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Drugnet Europe

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New study on heroin-assisted treatment

A small population of chronic heroin users, once thought to be 'untreatable', is now benefiting from a novel type of therapy using medicinal heroin as the substitution drug. In a new EMCDDA Insights publication released on 19 April, experts describe the achievement as 'an important clinical step forward'. The report, *New heroin-assisted treatment*, provides the first state-of-the-art overview of research on the subject, examining the latest evidence and clinical experience in this area in Europe and worldwide (!).

The prescription of substitution drugs (e.g. methadone, buprenorphine) has become a mainstream, first-line treatment for opioid dependence, with around 700 000 of Europe's 1.3 million problem opioid users receiving substitution treatment today. But a small minority of entrenched opioid users repeatedly fails to respond to interventions of this kind. Findings from international trials now suggest that the supervised use of medicinal heroin can be an effective second-line treatment for this small, and previously unresponsive, group.

'New heroin-assisted treatment is an issue that has attracted much attention, controversy and often confusion', says Director Wolfgang Götz. 'With Europe at the forefront of investigating and implementing this approach, the EMCDDA is proud to present the findings of the major contemporary research studies on the topic and the clinical and policy experiences of the countries providing it'.

Included in the report are the findings of a review on heroin-assisted treatment by the Cochrane Drugs and Alcohol Group, along with the results of a meta-analysis of key studies undertaken.

Supervised injectable heroin (SIH) treatment was first introduced in Switzerland in the mid-1990s in the face of a growing national heroin problem. The new approach was a step on from prescribing heroin to addicts without supervision, practised in the US in the early 20th century and in the UK throughout that century.

Over the last 15 years, six countries, within and beyond Europe, have tested this clinical approach. In 2011, some 2 500 clients were enrolled in SIH treatment in the EU and Switzerland.

Continued on page 8



SIH treatment: 'an important clinical step forward'.

Second European conference on drug supply indicators

The EMCDDA and the European Commission will host the second European conference on drug supply indicators in Lisbon from 22–23 November. The event represents the final stage of a process to develop a European strategy for monitoring drug markets, crime and supply reduction.

Developing a European strategy for monitoring drug markets, crime and supply reduction

Building on the results of the first conference held in October 2010 (!), the event will focus on three proposed drug supply indicators: drug markets, drug-related crime and drug supply reduction. National and international experts participating in the event will review proposals for the three key indicators, drafted by working groups in 2011, and put forward suggestions for developing and implementing them in the coming years.

The outputs from this process will guide future developments in the EMCDDA's approach to monitoring in this field and make a significant contribution to achieving the related objectives specified in the EU drugs action plan 2009–12.

Chloé Carpentier

(!) 'First European conference on drug supply indicators — A joint initiative to develop sustainable options for monitoring drug markets, crime and supply reduction activities', European Commission, 20–22 October 2010, Brussels. For the key conclusions of the conference, see www.emcdda.europa.eu/events/supply-indicators

April–June

2012

Drug situation

EMCDDA to publish new TDI guidelines

After over a decade of data reporting at European level, the EMCDDA has updated its treatment demand indicator (TDI) ⁽¹⁾ guidelines, to reflect changes occurring in the drugs situation, drug treatment services and data monitoring systems. The new TDI Standard protocol — Version 3.0 ⁽²⁾, to be published this summer in the EMCDDA Manuals series, follows a three-year revision process involving national experts from the EU Member States, Croatia, Turkey, Norway and Switzerland.

The TDI, one of the five EMCDDA key epidemiological indicators, provides information on the profile and drug use patterns of those entering specialised drug treatment in Europe. The indicator consists of methodological guidelines (protocol) for data reporting, including definitions and explanations of specific monitoring issues (e.g. double counting, reference period).

The new updated protocol introduces a number of improvements and clarifications in the definition of case and of drug treatment and in the description of treatment centres. It also applies international standards regarding socio-demographic information (e.g. labour status, education).

