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Drugnet Europe

Newsletter of the European Monitoring Centre for Drugs and Drug Addiction

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EMCDDA Annual report 2011 highlights

The EMCDDA Annual report 2011: *the state of the drugs problem in Europe* is 'one of contrasts'. The report shows drug use to be relatively stable in Europe, with some positive signs that cocaine use may have peaked and that cannabis use continues to decline among young people. But signs of stability with some of the more established drugs are offset by new threats. Explored in the report are developments in the synthetic drugs market, the rapid appearance of new substances and widespread polydrug use. Launching the report on 15 November in Lisbon (see p. 7), Director Wolfgang Götz said: 'Europe's drug policies and responses must now be configured to face the challenges of the next decade'.

Over the last 10 years, cocaine has established itself as the most commonly used illicit stimulant drug in Europe, although most users are found in a restricted number of western EU countries. Around 14.5 million Europeans (15–64 years) have tried cocaine in their lifetime, around 4 million having used it in the last year. But new data presented in the report raise the question as to whether its popularity has now peaked.

Recent surveys of cocaine use reveal some positive signs in countries most affected. Denmark, Spain, Italy and the UK for example — four of the five countries with highest levels of use — report some decline in last-year cocaine use among young adults (15–34 years), echoing the trend in Canada and the United States. Recent targeted surveys in recreational settings in some countries have also shown a decrease in cocaine use.

'The financial burden associated with regular cocaine use may make it a less attractive option in countries where austerity is now the order of the day', states the report. The average retail price of cocaine in most EU countries ranges between EUR 50 and EUR 80 per gram. The drug's 'positive image' as part of an affluent lifestyle, is also being challenged by a growing recognition of cocaine-related problems (e.g. treatment demand and deaths).

Around 17 % of drug users entering specialised treatment report cocaine as their main problem drug. And around 1 000 cocaine-related deaths are reported annually in Europe. Cocaine use and heavy

Continued on page 8



Some decline in last-year cocaine use among young adults.

European model under review

With the current EU drug strategy coming to an end in 2012, this year's report looks at the development of EU drug policy over the past 20 years. Key steps over this period included the development of a balanced approach to demand reduction and supply reduction as well as the introduction of progress reviews and evaluation mechanisms. Preparatory work for the new EU drug policy framework post-2012 will be based on an evaluation of the 2005–12 strategy. The EMCDDA contributes to this evaluation with a trend report on the drug situation and responses to it in Europe.

'Europe has, by global standards, a well-developed, mature and, arguably, relatively effective approach to responding to illicit drug use', states the report. Europe's 'balanced approach' for example, permits cooperation in law enforcement and border control efforts to limit drug supply. (Examples include programmes targeting heroin importation routes from Afghanistan, cocaine trafficking via the Atlantic and West Africa and synthetic drug production). It also permits innovative developments in the area of treatment and harm reduction, such as heroin-assisted treatment.

EMCDDA Director Wolfgang Götz said: 'Our report clearly shows the value of European cooperation and coordination in the drugs field. We see this in many areas: information sharing and joint actions are increasingly impacting on the cocaine and heroin markets, while developments in public health responses are allowing more drug users than ever before to access services. This progress is real and has been underpinned by a strong EU strategy which has allowed Member States to identify priorities, share knowledge and act collectively. Such an outlook is essential if Europe is to continue to respond to the new challenges that the evolving drug problem now presents.'

October–December

2011

Annual report 2011

Synthetic drugs — an increasingly complex market

Previous EMCDDA *Annual reports* have shown how suppliers of ‘legal highs’ keep one step ahead of controls by quickly offering new alternatives to banned products. This year’s report reveals a similar cat-and-mouse game in the area of precursors, the chemicals used to manufacture illicit drugs.

Synthetic drugs, including ecstasy (MDMA, MDEA and MDA) and amphetamine are manufactured illegally in Europe from imported precursor chemicals. The report shows how producers are using sophisticated techniques to bypass regulations intended to prevent the diversion of these precursors. These include: synthesising precursors from ‘pre-precursors’ or masking them as non-controlled chemicals to be reconverted after importation.

