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Drugnet Europe

Newsletter of the European Monitoring Centre for Drugs and Drug Addiction

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EMCDDA releases *Annual report 2010*

Changes in the supply and use of established drugs and the emergence of a record number of new substances increasingly test Europe's drug control models. This is according to the *Annual report 2010: the state of the drugs problem in Europe* launched by the EMCDDA on 10 November in Lisbon. Among the challenges outlined in the report are: sophisticated cocaine smuggling techniques; changes in the stimulant market; widespread domestic cannabis production; and the continuous appearance of 'legal highs' designed to replace controlled substances. This edition of *Drugnet Europe* brings you the highlights.

Increasingly sophisticated techniques to conceal and smuggle cocaine into Europe are reviewed in this year's report. One such technique involves incorporating cocaine base or hydrochloride (HCl) into carrier materials (e.g. beeswax, plastic, clothing) before export, then extracting it in clandestine laboratories set up inside EU borders. Some 25 of these so-called 'secondary extraction' laboratories were uncovered in the EU in 2008 (in Spain). These perform a different function from laboratories in South America which first extract cocaine base or HCl from coca leaves or coca paste.

A rise in deaths associated with cocaine use is an additional concern underlined in the report. Around 1 000 cocaine-related deaths are now reported annually in Europe. In the UK, the number of death certificates mentioning cocaine doubled between 2003 (161) and 2008 (325). In 2008, around 70 000 people entered drug treatment for cocaine problems (powder and crack) in 27 European countries (17 % of all new drug treatment clients).

'Too many Europeans still regard cocaine use as a relatively harmless accompaniment to a successful lifestyle', said EMCDDA Director Wolfgang Götz. 'But we are progressively seeing that, as cocaine consumption increases, so too does its impact on public health. A message we must convey is that, not only can use of this drug escalate quickly, but it can also result in fatalities, even when intake is occasional and doses are low'.

Cocaine sold in Europe is often mixed with 'cutting agents' (adulterants) to increase its market value.

Continued on page 8



Photo: istockphoto.com

Beeswax: one of the carrier materials for cocaine base or hydrochloride.

Old realities, new threats and economic austerity

These are the words chosen in this year's *Annual report* to describe the current landscape for European drug policy. Heroin-related problems, for example, maintain a firm hold, both inside the EU and at its borders, and a record number of new drugs are now detected on the illicit market. Meanwhile, in the economic downturn, services for drug users are threatened by budgetary constraints.

'Over the last decade, important, if uneven, gains have been made in responding to drug problems', said EMCDDA Director Wolfgang Götz. 'Treatment provision has grown dramatically and considerable progress has been made in addressing some of the most harmful health consequences of drug use, such as HIV infection. But at a time when effective responses need to be sustained, austerity measures could lead to reductions in treatment services.'

Though focused on the EU, the report repeatedly acknowledges the global nature of the drugs problem, describing, for example, issues now faced by some of Europe's neighbours. 'The prevention of infectious diseases is an important public health goal of the European Union and a component of most Member States' drug policies', said EMCDDA Chairman João Goulão. 'Europe has made impressive progress in preventing new drug-related infections, but continued effort is essential. The growing and severe drug-related problems now faced by many of our neighbouring countries are not just public health disasters for the countries concerned, they also represent a sizeable threat for the European Union'.

Information on all *Annual report* products, news releases, services and events are available at: <http://www.emcdda.europa.eu/events/2010/annual-report>

October–December

2010

Annual report 2010

Cannabis: levels of use in parts of eastern Europe now rival or exceed those in western countries

Levels of cannabis use appear to be rising in some countries of eastern Europe, in some cases now rivalling or exceeding prevalence levels found in parts of western Europe. In eastern EU Member States, the highest levels of last-year cannabis use among young adults (15–34 years) were in the Czech Republic (28.2 %), Slovakia (14.7 %) and Estonia (13.6 %). In western countries, the highest prevalence was reported in Italy (20.3 %), Spain (18.8 %) and France (16.7 %). Levels of use differ greatly between countries, with the highest prevalence estimate of last-year use among young adults (Czech Republic 28.2 %)

being over 30 times greater than the lowest (Romania 0.9 %).