Reflecting the nature of today's drugs problem, the protocol presents a number of new items regarding polydrug use, new psychoactive substances, infectious diseases, risk behaviours and substitution treatment. With these changes, it is designed to achieve a more valid and reliable description of the profile and patterns of drug use of those entering specialised treatment in Europe today.

Linda Montanari

⁽¹⁾ www.emcdda.europa.eu/themes/key-indicators/tdi

⁽²⁾ www.emcdda.europa.eu/publications/manuals



Towards a more reliable description of the profile and patterns of drug use of those entering specialised treatment in Europe today

CND resolution calls for international cooperation on new drugs

Marketed as alternatives to internationally controlled drugs, new psychoactive substances represent a major challenge for authorities in an increasing number of countries. At the 55th session of the Commission on Narcotic Drugs (CND) held in Vienna from 12–16 March, CND countries agreed to increase international cooperation in response to the threat posed by the spread of these substances.

A new resolution, adopted by the CND, encourages countries to monitor emerging trends in the composition, production and distribution of these substances and in patterns of use ⁽¹⁾. Countries are urged to improve their research, analysis and forensic and toxicological capability as well as to share and exchange information. In the light of potential public health risks, the resolution calls on countries to consider a variety of responses, such as temporary and emergency control measures (e.g. temporary controls; use of consumer protection or medicines legislation) and criminal justice measures to prevent illicit manufacture and trafficking.

Leading organisations in the monitoring, analysis and dissemination of information on new psychoactive substances are called on to exchange information with CND members. The resolution acknowledges the work of the EMCDDA and EU Member States in developing effective processes for addressing new drugs, including the EU early-warning system and risk assessment methodologies. At the 56th session of the CND in 2013, the UNODC will present a progress report on activities described in the document.

Daniilo Ballotta

⁽¹⁾ www.unodc.org/unodc/en/commissions/CND/session/55-draft-resolutions.html

New trend report for the evaluation of the EU drugs strategy 2005–12

Preparatory work for the new EU drug policy framework post-2012 will be based on an evaluation of the 2005–12 EU drugs strategy and its two action plans: 2005–08 and 2009–12. The EMCDDA has contributed to this evaluation with a trend report published on its website in April ⁽¹⁾.

The report reviews the main trends and changes in the European drug situation over this period and in the responses developed by the EU Member States. Four main areas are covered: drug use and drug-related problems; drug supply; drug policies; and demand reduction interventions. Under these headings, the reader is reminded of the relevant priorities and objectives set out in the EU drugs strategy, in order to facilitate analysis and assessment of progress and achievements.

The timeframe for analysis spans from 2004 (the year before the strategy) until the most recent data available (usually 2009 or 2010). Most of the data were collected through the Reitox national focal points, but additional data sources have also been used in some areas.

Frank Zobel

⁽¹⁾ Available in English at: www.emcdda.europa.eu/html.cfm/index154967EN.html

Responses

Opioid maintenance in European prisons: is the treatment gap closing?

A recent systematic review and editorial published in *Addiction* (1) (2) describe opioid maintenance treatment (OMT) as an 'effective option for opioid-dependent prisoners', offering benefits similar to those reported in community settings. Of the 30 countries monitored by the EMCDDA, 24 now sanction prison OMT. But a gap exists between the level of OMT offered in the community and that offered in prison.

According to the findings, prison-based OMT offers 'important benefits', such as continued treatment for inmates (in OMT before incarceration) and recruitment into treatment of problem opioid users (previously untreated). For both groups, it reduces illicit opioid use, injecting and associated risks while in prison, and potentially minimises the likelihood of overdose on release. The papers also find prison-based OMT to be 'cost-effective', offering 'potential for important gains in



Review finds prison-based opioid maintenance treatment to offer 'important benefits'

public health and subsequent cost savings'. Worryingly, the disruption of OMT continuity due to imprisonment was found to be associated with 'very significant increases' in HCV incidence.

