-assessment reports on the four substances were submitted to the European Commission and the Council of the EU in April. On the basis of these, the Commission recommended to the Council on 16 June that the drugs be submitted to control measures across the EU.

CANNABIS

Controversies, contrasts, contradictions



Attitudinal surveys from the EU suggest that cannabis is still the drug that polarises public opinion the most. This contributes to a lively public debate, which has recently been fuelled by international developments in how cannabis availability and use are controlled (e.g. regulatory changes in some states of the US and in parts of Latin America). European discussions on cannabis control have tended to focus on targeting drug supply and trafficking rather than on personal use. However, the overall number of possession and use offences related to cannabis has been rising steadily for nearly a decade.

Around 73.6 million Europeans have tried cannabis in their lifetime; 18.1 million in the last year. An estimated 14.6 million young Europeans (15–34 years), report last-year use. Cannabis use in Europe appears overall to be stable or declining, especially in young age groups. National trends appear more divergent, however, as shown by the fact that of the countries reporting new surveys since 2011, eight reported decreases and five reported increases in last year prevalence (15–34 years).

Public health concerns are greatest for Europeans who use the drug on a daily, or almost daily, basis (around 1% of European adults, 15–64 years). In 2012, cannabis was the drug most frequently reported as the main reason for entering drug treatment by first-time clients. From the limited data available, cannabis-related medical emergencies appear to be a growing problem in some high-prevalence countries.

For more, see www.emcdda.europa.eu/news/2014/3

FEATURE

Largest multi-city study on drug wastewater analysis released



The findings of the largest European project to date in the emerging science of wastewater analysis (WWA) were released on 27 May in an article published in *Addiction* ⁽¹⁾. The project in question — steered by the Europe-wide SCORE network ⁽²⁾ — analysed wastewater in over 40 European cities to explore the drug-taking habits of those who live in them. Its conclusions are taken up in the

EMCDDA *European Drug Report 2014: Trends and developments*, as well as in an online interactive analysis dedicated to the issue (*Perspectives on drugs*) ⁽³⁾.

The purpose of the SCORE study was to assess geographical differences and temporal changes in illicit drug use in metropolitan settings across the region. It is the first, and most extensive, WWA application to date, covering multiple countries, over consecutive years (2011–13) and according to a fixed protocol.

Wastewater analysis is a rapidly developing and novel scientific discipline with the potential for monitoring near-real-time, population-level trends in illicit drug use. By sampling a known source of wastewater, such as a sewage influent to a wastewater treatment plant (WWTP), scientists can now estimate the quantity of drugs used in a community by measuring the levels of illicit drugs and their metabolites excreted in urine.

The results provide a valuable snapshot of the drug flow through the cities involved, revealing marked regional variations in drug use patterns

From London to Nicosia and Stockholm to Lisbon, the study analysed daily wastewater samples in the catchment areas of WWTPs over a one-week period in April 2012 and in March 2013. In 2012, the study involved 23 cities in 11 countries, while in 2013 it was broadened to 42 cities in 21 countries. Data from a 2011 study (19 cities, 11 countries) were used for comparison. Wastewater from approximately 8 million people was analysed for traces of five illicit drugs: amphetamine, cannabis, cocaine, ecstasy and methamphetamine.

The WWA results provide a valuable snapshot of the drug flow through the cities involved, revealing marked regional variations in drug use patterns. Traces of cocaine, for example, were higher in western and some southern cities but lower in northern and eastern cities. Use of amphetamine, while relatively evenly distributed, showed the highest levels in the north and northwest of Europe. Methamphetamine use, generally low and traditionally concentrated in the Czech Republic and Slovakia, now appears to be present in the east of Germany and northern Europe. And when weekly patterns of drug use were examined, cocaine and ecstasy levels rose sharply at weekends in most cities, while methamphetamine and cannabis use appeared to be more evenly distributed throughout the week.

‘Wastewater analysis provides the possibility to collect and report measurements more quickly and regularly than is the current norm for national surveys’, concludes the report. If used more routinely as a complement to other European drug surveillance methods, it has the clear potential to shed extra light on drug use trends in Europe, including the use of new psychoactive substances.