Latest data confirm the general stabilising or downward trend in cannabis use in Europe cited in the previous three EMCDDA *Annual reports*. But within this trend, diverging patterns are now seen. Among young adults who report using cannabis in the last year, three major trends are observed for the period 1998–2008. Five countries in the north and south-east of Europe — Bulgaria, Greece, Hungary, Finland, Sweden — stand out for their overall stable and low levels of use (under 9 %). Six countries in western

Europe — Denmark, Germany, Spain, France, the Netherlands, the UK — report higher levels of use but with a decrease or stabilisation in recent years. While four countries — Czech Republic, Estonia, Italy, Slovakia — still report rising trends in cannabis use. Data from the European school survey project on alcohol and other drugs (ESPAD) show similar divergence in time trends in cannabis use among 15- to 16-year old school students (1995–2007).

See news release No 11 <http://www.emcdda.europa.eu/about/press/news-releases>

Cannabis: domestic cultivation widespread

Europe's appetite for cannabis is reflected in annual seizures of around 1 000 tonnes of the drug. In 2008, around 900 tonnes of cannabis resin were intercepted in Europe, almost 10 times the volume of herbal cannabis seized (around 90 tonnes). Herbal cannabis, however, is now commonly produced inside Europe (29 European countries reported domestic cultivation in 2008) and, being closer to its intended market, is less likely to be intercepted. The number of seizures of cannabis plants has increased since 2003, reaching an estimated 19 000 seizures in 2008.

Given the European climate, a considerable share of cannabis production takes place indoors, using sophisticated technical equipment to boost crop output and levels of Δ^9 -tetrahydrocannabinol (THC), the primary active ingredient in cannabis. Commercial cannabis cultivation, especially in large indoor plantations, has been reported to pose crime and public safety problems in Belgium, Germany, the Netherlands and the UK.

'The public perception of domestic cannabis production is often that of a pot on the windowsill or a few plants in the garden greenhouse', says Wolfgang Götz. 'But the reality today is a very different one. Organised crime gangs have woken up to the profits that can accrue from the



Photo: istockphoto.com

Domestic cannabis production: no longer just a plant pot on a windowsill

large-scale cultivation of cannabis near its intended market. The collateral damage of this development is the rising level of violence and criminality within urban communities, which is now triggering new action by national and European law-enforcement bodies'.

See news release No 11 <http://www.emcdda.europa.eu/about/press/news-releases>

Amphetamines: a major problem in parts of Europe

Use of amphetamines (amphetamine or methamphetamine) remains overall lower than that of cocaine in Europe, with consumption trends still stable. But in many countries, one of these substances remains the most commonly used stimulant drug. Around 12 million Europeans (15–64 years) have tried amphetamines in their lifetime, around 2 million in the last year.

According to the *Annual report*, problem amphetamine use is mainly reported by countries in the north of Europe and accounts for a sizeable proportion of those entering treatment in Sweden (32 %), Finland (20 %) and Latvia (15 %). Quantities of amphetamine seized in Europe have increased steadily in recent years (2003–08), reaching 8.3 tonnes in 2008.

Problem methamphetamine use remains limited in Europe and largely restricted to the Czech Republic and Slovakia. But the drug appears to be becoming more available in parts of northern Europe (e.g. Norway, Sweden, Latvia, Finland), where it may be being sold as a replacement for amphetamine.

The consequences and responses related to problem amphetamine and methamphetamine use in Europe are explored in a special review released by the EMCDDA alongside the *Annual report* (Selected issue).

Annual report 2010

Over 1 million drug users a year in treatment, but considerable challenges remain

Offering effective treatment to those with substance use problems is a central pillar of Europe's response to drugs. According to the *Annual report 2010*, both the quality and quantity of care available to drug users has improved considerably since the 1990s when better access to drug treatment became a drug policy priority. The EMCDDA estimates that at least 1 million people in the European Union receive some form of treatment for drug problems every year. Yet considerable challenges remain for treatment services. Heroin-related problems maintain a firm hold, both inside the EU and at its borders, and budgetary constraints become a reality in the economic downturn.