'Encouraging progress is being made in several European countries towards closing the treatment gap between community and prison', say the authors. In most countries, however, such equivalence of care is an 'aspiration rather than a reality'. The review concludes that, in order to promote equivalence and continuity of treatment, it is important to challenge negative perceptions of prison-based OMT among policymakers and prison administrators and to develop appropriate training programmes for prison staff and professionals.

(1) Hedrich, D., Alves, P., Farrell, M., Stöver, H., Møller, L., and Mayet, S. (2012), 'The effectiveness of opioid maintenance treatment in prison settings: a systematic review', *Addiction* (Abingdon, England), 107, 501–517. doi:10.1111/j.1360-0443.2011.03676.x.

(2) Hedrich, D., and Farrell, M. (2012), 'Opioid maintenance in European prisons: is the treatment gap closing?', *Addiction* (Abingdon, England), 107, 461–463. doi:10.1111/j.1360-0443.2011.03694.x.

Monitoring the uptake of HCV treatment among IDUs in Europe

Hepatitis C virus (HCV) infection is highly prevalent in injecting drug users (IDU) across Europe, with national samples of IDUs showing between 22 % and 83 % infected. A large proportion of IDUs are now over 40, most of whom will have been living with HCV for 15–25 years. The natural history of chronic HCV (cirrhosis risk escalates after 15–20 years) and the ageing cohort effect in this population, mean that a large burden of advanced liver disease can be anticipated over the next decade.

In spite of this burden and the recent improved treatment outcomes for HCV patients, available data show treatment uptake to be very low in this group (1–9 %). In response, the EMCDDA is preparing to launch a pilot study in this area later this year. As a first step, it organised an expert meeting in Lisbon on 24 April to monitor methodologies currently used in this field in Australia, Canada and parts of Europe. Entitled 'Monitoring hepatitis C virus infection uptake among people who inject drugs in Europe', the event provided an important platform for exchanging scientific knowledge in this field.

Considerable improvements in HCV antiviral therapy have been reported in recent years and there is a growing recognition of the importance of providing HCV infection treatment to IDUs. Data show that this group can now be treated as successfully as non- or ex-injectors and that low rates of re-infection are recorded after successful treatment.

Teodora Groshkova and Dagmar Hedrich

Monitoring responses to drug problems in Europe — a systemic approach

The expansion of drug treatment provision in Europe over the last two decades has occurred hand in hand with a diversification of treatment providers and services. As a result, in most EU countries today, social-care providers, office-based doctors and general health service professionals now complement work traditionally undertaken by caregivers from specialist drug treatment services.

Significant progress has been made in integrating drug treatment with other services and rendering it more accessible. But service planners are now faced with the challenge of determining and evaluating the overall performance of increasingly complex 'response' systems. Against this backdrop, the EMCDDA is adapting its treatment data collection approach and developing a new strategy for monitoring national treatment provision.

In a new project involving experts from eight countries (1), EMCDDA-commissioned consultants are testing the use of a generic map of national treatment systems. Using a standardised format for all countries, this will bring together data from different sources on multiple treatment providers (availability) and treated individuals (uptake). It is also flexible enough to accommodate specific components of national systems.

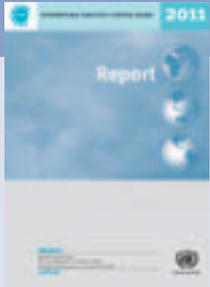
This systemic approach to national treatment monitoring will boost data comparability between Member States. It will also support national health policymakers in assessing the capacity of the national treatment response; identifying barriers to access; and making investment decisions. The initial results of this pilot exercise will be available in the second half of 2012.

Alessandro Pirona and Dagmar Hedrich

(1) Bulgaria, Czech Republic, Germany, Spain, Austria, Poland, Portugal and Switzerland.