⁽¹⁾ Ort C, van Nuijs ALN, Berset J-D, *et al.* ‘Spatial differences and temporal changes in illicit drug use in Europe quantified by wastewater analysis’, *Addiction* 109: doi: 10.1111/add.12570 www.addictionjournal.org

⁽²⁾ The Sewage analysis CORE group (SCORE) www.niva.no/SCORE

⁽³⁾ See Figure 2.4 in the *European Drug Report: Trends and developments*. See also *Perspectives on drugs* at www.emcdda.europa.eu/topics/pods/waste-water-analysis

DRUGS-LEX

New criminal code increases penalties for drug offences in Hungary

In January 2014, the new criminal code which entered into force in Hungary in July 2013 was further amended ⁽¹⁾. Both of the recent legal changes have substantially altered the penalties set out for drug offences in the country.

Under the new law, drug use per se is now a criminal offence which is punishable by up to two years in prison. This equates with the penalty relating to the possession of a 'small quantity' of drugs for personal use.

Prosecution for a personal possession offence may still be stopped if the user can prove attendance at a treatment centre for drug addiction or a preventative-consulting service. However, the prosecution process may only be stopped once in two years. And it is no longer possible to suspend the prosecution for other minor offences linked to the drug offence.

With regard to drug supply offences, the new legislation has introduced higher penalties, including new minimum prison sentences for some of the aggravated offences. These offences include the production or importation of drugs; and the supply of a small quantity of drugs to, or using, a minor. Both offences previously brought prison sentences of 0–5 years but they are now punishable by 1–5 years. Supply of a 'substantial quantity' of drugs may receive a higher maximum sentence (previously 5–15 years in prison; now 5–20 years or

life). There is also a new, higher penalty range introduced for the production or importation of a 'particularly substantial quantity' of drugs (previously the maximum was 5–10 years in prison; now 5–15 years, or 20 if involving minors)⁽²⁾. Several sub-articles establishing lower penalties for addicts have been repealed.

The supply of new psychoactive substances (see *Drugnet Europe* 78) was punishable by up to three years, but the 2014 amendment greatly expands this, raising the basic penalty range to 1–5 years and setting out several aggravating circumstances that could lead to up to 10 years in prison. The supply of a 'small quantity' (now defined as no more than 10 g of a new psychoactive substance in the preparation) is punishable by up to one year in prison, or more in various defined aggravating circumstances. Possession of more than a small quantity may also be punished by up to three years in prison, regardless of intent.

Brendan Hughes and Orsolya Varga

⁽¹⁾ July 2013: http://njt.hu/cgi_bin/njt_doc.cgi?docid=152383.224670
Jan 2014: http://njt.hu/cgi_bin/njt_doc.cgi?docid=152383.252012
http://net.jogtar.hu/jr/gen/hjegy_doc.cgi?docid=A1200100.TV

⁽²⁾ Quantities are as defined in s.461 of the criminal code ('substantial' is more than 20 times the limit for a small quantity, and 'particularly substantial' is more than 200 times the small quantity).

PARTNERS

EU–Western Balkans dialogue

Representatives of the 28 EU Member States and the countries of the Western Balkans met in Brussels on 8 May for the latest 'EU–Western Balkans dialogue on drugs'. The aim of the meeting was to take stock of achievements attained to date through cooperation between the regions and to explore recent developments in drug monitoring and policy. This was the first dialogue to take place since the 'Joint Declaration of EU–Western Balkans on strengthening cooperation in the area of drugs control and updating of EU–Western Balkans Action Plan on Drugs (2009–2013)'. This Declaration, adopted by the EU and Western Balkans Ministers of Home Affairs on 20 December 2013 in Budva (Montenegro), demonstrates a clear commitment to strengthening national drug information systems.

The meeting allowed for an exchange of views on the recent trends and developments in national drug situations as well as on the upcoming United Nations General Assembly Special Session on drugs (UNGASS, 2016). Also discussed were developments in the area of policies to reduce drug supply and demand. The EMCDDA presented an overview of activities organised in the context of the EMCDDA–IPA 4 technical cooperation project and announced the upcoming release of recommendations to help countries develop and consolidate their drug information systems and establish national focal points ⁽¹⁾.