The report explains how the expansion of treatment has been largely due to the

Some 670 000 Europeans now receive substitution treatment, a 10-fold increase since 1993

substantial growth in outpatient care, such as psychosocial interventions and substitution treatment. But while underlining the 'considerable level of treatment provision' in Europe today, it describes the inequalities that still exist in access to care.

Some 670 000 Europeans now receive substitution treatment, up from half a million in 2003 and a 10-fold increase since 1993. Several countries have scaled up their provision in the last decade by involving additional service providers, such as general practitioners.

Today, substitution treatment is available in all 27 EU countries, as well as Croatia and Norway, and it is thought to be reaching in total around half of Europe's problem opioid users. The extent to which this treatment is meeting users' needs varies greatly between countries. In some Member States, under 10 % of problem opioid users receive this type of treatment while, in others, over half of them do so. Only 2 % of substitution treatments delivered in Europe occur in the 12 Member States which joined the EU in 2004 and 2007.

The diverse patterns of drug use in Europe today call for treatment services to respond to a more complex set of needs than a decade ago. The report explores progress made in addressing problems other than opioid use. Measures responding to cannabis problems in Europe, for example, now include Internet-based treatment designed to reach those reluctant to seek help within the drug treatment system. And socially integrated powder cocaine users, who may be reluctant to enter services tailored to opioid users, are offered opening hours to accommodate work commitments and provide discretion. Over 50 medical drugs have been evaluated for treating cocaine dependence but, as yet, none have been proven effective. However, more than 100 ongoing randomised controlled trials with new substances are now registered.

Treatment services are more attuned to the needs of users of amphetamines in countries where their problematic use is long-established. New attention is paid to these drugs in some countries (e.g. via treatment protocols to guide professionals).

Heroin problems — no sign of decline

The importance of effective treatment is highlighted in the report as data reaffirm that Europe's heroin problem is no longer diminishing. After a decline in heroin-related problems from the mid-1990s to early 2000s, indicators of opioid trends — new treatment demands, deaths, drug-law offences and seizures — point to an 'overall stable to increasing opioid problem in Europe'.

The EMCDDA estimates that there are around 1.35 million problem opioid users in the EU and Norway, most of these heroin users. And new data suggest that recruitment to heroin use is still occurring. Based on data from 19 reporting countries, those entering treatment, with heroin as the primary drug, increased from 126 720 in 2003 to 144 128 in 2008. And between 2007 and 2008, 11 countries reported more users entering treatment for primary heroin use.

Between 6 400 and 8 500 drug-induced deaths were reported annually in Europe in

the period 1995–2007, most of these associated with opioid use (typically over 85 %). Since 2003, the number of drug-related deaths has been increasing steadily in most European countries. Data published in the report suggest a modest increase in reported drug-induced deaths in 2008: with estimates of 7 371 cases that year in EU Member States and Norway, up from 7 021 in 2007. The age of those dying has also been increasing, suggesting an ageing population of chronic opioid users (see Selected issue, p. 4). For each fatal overdose in the EU, it is estimated that there are 20–25 non-fatal overdoses or around 150 000 per year. These episodes not only result in significant health damage but increase the risk of future fatal overdose.

The upward trend in heroin-related offences reported in last year's report is confirmed in the latest European data: the EU average for such offences increased by 39 % in the period 2003–08. The number of heroin-related offences also increased in 16 reporting countries.



Heroin-related offences up in 16 countries

Data from 26 reporting countries show that the number of heroin seizures reported in Europe increased from 41 000 to 56 600 in the period 2003–08.

While the number of seizures increased, the overall quantity of heroin seized in the EU and Norway fell from around 9 tonnes in 2003 to 8 tonnes in 2008.

See news release No 12 <http://www.emcdda.europa.eu/about/press/news-releases>

Bookshelf

The globalisation of addiction



Why are so many people dangerously addicted in the globalising world of the 21st century? Why does the range of addictions extend so far beyond drugs and alcohol to gambling, shopping, video games...? Why has scientific medicine not brought addiction under control? These are some of the questions asked in *The globalisation of addiction: a study in poverty of the spirit*.