Bookshelf

2011 INCB Annual report



The UN International Narcotics Control Board (INCB), which monitors implementation of the global drug treaties, released its 2011 *Annual report* on

28 February. This time the report is dedicated to the centennial of the first international drug control treaty, the 'milestone' 1912 International Opium Convention of The Hague.

The thematic chapter of the 2011 report focuses on drug problems within marginalised communities and includes recommendations for addressing such problems. Also presented are regional trends, specific topics (e.g. drug-facilitated crime, 'designer' precursor chemicals) and the state of implementation of the international drug control conventions.

Among the concerns highlighted in the report is the availability of illicit drugs and prescription medicines on the Internet. The report states that illegal online pharmacies are now using social media outlets to promote their websites to young people. The INCB calls on governments, inter alia, to close down illegal online pharmacies and to seize substances which have been ordered illicitly online and smuggled through the mail.

Publisher: United Nations (INCB)

Language: Arabic, Chinese, English, French, Russian, Spanish

Date: 28 February 2012

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Press Pack:

www.incb.org/incb/press_releases.html

E-version:

www.incb.org/incb/en/annual-report-2011.html

The EMCDDA is responsible for the selection of materials for the Bookshelf and for the text presented. However, responsibility for the content of these materials and the opinions expressed therein lies with the authors themselves.

Feature

New drugs detected in the EU at the rate of around one per week

New drugs were detected in the European Union last year at the rate of around one per week, according to the EMCDDA–Europol 2011 annual report on new psychoactive substances, released on 26 April (1). A total of 49 new psychoactive substances were officially notified for the first time in 2011 via the EU early-warning system (EWS) (2). This represents the largest number of substances ever reported in a single year, up from 41 substances reported in 2010 and 24 in 2009.

In 2011, the list of substances registered was dominated by two groups: synthetic cannabinoids (23 substances) and synthetic cathinones (8 substances) (3). These now represent the two largest drug groups monitored by the EWS and, together, make up around two-thirds of the new drugs reported last year. All of the new compounds reported in 2011 were synthetic.

New drugs have become a global phenomenon which is developing at an unprecedented pace. According to the report, the improved capacities of national early-warning systems may have also contributed to the rising number of new drugs reported. Some of the newly identified substances were actively sought through test purchases of 'legal high' products from the Internet or from specialised shops.

'The speed at which new drugs appear on the market challenges established procedures for monitoring, responding to, and controlling the use of new psychoactive substances', states the report. This in turn has generated greater interest in the phenomenon, as seen through increased national awareness-raising initiatives, new legislative formulations and studies and surveys on the prevalence of use.

Highlighted as significant in 2011 was the increasing number and diversity of synthetic cannabinoids (e.g. found in 'Spice'-like products), of which five new chemical families were detected. Responding to health concerns, some



Forty-nine new psychoactive substances were officially notified for the first time in 2011

countries have adopted 'generic controls' on chemical families as well as controls on individual substances. Also described in the report is the EMCDDA's monitoring of the online 'legal high' market. The number of online shops offering at least one psychoactive substance or product rose from 314 in January 2011 to 690 in January 2012.

EMCDDA Director Wolfgang Götz says: 'We now see new drugs marketed in attractive packages on the Internet or sold in nightclubs and on street corners. Whatever the source, the simple fact is that a dangerous game of roulette is being played by those who consume an ever-growing variety of powders, pills and mixtures, without accurate knowledge of what substances they contain and the potential health risks they may pose'.

Commenting on the EWS, Götz adds: 'We must continue to enhance Europe's ability to detect and respond quickly and appropriately to these developments. This requires networking and the sharing of information and greater investment in forensic analysis and research'.