Alexis Goosdeel

⁽¹⁾ www.emcdda.europa.eu/html.cfm/index151216EN.html

Euro-DEN: shedding light on acute drug toxicity

The recreational drug scene has evolved rapidly over the last decade, with new psychoactive substances (NPS) posing additional challenges. At present, there is no robust, standardised system in place for capturing data on the acute toxicity (harms) associated with the use of these substances. The European Drug Emergencies Network (Euro-DEN) project was established in 2013 to address these deficiencies in the data available. Euro-DEN was funded through the 2012 European Commission (DG Justice) Drug Prevention and Information Programme and works closely with the EMCDDA.

Euro-DEN consists of a network of 15 sentinel centres in 11 countries across Europe with specialist clinical, toxicological and research interests in the adverse consequences of recreational drugs and NPS. In order to reduce knowledge gaps in this area, data will be collected over a 12-month period to determine the epidemiology of presentations to emergency departments featuring acute harms from recreational drugs and NPS. Using this information, a bespoke training package will be developed and piloted in the night-time economy of four European cities. The aim of this package is to improve the health and wellbeing of European citizens through improvements in the identification and management of acute toxicity by staff working in recreational settings.

Paul Dargan, David Wood and Isabelle Giraudon

EVENTS



European drugs summer school

The final countdown has begun for the third European drugs summer school (EDSS) — 'Illicit drugs in Europe: demand, supply and public policies' — to take place in Lisbon from 30 June to 11 July. The initiative, organised by the University Institute of Lisbon (ISCTE) and the EMCDDA, is supported by the US National Institute on Drug Abuse (NIDA).

A wide variety of academics, researchers and professionals from various EU Member States, the US and Latin America have enrolled in the course. Over the two weeks, EMCDDA scientific experts, along with leading academics and policymakers, will prepare participants to meet the complex policy challenges in this field.

A new line-up of keynote speakers is scheduled to address the course including: Professor Robert West (University College London); Professor Susan Michie (University College London); Professor Henrique Barros (University of Porto); Frank Francis (MAOC-N) and Björn Hibell (ESPAD coordinator). For the first time on the course, EDSS students will be able to view video lectures and participate in live on-screen discussions with civil society representatives in Greece and the Netherlands. Another feature in this year's programme will be two study visits to: a Lisbon prison and one of Portugal's Commissions for the Dissuasion of Drug Addiction. The course will close with a speech from Minerva-Melponi Malliori (University of Athens) and a debate on drug policies after the economic recession.

Renate Hochwieser, Maria Moreira, Liesbeth Vandam

For more, see trailer: <http://youtu.be/BjCSe0L-en8>
Follow the EDSS on twitter.com/EDSSLisbon

REITOX

Upcoming national reports from five Balkan countries

National reports on the drug situation in five countries of the Balkan region will be published this summer under the EMCDDA–IPA 4 technical cooperation project ⁽¹⁾. The new reports, which will be released at national level and via the EMCDDA website, will focus on the following IPA beneficiary countries: Albania, Bosnia and Herzegovina, the former Yugoslav Republic of Macedonia, Kosovo ⁽²⁾ and Serbia.

Divided into 10 chapters, the reports will provide a comprehensive overview of the countries' drug phenomena, with a view to informing national and European stakeholders as well as professionals and experts working in the field. The reports will also shed light on the national data-collection context and the strengths and weaknesses of the countries' data-collection systems.

Working groups have been set up in each of the five countries to collect and analyse the latest drug-related epidemiological data and information in the areas of drug supply and interventions (prevention, treatment and harm reduction). For some indicators, the

reports will describe evolving trends, while for others, time-trend analyses are not yet possible due to differences in data-collection methods. The five groups are assisted in their tasks by their respective 'Reitox coaches' from Lithuania, Greece, Hungary, Germany, Poland, Latvia and the Czech Republic ⁽³⁾.

Updated *Country overviews* for these beneficiary countries are already available on the EMCDDA website ⁽⁴⁾. These provide a snapshot of the drug situation which is further detailed in the national reports.

Sandrine Sleiman

⁽¹⁾ www.emcdda.europa.eu/html.cfm/index151216EN.html

⁽²⁾ 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.

⁽³⁾ 'Reitox coaches': representatives from more established national focal points assigned to assist newcomers to the network in running national activities according to EU norms. This Reitox coaching model is a valuable means of building partnerships and exchanging expertise between countries within and beyond the EU.