The author argues that these 'mysteries' are best investigated by looking at addiction from a 'historical perspective': as a societal problem rather than an individual one. For example, addiction can be quite rare in a society for centuries, and then become common when a tribal culture is destroyed or a highly developed civilisation collapses. The book shows that the social circumstances that spread addiction in a fallen tribe are also built into today's globalising free-market society. Here, pressures towards individualism detach people from the social and spiritual ties that constitute human life, leading them to find substitutes in addiction. The author proposes that the most effective response to a growing addiction problem would be social and political, rather than individual.

Authors: Bruce K. Alexander

Publisher: Oxford University Press
(<http://ukcatalogue.oup.com>)

Language: English • **Price:** GBP 19.95

Date: March 2010 (paperback)

ISBN: 978-0-19-958871-8

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

Older drug users: a growing issue for Europe's treatment services

Drug problems are generally associated with young people, but these problems have no age limits. In a special review published by the EMCDDA alongside its *Annual report 2010*, the agency reveals why drug use is no longer simply a 'youth phenomenon' (1).

Europe is experiencing a pronounced ageing of its population, around a quarter of which will be aged 65 or over by 2050. Data show that Europe's drug-using population is also ageing and that meeting the needs of older drug users is a growing issue for treatment services. This is particularly the case in western countries which saw the EU's first heroin epidemics in the 1980s and 1990s.

Focusing on dependent drug users aged 40 or over, the review highlights the 'severity' of their needs and 'poor quality of life'. But it warns that 'specialised treatment and care programmes for older drug users are rare in Europe'.

Data from specialised drug treatment centres and opioid substitution treatment providers show that older drug users now make up a substantial proportion of their clients and, in many countries, this share is growing. On average, around one in five (19 %) of all those entering treatment in Europe are aged 40 or over, while in some countries the figure is close to 30 %. This represents a major increase compared to a decade ago when, in most Member States, the proportion of older clients did not exceed 10 %. Portugal reports the highest share (28 %) of older drug users entering treatment, while Spain reports the highest increase (15 percentage points since 2000). Data specifically on substitution treatment show that, in some countries, over half of the clients are over 40.

In most central and eastern European countries, the over-40s make up a small percentage of problem drug users in treatment. 'As drug epidemics there began later [late 1990s, 2000s]... these regions can expect, over the next decades, to see increasing numbers of older problem drug users', states the report.



Photo: istockphoto.com

Drug use: no longer simply a 'youth phenomenon'

Older drug users in treatment report high levels of unemployment and social isolation and present the chronic physical and psychosocial consequences of long-term drug use (e.g. liver disease, overdose-related damage, depression). Alcohol and tobacco-related problems are also common. Current treatment services are usually tailored to younger drug users and staff may be unfamiliar with late-life drug problems or dealing with health and social changes naturally occurring with age.

'It is commonly assumed that people in their mid-30s grow out of drug use', says EMCDDA Director Wolfgang Götz, 'but data from drug treatment centres in Europe show that this is not always the case. Increasingly, services are called on to meet the needs of ageing clients who bear the health effects of long-term drug use combined with those of getting older. So far we have been slow to grasp the implications of this change, but it clearly presents a growing issue for both specialised drug treatment services and mainstream health and social care providers alike'.

(1) EMCDDA Selected issue 2010 <http://www.emcdda.europa.eu/publications/selected-issues>

Partners

EMCDDA and CICAD sign three-year work programme

The EMCDDA and the Inter-American Drug Abuse Control Commission of the Organisation of American States (CICAD) endorsed in Lisbon on 21 September a joint work programme for the period 2011–13. The signing ceremony took place during a visit to the EMCDDA of James Mack, CICAD Executive Secretary. The programme is in line with the Memorandum of Understanding (MoU) signed between the bodies in 2000 (1).