Roumen Sedefov and Ana Gallegos

(1) Available in English at: www.emcdda.europa.eu/publications/implementation-reports. See Annex 1 for list of substances. For more on the Council Decision and these reports, see www.emcdda.europa.eu/drug-situation/new-drugs

(2) See www.emcdda.europa.eu/themes/new-drugs/early-warning

(3) For more on these substances, see 'Drug profiles' at www.emcdda.europa.eu/drug-profiles

Partners

EMCDDA launches IPA 4

Over the next three years, the EMCDDA will continue to prepare beneficiary countries of the Instrument for Pre-Accession Assistance (IPA) for future participation in the work of the agency. This will be carried out through a new technical cooperation project with candidate and potential candidate countries to the EU launched in January 2012 and known as IPA 4 (1). Under the project, the EMCDDA will:

- consolidate cooperation with each IPA beneficiary at institutional level;
- foster scientific cooperation in data collection, analysis and interpretation;
- develop, expand and promote the added value of the cooperation.

During IPA 4, the EMCDDA will: support the drafting of a national report of the drug situation in each of the countries; organise national and regional training activities; and facilitate countries' attendance at EU expert meetings. Each IPA beneficiary has nominated a Head of focal point or a national correspondent for this project who will act as the EMCDDA's counterpart in organising activities nationally.

The European Commission's IPA programme is designed to help candidate countries and potential candidate countries in their efforts to meet accession criteria, to align with EU policies and standards and to foster socio-economic development.

Cécile Martel

(1) For more on IPA 4, see www.emcdda.europa.eu/about/partners/cc

International

Report on drug use in the Americas

On 21 March, the Inter-American Drug Abuse Control Commission (CICAD) released in Bogotá its *Report on drug use in the Americas 2011*, the first comparative analysis of drug trends in the Western hemisphere, covering the period of 2002–09 (1). The report shows that marijuana is the most prevalent illicit drug overall but notes the spread of cocaine use in Latin America and the Caribbean. It also expresses concerns over the dangers of toxicity in cocaine base paste, a drug used relatively infrequently but with highly adverse effects on health.

Prepared by CICAD's Inter-American Observatory on Drugs (OID), the report is based on information provided by the national observatories or equivalent agencies of the Organisation of American States (OAS) member countries. It underlines that there is no single drugs problem in the hemisphere but that the reality of the different countries is very diverse, both regarding the type of drug consumed and patterns of use.

The EMCDDA was represented at the report launch in the Colombian capital where it was participating in a CICAD seminar on strengthening national drug observatories and national networks in Central America. This seminar was organised in the margins of two key regional meetings which counted on contributions from the EMCDDA: the VI meeting of Iberoamerican Observatories and the COPOLAD meeting on 'Methods, indicators and protocols'.

Alexis Goosdeel

(1) For more, see www.cicad.oas.org/oid/pubs/DrugUse_in_Americas_2011_en.pdf

Drugs-Lex

Austria and Hungary tackle new psychoactive substances

At the beginning of 2012, Austria and Hungary changed their legal frameworks to respond more promptly to the supply of harmful new psychoactive substances. The new frameworks prohibit the unauthorised sale of individual or groups of substances by rapidly assessing and including them on lists or schedules.

In Austria, the new 'Act on new psychoactive substances' entered into force on 1 January. This act controls substances listed in a regulation by the Minister for Health, which are not subject to the 1961 or 1971 UN drug conventions. Substances are only listed in the regulation if they have the potential for 'psychoactive effects' (on the human central nervous system, such as hallucinations or disturbances in motor functions, perception, behaviour). Listed substances are also likely to be abused by

certain sections of society and pose a potential threat to consumer health.

Unauthorised supply is considered a crime if the supplier aims to benefit and intends that the product be used for its psychoactive effects. Maximum penalties are two years' imprisonment, rising significantly if supply results in serious injury or death. Under the new law, seizure of any amount of substance is possible even when there is no suspicion of supply.