⁽⁴⁾ www.emcdda.europa.eu/countries

NEW PSYCHOACTIVE SUBSTANCES

Dangerous synthetic drugs hit the market

Europol and the EMCDDA issued early-warning alerts on 5 March on two synthetic drugs recently linked to serious harms in the EU ⁽¹⁾. The first concerned a new psychoactive substance associated with 18 deaths in the United Kingdom and eight in Hungary in 2013. 4,4'-DMAR — the para-methyl derivative of 4-methylaminorex — is not currently controlled by drug legislation in the EU Member States and was first detected in 2012. A range of adverse effects associated with it have been reported, including agitation, hyperthermia, breathing problems and cardiac arrest. The use of other drugs in combination with 4,4'-DMAR appears to have been a factor in most of the fatalities recorded.

Concern over this substance has led the EU Early Warning System to launch a data-collection exercise on this substance ⁽²⁾.

The second warning focused on ecstasy tablets found with dangerously high levels of MDMA (3,4-methylenedioxy-methylamphetamine) in Belgium, the Netherlands, Switzerland and the United Kingdom. The potentially toxic levels of MDMA present in these tablets could lead to serious harm. MDMA tablets in the EU typically contain between 60 and 100 mg of MDMA (2012 figures), however, tablets containing between 150 and 200 mg of MDMA are currently available and some have been found to contain even higher amounts (e.g. 240 mg). This development is particularly worrying in light of the significant increase in the production and availability of MDMA in the EU.

⁽¹⁾ For more, see www.emcdda.europa.eu/news/2014/europol-emcdda1

⁽²⁾ For more, see www.emcdda.europa.eu/publications/joint-reports

PRODUCTS AND SERVICES

Perspectives on drugs

As part of its European Drug Report 2014 package (see page 1), the EMCDDA released six new additions to its *Perspectives on drugs* (PODs) series.

Wastewater analysis and drugs

The findings of the largest European project to date in the emerging science of wastewater analysis are taken up in this POD. The project in question analysed wastewater in over 40 European cities (21 countries) to explore the drug-taking habits of those who live in them (see page 4).

New developments in Europe's cannabis market

Europe has long been one of the world's largest consumer markets for cannabis, particularly resin imported mainly from Morocco. In this analysis, the EMCDDA describes how domestic herbal cannabis is now a major supply source and how imported cannabis resin appears to be getting stronger (see video).

Health and social responses for methamphetamine users

While methamphetamine use in Europe has historically been confined to the Czech Republic and Slovakia, new pockets and patterns of use are now emerging elsewhere in the EU. Here, the EMCDDA looks at challenges for the provision of health and social responses related to this drug.

Injection of synthetic cathinones

Over 50 synthetic cathinone derivatives were detected via the EU Early Warning System between 2005 and 2013. This analysis explores new worrying localised and national outbreaks of injecting these substances and recommends close monitoring.

Internet-based drug treatment

The Internet is now recognised as a plausible vehicle for delivering drug and alcohol education, prevention and treatment programmes in a range of settings. This POD charts developments in Internet-based drug treatment, which has expanded in Europe over the past 10 years, and explores some of the benefits it can offer (see video).

Treatment for cocaine dependence

The EMCDDA has carried out a meta-analysis of six reviews examining the effectiveness of medications used in treating cocaine problems. This POD shows how some medications can reduce specific symptoms (e.g. cravings), yet no single pharmacological solution has been found for cocaine dependence overall (see video).

The full European Drug Report 2014 package is available at www.emcdda.europa.eu/edr2014

EUROPEAN DRUG REPORT PACKAGE 2014

A set of interlinked elements allowing full access to the available data and analysis on the drug problem in Europe



European Drug Report
2014

Trends and developments
providing a top-level analysis of key developments (print and online)



Data and statistics
containing full data arrays, graphics and methodological information (online)



Country overviews
national data and analysis at your fingertips (online)



Perspectives on drugs
interactive windows on key issues (online)

PUBLICATIONS



Therapeutic communities first developed in the 1960s and have continuing relevance in the world of drug treatment today. This report, published in April in the EMCDDA Insights series, presents how therapeutic communities have developed over time and provides an overview of research into their effectiveness as a treatment option and their impact on wider society.