Strategic objectives outlined in the three-year plan include: strengthening regional and international monitoring systems; harmonising and developing indicators in the areas of drug supply and demand; and supporting the establishment of national drug information networks and observatories. On the latter, a significant component of the EMCDDA–CICAD partnership, the organisations released in October a joint handbook *Building a national drugs observatory* (p. 6).

On 22 September, the EMCDDA and CICAD Directors attended in Coimbra the EU–LAC City Forum, held under CICAD’s EU–LAC Drug Treatment Partnerships, an initiative funded by the European Commission (2). The forum was organised with the technical support of the Portuguese Institute on Drugs and Drug Addiction, the Reitox national focal point.

(1) www.emcdda.europa.eu/about/partners/cicad
(2) www.eulacdrugs.org/eulac/

International

EMCDDA and ONDCP compare policy developments

Director of the US White House Office of National Drug Control Policy (ONDCP) (1), R. Gil Kerlikowske, visited the EMCDDA in Lisbon on 29 September for talks with Director Wolfgang Götz. The meeting offered a forum for exchanging views on EU and US drug policy developments and for showcasing latest projects and activities.

During the meeting, analysts from the EMCDDA and ONDCP compared notes on a broad range of issues, including: drugged driving; best practice and demand reduction approaches; early-warning systems on new drugs; and the medical use of cannabis. The development of supply and supply-reduction indicators was prominent on the agenda, ahead of the first European conference on this issue held in Brussels in October (see *Drugnet Europe* No 71). The status of cooperation between the two bodies was also reviewed. Contacts have been ongoing since 1998.

Nominated by President Obama, Mr Kerlikowske took up office as ONDCP Director in May 2009. In this role, he coordinates all aspects of federal drug control programmes and is charged with producing and implementing the President’s national drug control strategy.

This is the fourth meeting between a US ‘drug tsar’ and an EMCDDA Director and the third such visit to the agency. General Barry McCaffrey, who served under President Bill Clinton, attended an informal US–EU Drug Forum at the EMCDDA in 1998 (2) and returned the following year to address the EMCDDA Management Board. Mr John P. Walters, who served under President George W. Bush, met Director Wolfgang Götz during a visit to Portugal in April 2008.

(1) www.whitehousedrugpolicy.gov/about/index.html
(2) See *Drugnet Europe* No 13.

Drugs-Lex

Ireland passes new law to control ‘head shops’ and ‘legal highs’

An innovative new law entered into force in Ireland on 23 August in response to the proliferation of retail outlets there commonly known as ‘head shops’ (1). These shops sell a wide range of psychoactive substances or ‘legal highs’ that are not controlled under the Irish Misuse of Drugs Acts, but the effects of which can be similar to those of controlled drugs, such as cannabis and cocaine.

New psychoactive substances can emerge quickly on the market and there is inevitably a time-lag before an individual substance can be subjected to legal controls. In this light, the new Irish law was passed to prohibit the sale in general of

any dangerous or harmful ‘psychoactive substance’. (Medicinal and food products, animal remedies, intoxicating liquor and tobacco are excluded).

Entitled the ‘Criminal Justice (Psychoactive Substances) Act 2010’, the new law makes it a criminal offence to advertise, sell or supply, for human consumption, psychoactive substances not specifically controlled under existing legislation.

These are legally defined as substances which have the capacity to stimulate or depress the central nervous system, resulting in hallucinations, dependence or significant changes to motor function, thinking or behaviour.

Under the new law, high-level police officers are empowered to intervene quickly by serving a ‘prohibition notice’ on an offender. If the offender does not comply with this notice, the courts can issue a ‘prohibition order’.

Selling, advertising and non-compliance with a ‘prohibition order’ are punishable by up to five years in prison.

No offence or punishment is set out for the users of these substances.

Brendan Hughes and Johnny Connolly

(1) Criminal Justice (Psychoactive Substances) Act 2010. <http://www.attorneygeneral.ie/eAct/2010/a2210.pdf>

Spotlight

Building a national drugs observatory: a joint handbook



The EMCDDA and the Inter-American Drug Abuse Control Commission (CICAD) of the Organisation of American States (OAS) launched in Montevideo on 18 October a joint handbook on *Building a national drugs observatory* (1). The handbook was released at the fifth Ibero-American meeting of national drug observatories. Supporting the establishment of national drug observatories and drug information networks is a significant component of the EMCDDA–CICAD partnership.