In Hungary, Government Decree 66/2012 took effect from 3 April. This created a Schedule C to existing legislation listing drugs appearing on the market. To be included on the schedule, the substance will have undergone a formalised rapid assessment which must reach two conclusions. Firstly, the substance can affect the central nervous system, and

therefore pose as serious a threat to public health as the substances listed in the drug conventions, and secondly, the substance has no therapeutic use. Within one year of being placed on Schedule C, the drug must be risk-assessed, resulting in full drug control or removal from the schedule. However, compound groups will remain on the schedule as long as any substance in the group fulfils the above requirements. A new section of the Criminal Code (s.283/B) states that offering or distribution, but not possession, of such substances is punishable by up to three years in prison.

Brendan Hughes, Raphael Bayer, Agnes Port

Austrian law: www.ris.bka.gv.at/Dokumente/BgblAuth/BGBLA_2011_1_146/BGBLA_2011_1_146.html

Hungarian law: www.drogfokuszpont.hu/dfp_docs/?id=mk_12_037.pdf

Spotlight

EMCDDA to host first Reitox week



The EMCDDA will be opening up the next Reitox focal point meeting to non-EU countries preparing for future participation in the agency's work. The four-day event, offering a packed programme of scientific and technical talks, has been christened 'Reitox week' and is the first of its kind. The initiative will bring together some 50 countries including: EU Member States, Russia and beneficiary countries of the European Instrument for Pre-Accession Assistance (IPA) and the European Neighbourhood Policy (ENP).

The recast of the EMCDDA founding regulation (enforced in 2007), opened the way for the agency to transfer its know-how to countries outside the EU, such as official candidate and potential candidates for EU accession and countries of the Western Balkans. Since then, the agency has been cooperating with these partners, creating and reinforcing links between them and the Reitox network, and providing technical assistance to build and strengthen national focal points and information systems.

Kicking off on 29 May, the Reitox week will be structured around two sessions. Part I (29–30 May), will take the form of the meeting of the new 'extended' Reitox network. Part II (31 May–1 June), will be the regular meeting of EU Reitox members (27 EU Member States plus Croatia, Turkey and Norway). While the first session will provide a solid setting for exchanges among all countries on content and methodology, the second, smaller, meeting will focus on decision-making among the 30 official members of the network. This initiative represents an important step forward in the technical assistance provided by the EMCDDA to non-EU countries.

Alexis Goosdeel

Reitox

Residential treatment for drug users in Europe

'Residential treatment for drug users in Europe', was the focus of the latest Reitox Academy held in Lisbon from 22–23 February. The academy brought together over 30 experts from national focal points, residential treatment services and research institutions from across the EU.

High on the agenda was supporting the writing of national contributions to an EMCDDA special review publication on residential treatment, due for release in 2013. The meeting also provided a platform to discuss different approaches to residential treatment for young people, migrants and those enrolled in opioid substitution programmes.

Diverse approaches to residential treatment were noted, linked to socio-cultural features and the organisation of national health systems. Over the last decade, however, a common overall trend has been observed towards adopting evidence-based and client-centred treatment approaches.

An exchange of national experiences highlighted differences in quality management and outcome assessment. Limited availability of treatment quality guidelines, diminishing financial resources and the changing needs of target populations also pose new challenges for implementing and monitoring residential treatment.



Limited availability of treatment quality guidelines, diminishing financial resources and the changing needs of target populations pose new challenges for implementing and monitoring residential treatment

The national contributions to the publication will provide an important input to the EMCDDA's current work on national treatment systems by promoting a better understanding of the capacity and performance of residential drug treatment in Europe.

Teodora Groshkova and Ilze Jekabsons

EU drugs strategy

UK House of Lords publishes report on EU drugs strategy

In a report published on 16 March, the European Union Committee of the UK House of Lords looks at what the current EU drugs strategy (2005–12) has achieved, and what should come next. The report underlines the value of the strategy in 'providing a guiding framework within which Member States can formulate their national drug policies'. It also suggests that the next strategy should concentrate on 'areas where the EU can make a major contribution', such as the coordination of the fight against drug trafficking. The committee recommends that any future strategy should continue to encourage the



development and improvement of collecting, analysing, evaluating and distributing information on the drugs issue. The work of the EMCDDA is praised in this regard.