Available in English at www.emcdda.europa.eu/publications/insights/therapeutic-communities

Drug policy profiles

The EMCDDA released in May, in its EMCDDA Papers series, two new drug policy profiles focusing on Austria and Poland. The Austrian profile traces the development of drug laws in the country from the time of the Austro-Hungarian Empire through to the present day. The Polish profile begins with the early days of drug control in the country (1920s), describes the changes related to the emergence of Polish heroin and highlights the role played by NGOs in shaping national responses.

Available in English at www.emcdda.europa.eu/publications/emcdda-papers

Coming soon

The EMCDDA will release the following titles in June and July: *General Report of Activities 2013*; *A Year in Review 2013*; *Drug use, impaired driving and traffic accidents* (EMCDDA Insights); *Residential treatment for drug users in Europe* (EMCDDA Papers); and the EMCDDA–Europol 2013 Annual Report on the implementation of Council Decision 2005/387/JHA.

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CALENDAR 2014

EMCDDA meetings

27 May:	Launch of the European Drug Report 2014 package, Lisbon.
4–5 June:	EU Early Warning System (EU-EWS) annual meeting, Lisbon.
17–18 June:	Expert meeting on general population surveys (GPS), Lisbon.
26–27 June:	Legal and policy correspondents meeting, Lisbon.
30 June– 11 July:	European drugs summer school, Lisbon.
3–4 July:	49 th Management Board meeting, Lisbon.
15 July:	Signature of MoU, EMCDDA–Eurojust, The Hague.

External meetings

1–3 June:	ESPAD project meeting, Zagreb.
3–4 June:	74 th Pompidou Group meeting, Strasbourg.
13–16 June:	NIDA international forum, Puerto Rico.
17 June:	COPOLAD bi-regional meeting, Athens.
24–26 June:	Global addiction conference, Rome (www.globaladdiction.org/introduction.php).
26 June:	International day against drug abuse and illicit trafficking.

EU meetings

5–6 June:	Justice and Home Affairs Council meeting, Council of the European Union, Luxembourg.
6 June:	EU Heads of agencies meeting, Brussels.
16 June:	National drug coordinators' meeting, Athens.
18 June:	Standing Committee on operational cooperation on internal security, Council of the EU, Brussels.
15 July:	Horizontal working party on drugs, Brussels.

EMCDDA Scientific Committee elects new leaders

The EMCDDA Scientific Committee, met in Lisbon from 31 March to 2 April and elected its new Chair and Vice Chair for the next three years. Prof. Dr Gerhard Bühringer (Germany) was elected to the position of Chair and Dr Anne Line Breteville-Jensen (Norway) to the position of Vice Chair.

Prof. Dr Gerhard Bühringer, a psychologist, held the position of Vice Chair of the Scientific Committee from May 2011 to April 2014. He is Managing Director of the German *Institut für Therapieforschung* (IFT) and Professor for Addiction Research at the *Technische Universität*, Dresden. Dr Anne Line Breteville-Jensen is an economist. She is the Research Director at the Norwegian Institute of Alcohol and Drug Research, Chair of the editorial board of *Nordic Studies on Alcohol and Drugs* and serves on a number of scientific committees and advisory boards. The EMCDDA wishes the Chair and Vice Chair well in their new functions. It also pays tribute to outgoing Chair Dr Marina Davoli for her valuable contribution in steering the Committee over the last three years.

Over the three days, the Scientific Committee — with the participation of additional experts from the EU Member States, European Commission, Europol and the European Medicines Agency — carried out formal risk assessments of four new substances: 25I-NBOMe, AH-7921, MDPV and methoxetamine. Four risk assessment reports were submitted to the European Commission and the Council of the EU in April. On the basis of these, the Commission recommended to the Council on 16 June that the drugs be submitted to control measures across the EU.

Maria Moreira

For more, see www.emcdda.europa.eu/news/2014/fs5

Record number of entries for EMCDDA scientific paper award

Scientific papers judged to enhance understanding of the European drugs problem will once again be acknowledged in the autumn in the fourth annual EMCDDA scientific paper award ceremony celebrating scientific writing. This year, a record number of papers was nominated by members of the EMCDDA Scientific Committee, the Reitox national focal points, scientific journals and by EMCDDA staff. Over 60 eligible articles are now being assessed by an award committee and up to five may be lauded in the ceremony which commends high-quality research in the field of illicit drugs.

Maria Moreira

For more, see www.emcdda.europa.eu/activities/scientific-paper-award

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