Since the adoption of the United Nations 'drug conventions', countries have been obliged to report regularly on their national drug situations as well as on interventions to address them. International and regional organisations are also setting target-based action plans which rely increasingly on reliable, factual and quality data. National drug observatories play a key role in gathering data of this kind and feeding into the drug policy debate.

Over the last two decades, the EMCDDA has helped countries create some 30 national drug observatories or 'national focal points' across Europe, which form the European information network on drugs and drug addiction (Reitox). CICAD–OAS has assisted its Member States in creating and strengthening similar structures across Latin America. Based on the experience of the two bodies in their respective geographical areas, the handbook provides a practical guide adaptable to a wide range of national and institutional settings. It is complemented by an online toolbox to ensure the continued exchange of experience and best practice.

(1) <http://www.emcdda.europa.eu/publications/joint/ndo-handbook>

Annual report 2010

Injecting drug use generally stable or declining in Europe, but still a major problem

Injecting drug use is strongly associated with severe health problems in drug users, including blood-borne infections (e.g. HIV/AIDS, hepatitis) and overdose. According to the *Annual report 2010*, the latest data from treatment monitoring are encouraging, showing a stable to downward trend in drug injecting. Among heroin users entering treatment, a decline in the proportion of injectors was reported in 13 countries between 2002 and 2007. And latest data show that under half (42 %) of those entering treatment for primary opioid use in Europe report 'usually injecting' their drug, while the proportion for those entering for the first time is lower (38 %).

But while drug injecting may be becoming less popular, it remains central to Europe's drugs problem. Injecting is still the most common route of administration for opioid users in many eastern European countries: the highest proportions of injectors among opioid users entering treatment in 2008 were



Photo: istockphoto.com

Injecting is still the most common route of administration for opioid users in many eastern European countries

reported by Romania (95 %), Estonia (91 %) and Slovakia (86 %).

Opioid use and injecting in neighbouring countries

The public health consequences of drug use in some of the EU's neighbouring countries are also examined in this year's report. At the eastern border of the EU, UNODC estimates that Russia and Ukraine both have levels of problem opioid use that are two to four times higher than the EU average (EU average: around 4 cases per 1 000 population aged 15–64). The problems associated with opioid use in this region include high rates of HIV infection and drug-induced deaths.

Around 1.68 million problem opioid users (mostly injectors) are reported in Russia and between 323 000 and 423 000 in the Ukraine (UNODC figures). And studies estimate that, in both countries, around 40 % of them are reported to be HIV positive. The rate of newly reported HIV cases among injecting drug users is much higher in Russia and Ukraine than in other countries and regions of the world, such as Australia, Canada, the USA and the EU (see box, Chapter 6).

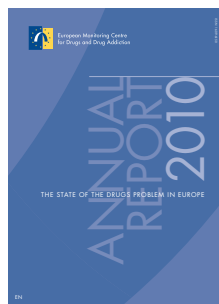
According to the report: 'The rate of reported new HIV diagnoses among injecting drug users has remained low in most countries of the European Union, and the overall EU situation compares positively in a global context'. Data on newly diagnosed cases of HIV infection related to injecting drug use in the EU suggest that infection rates are still generally falling, following a peak in 2001–02.

Of the four countries reporting the highest rates of newly diagnosed infections (Estonia, Latvia, Lithuania, Portugal), all continued their downward trend, with a marked decline in Estonia and Latvia. Yet, despite declining trends, the rate of new HIV diagnoses remained at relatively high levels in these Member States in 2008, underlining the need to ensure coverage and effectiveness of local prevention practice.

See news release No 12 <http://www.emcdda.europa.eu/about/press/news-releases>

Products and services

Annual report 2010 information package



The *Annual report 2010* was launched at an EMCDDA press conference in Lisbon on 10 November. Presenting the report were EMCDDA Chairman João Goulão, Director Wolfgang Götz and Aurel Ciobanu-Dordea, Director at the European Commission's DG Justice.