The report and its summary are available via: www.emcdda.europa.eu/news/2012/house-of-lords

Products and services

The Reitox network: frequently asked questions



This new information brochure has been produced by the EMCDDA to provide answers to the most commonly asked questions on the Reitox network of national focal points and, more broadly, on national drug observatories worldwide. Compiled over several years, it is a useful reference tool for both EU Member States and countries further afield regarding the network, its members, role and development.

Available in English and Russian at: www.emcdda.europa.eu/publications/brochures/rtxfaq

New 'Countries' section on EMCDDA website

A new 'Countries' section on the EMCDDA website makes it easier than ever for users to find national drug-related information and data. Each page brings together all of the agency's available products for the country in question. Visitors have the option to search for information by country or by topic or data type, as well as to compare country information.

Available at www.emcdda.europa.eu/countries

Insights on cannabis markets — coming soon

In the next edition in its Insights series, the EMCDDA will present a comprehensive overview of cannabis production and markets in Europe. The European market for cannabis is extremely large and supplying the drug, whether at the importation, production or distribution level, can be very profitable. The study covers a broad range of issues from cultivation and production, to potency, demand and legislative responses.

Among the topics explored is that of domestic cannabis production, an issue which has attracted much attention in recent years. Assessing the extent of cannabis cultivation inside Europe is a considerable challenge, as information available remains scarce. Yet, reports from a number of countries suggest that it may no longer be viewed as marginal. While reviewing evidence, based on available data and targeted studies, this Insights also uncovers areas where a number of questions remain.

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

Thematic paper on drug-related research — coming soon

Drug-related research in Europe: recent developments and future perspectives, is the title of the next edition in the EMCDDA's series of Thematic papers. Research can help answer policy questions by investigating the most appropriate interventions to help reduce drug problems. Today scientific findings and up-to-date evidence are important bases for sound policymaking at local, national and EU level.

The EMCDDA has been monitoring drug-related research since 2007. This paper, which draws on a variety of sources (e.g. Reitox national reports, EC-funded research projects), updates the EMCDDA's 2008 Selected issue on *National drug-related research in Europe*. The new publication reports on recent developments and current challenges in the drug-related research field and suggests future opportunities.

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

Courses

European summer school on illicit drugs



The Lisbon-based *Instituto Superior das Ciências do Trabalho e da Empresa* (ISCTE) and the EMCDDA are currently collaborating

on a summer school programme entitled: 'Illicit drugs in Europe: supply, demand and public policies'. The two-week programme (2–13 July 2012), targets university students, researchers, professionals and administrators interested or working in the drugs field. A variety of academics and professionals from eight countries have already enrolled on the course. (Registration will close on 15 June).

Week 1 of the summer school focuses on 'Defining the problems'. Week 2 explores 'Understanding drug policies and interventions'.

For more, see www.drugsummerschool.cies.iscte-iul.pt/home
Limit: 50 participants (10 places remaining on 15 May)

Reader survey

Drugnet Europe survey results

The EMCDDA has recently analysed the responses to its five-month *Drugnet Europe* user survey which ran on its website from July–December 2011. The survey aimed to explore the newsletter's readership; level of client satisfaction with the product; and potential future developments. Over three-quarters of respondents (76.7 %) stated that the newsletter 'mostly' covered interesting and topical subjects in the drugs field, while 18.6 % said it 'always' did. Some 60 % of respondents considered the product to be 'quite useful', while over a third (37 %) rated it 'very useful'. Regarding reader profiles, the most popular reply was researcher (25.4 %).

The survey showed that 93 % of respondents believed the newsletter to be written 'clearly', 86 % in an 'appropriate tone', and 62.8 % that it offered a 'good geographical balance'. Regarding the type of information readers would like to see covered by the newsletter in future, over three-quarters (76.1 %) of those responding called for 'more coverage on studies, data and trends'. Although only a small number (68) replied to the survey, the exercise offered the agency some useful pointers which will help shape future editions.

Calendar 2012

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15
16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

EMCDDA meetings

- 10–11 May: 36th EMCDDA Scientific Committee meeting, Lisbon.
- 15–17 May: National launch of IPA 4, Pristina, Kosovo (under UNSCR 1244/99).
- 24–25 May: 12th meeting of the Reitox early-warning system network, Lisbon.
- 29 May–1 June: 1st Reitox week and 46th Reitox heads of focal point meeting, Lisbon.
- 8–11 June: 2012 NIDA international forum, New and emerging psychoactive substances: Second interdisciplinary forum, NIDA–EMCDDA, Palm Springs (CA).
- 26–27 June: EMCDDA expert meeting on the general population survey indicator, Lisbon.
- 28–29 June: EMCDDA legal correspondents' meeting, Lisbon.
- 5–6 July: 45th EMCDDA Management Board meeting, Lisbon.

External meetings

- 9–11 May: 51st CICAD session, Washington.
- 30–31 May: Annual conference of the International Society for the Study of Drug Policy, Canterbury (www.issdp.org/conferences.php).
- 26 June: International day against drug abuse and illicit trafficking.

EU meetings

- 22 May: Horizontal working party on drugs, Brussels.
- 23 May: EU–USA meeting and CELAC meeting, Brussels.
- 24 May: Dublin group meeting, Brussels.
- 7–8 June: JHA Council, Luxembourg.
- 14–15 June: National drug coordinators' meeting, Copenhagen.

2012 EMCDDA scientific paper award

Scientific papers judged to enhance understanding of the European drugs problem will once again be acknowledged in the autumn via the annual EMCDDA scientific paper award. The ceremony, to take place in Lisbon in September, celebrates scientific writing and distinguishes high-quality research in the field of illicit drugs.

This year, papers were nominated by European research societies, members of the EMCDDA Scientific Committee, the Reitox national focal points and European drug research peer-reviewed journals. These covered a variety of topics including: biological, neurobiological and behavioural research; population-based and epidemiology studies; demand reduction; and supply, crime and supply reduction.

The 31 eligible articles, received in five languages, are now being assessed by an award committee, composed of members of the Scientific Committee and senior EMCDDA staff. According to the entry criteria, all articles were published in 2011 in peer-reviewed scientific journals, with the primary author based in an EU Member State, Croatia, Turkey or Norway. Up to five articles may be acclaimed in the ceremony and their abstracts published on the EMCDDA website.

Maria Moreira

New study on heroin-assisted treatment

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SIH treatment is delivered under direct medical supervision to ensure safety and to prevent diversion of diacetylmorphine (medicinal heroin) to the illicit market. Provided in specialised clinics, open year-round, it aims to reduce patients' use of 'street' heroin and involvement in crime and improve their well-being and social integration.

According to the report, the research trials conducted since the mid-1990s provide 'strong evidence' that, for this specific group of long-term heroin users, SIH treatment can be more effective than oral methadone maintenance treatment (MMT). Findings show that SIH treatment can lead to: the 'substantially improved' health and well-being of this group; 'major reductions' in their continued use of illicit 'street' heroin; 'major disengagement from criminal activities' and 'marked improvements in social functioning' (e.g. stable housing, higher employment rate). Less positively, the risk of adverse events (e.g. fatal overdoses) was higher in SIH than MMT, underlining the need for clinical precautions. The cost of SIH treatment for this problematic target group was also considerably higher than that of MMT. But according to the report: 'If an analysis of cost utility takes into account all relevant parameters, especially related to criminal behaviour, SIH treatment saves money'.

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(1) See news release at www.emcdda.europa.eu/news/2012/1.