To mark the occasion, the agency released a comprehensive, multilingual information package offering the latest findings on the drug phenomenon across 30 countries. This package comprises the report itself (plus press pack and PowerPoint presentations)

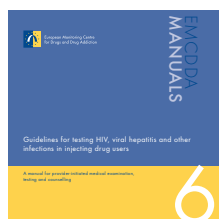
in 22 languages and two *Selected issue* publications in English. The latter offer an in-depth review of problem amphetamine and methamphetamine use as well as issues surrounding older drug users (see pp. 2 and 4). Also available on the day were the 2010 *Statistical bulletin*, providing tables and graphs on the European drug situation, *Country overviews* presenting national drug situations 'at a glance' and *Drug profiles* on synthetic cathinones, khat and synthetic cocaine derivatives.

The report was also presented in Brussels to the Justice and Home Affairs Council (9 November); the European Parliament's Committee on Civil Liberties, Justice and Home Affairs/LIBE (15 November); and the Horizontal Working Party on Drugs of the Council of the EU (15–16 November). Finally, over a dozen countries marked the release of the report with national launches and events combining European and national drug perspectives.

Ahead of the report's release, European Commissioner for Home Affairs, Cecilia Malmström, and for Health and Consumer Policy, John Dalli, previewed its main findings and underlined its value as a key source of data and analysis. Vice-Chairman of the EP LIBE Committee, Salvatore Iacolino MEP, visited the EMCDDA on 1 October for an overview of the key elements of the drug phenomenon.

Information on, and links to, all *Annual report* products, Mp3 files, promotional items, services and events are available at <http://www.emcdda.europa.eu/publications/annual-report/2010>

New EMCDDA Manual



Injecting drug users are vulnerable to a range of infectious and communicable diseases through a variety of risk behaviours, and because of underlying conditions such as poor hygiene, homelessness and poverty. There is a recognised need for guidance on providing IDUs with a medical examination and testing for HIV, viral hepatitis and several other infections on a regular basis. In response to this need, the EMCDDA has published *Guidelines for testing HIV, viral hepatitis and other infections in injecting drug users*.

Available in English at <http://www.emcdda.europa.eu/publications/manuals/testing-guidelines>



The EU and the drug phenomenon: FAQs

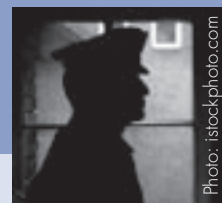
This joint publication from the EMCDDA and the European Commission brings together some of the key frequently asked questions on the EU's drugs policy and how it functions. Following each answer, further details can be found via the websites and links provided.

Available in English and French at <http://www.emcdda.europa.eu/joint-publications/eu-faq>



Resources

Useful materials or events on the drugs issue



'Prison staff and harm reduction': new training material

A new training manual, *Prison staff and harm reduction*, was launched at the second meeting of the Health Promotion of Young Prisoners (HPYP) project, hosted at the EMCDDA on 5 November. The training material (in English) is the main output of an EU-funded project: 'Training criminal justice professionals (TCJP) in harm reduction services for vulnerable groups'. This initiative supports key European Commission strategies on addictive substances, particularly the ongoing EU drugs strategy and action plan. Among others, it aims to develop and improve training for professionals in the criminal justice system who work on the 'front line' with problem drug users.

The training package consists of a core section on harm reduction and several additional modules on subjects such as infectious diseases, mental health and women. The manual will be available in Bulgarian, German, Italian, Latvian and Romanian.

English version: <http://tcjp.eu/LIVE/PAGES/manual.html>
HPYP (EU-funded project) <http://www.hpyp.eu/about.html>
TCJP (EU-funded project) <http://www.tcjp.eu>

Research on drug demand and supply reduction

The European Commission's 7th Framework programme for research and technology development (FP 7) runs from 2007 to 2013. Under FP7's cooperation programme on socio-economic sciences and humanities, the European Commission launched in July a call for proposals aimed at setting up a European Research Area Network (ERA-NET) on drug demand and supply reduction research programmes at national or regional level (Deadline: 22 February 2011). In September, the EMCDDA participated in a meeting hosted by the Dutch Ministry of Health during which participants from 11 European countries discussed the scope of such a network and how it could be organised.

For more, see http://cordis.europa.eu/fp7/home_en.html (FP7-ERANET-2011-RTD).

Calendar 2010

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

- 9 November: Presentation of the EMCDDA *Annual report 2010* to the Justice and Home Affairs Council of Ministers, Brussels.
- 10 November: Launch of the EMCDDA *Annual report 2010* to the media, Lisbon.
- 11–12 November: EMCDDA expert meeting on the drug-related death and mortality indicator, Lisbon.
- 15 November: Presentation of the EMCDDA *Annual report 2010* to the European Parliament, Brussels.
- 15–16 November: EMCDDA Scientific Committee meeting, Lisbon.
- 17 November: EMCDDA expert meeting on a best practice definition, Lisbon.
- 18–19 November: EMCDDA expert meeting on cannabis treatment in Europe, Lisbon.
- 24–26 November: Reitox heads of focal point meeting, Lisbon.
- 8 December: EMCDDA Budget and Executive Committee meetings, Lisbon.
- 9–10 December: EMCDDA Management Board meeting, Lisbon.
- 13–14 December: EMCDDA expert meeting on the prevalence of problem drug use indicator, Lisbon.

External meetings

- 2–6 November: 53rd International conference on dependencies, ICAA, Cancún (<http://www.icaa.ch/mexico2010.html>).
- 3–4 November: 15th Ministerial Conference of the Pompidou Group, Strasbourg.
- 4 November: SIRUS 50 years, Jubilee seminar, Oslo (<http://www.sirus.no/>).

EU meetings

- 15–16 November: Horizontal Working Party on Drugs, Brussels.
- 16 November: National drug coordinators' meeting, Brussels.

Annual report 2010

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These may be inert substances (e.g. sugars, starch) or active ingredients that enhance or mimic the drug's effects (e.g. lidocaine, phenactin, procaine, caffeine). The report highlights the increased use of levamisole as a cocaine adulterant in the USA, where 70 % of the cocaine analysed in July 2009 was estimated to be 'cut' with the drug. Available data in some EU Member States suggest that a significant proportion of cocaine seizures analysed contained this cutting agent. Currently only a few European countries monitor cocaine adulterants, underlining the need for improved surveillance and analysis. Prolonged use of levamisole may pose added health risks to cocaine users.

Some 14 million European adults (15–64 years) have tried cocaine in their lifetime, around 4 million having used it in the last year. Cocaine use disproportionately affects a small number of western EU countries, where levels of use are high. Elsewhere in Europe, use remains low. In the highest-prevalence countries, Denmark, Ireland, Spain, Italy and the UK, surveys show last-year use among young adults (15–34 years) to range from 2.9 % (Italy) to 6.2 % (UK) in 2008. In the UK and Spain, the two countries with the highest prevalence, data are fluctuating, with 2008 data showing a rise, but preliminary data for 2009 some decline.

There were an estimated 96 300 cocaine seizures in Europe in 2008. While seizures remain low in central and eastern Europe, they more than doubled in 10 countries there between 2003 (469 seizures) and 2008 (1 212). This could suggest that cocaine trafficking and availability in the region may be on the rise.

Record number of new drugs reported

A record number of new drugs were officially reported in 2009 to the EMCDDA and Europol via the EU fast-track early-warning system (EWS). Twenty-four new psychoactive substances were officially notified for the first time to the two agencies in that year. This represents not only the largest number of substances ever reported in a single year, but almost double the number notified in 2008 (13).

Already in 2010, 31 new substances have been detected via the EWS. These include: synthetic cathinones, synthetic cannabinoids, as well as new synthetic substances resembling cocaine and amphetamines.

In the most recent EMCDDA online snapshot survey of online retailers (early 2010), 170 online shops were identified selling 'legal highs' and hallucinogenic mushrooms.

See news release No 11/2010, available in 22 languages at <http://www.emcdda.europa.eu/about/press/news-releases>