Recent fluctuations in the ecstasy market illustrate this phenomenon. Following successful measures to limit the diversion of its precursor PMK, it now appears that manufacturers are using a range of pre-precursors, including safrole, as their starting material for MDMA. Some 1 050 litres of safrole and safrole-rich oils were seized in 2009/10, mostly in Lithuania. And after a scarcity of MDMA in ecstasy tablets reported in the last two EMCDDA *Annual reports*, there are now signs that it may be on



Photo: istockphoto.com

Producers mask precursors as non-controlled chemicals to be reconverted after importation

the rebound. Recent reports show increasing availability of MDMA. For example in the Netherlands, the country most closely associated with ecstasy production, high-dosage tablets have been found.

For more, see www.emcdda.europa.eu/news/2011/7

Rapid emergence of new drugs

The rapid emergence of new non-controlled psychoactive substances (often sold as ‘legal highs’) represents a growing challenge, both in Europe and internationally. Following the record 41 new drugs notified to the EMCDDA and Europol in 2010 (compared to 24 in 2009), preliminary data for 2011 presented in the *Annual report* show that there are no signs of decline. So far in 2011, 39 substances have been reported via the European early-warning system (EWS). Measures to identify new substances are increasingly proactive — over 150 substances are now monitored through the EWS.

The most recent EMCDDA snapshot of online retailers of legal highs (July 2011) identified a record 600 online shops purportedly selling psychoactive products and revealed a wide variety of new products on offer. More sites

also appeared to exercise caution via restrictions on deliveries or disclaimers and warnings (e.g. health, legal).

Highlighted also is the growing interplay between the ‘legal highs’ and illicit drug markets. Non-controlled psychoactive substances (e.g. mixtures of cathinones, piperazines or phenethylamines) may be tableted as ecstasy and sold on the illicit market. While recently the controlled drug PMMA has been identified in some products sold as ‘legal highs’. Mephedrone, a drug being placed under control in the EU, appears to ‘cross to both sides’, being sold as both a ‘legal high’ online and also, in some countries, via the same illicit supply networks as used for drugs such as ecstasy and cocaine.

For more, see www.emcdda.europa.eu/news/2011/7

Europe’s changing opioid problem

Heroin use continues to account for the largest share of drug-related diseases and deaths in the EU. The *Annual report* estimates that there are over 1.3 million regular opioid users in the EU and Norway. And around half of the drug users entering specialised treatment in Europe report opioids as their main problem drug.

Latest data show levels of regular opioid use to be relatively stable in Europe. But despite these indications, ‘the characteristics of Europe’s opioid problem are changing’, states the report. Clients in treatment for opioid problems are older, fewer of them inject and there are reports of the use of opioids other than heroin in some parts of Europe. Also highlighted are developments in the heroin market and new concerns over the potential for HIV outbreaks among injectors (see p. 3).

Levels of injecting among opioid users entering treatment vary considerably between countries, from under 10 % in the Netherlands to over 90 % in Latvia and Lithuania. However, data from treatment clients indicate an overall decrease in opioid injection (particularly heroin injection) in Europe. A five-year analysis of trends in heroin users entering treatment shows that the proportion of those reporting injecting is declining in most European countries. And in the most recent data, under half (40 %) of those entering treatment for opioid problems are regular injectors.

Increasing misuse of opioids other than heroin is reported in Australia, Canada and the USA. Most of these substances are used in medical practice, as pain relievers (e.g. morphine, codeine) or as substitution drugs in the treatment of heroin dependence (methadone, buprenorphine). In Europe, around 5 % of those entering treatment for drug problems now report opioids other than heroin as their primary drug, amounting to around 20 000 patients.

Some countries in the north of Europe report that synthetic opioids have displaced heroin from the marketplace. In Estonia, three-quarters of those entering treatment now report fentanyl as their main drug. In Finland, buprenorphine is reported as the primary drug of those entering treatment.

For more, see www.emcdda.europa.eu/news/2011/8

Annual report 2011

Disruption in supply of heroin to Europe — new analysis

The *Annual report* explores the availability of heroin on the streets of Europe and reasons for a recent instability in the market. 'It is likely that a combination of factors may have played a role in disrupting the supply of heroin to parts of Europe, causing (mainly short-term) severe shortages in some markets', states the report. The availability of heroin is reported to have dropped sharply in a number of countries at the end of 2010 and early 2011, with the 'drought' being particularly evident in Ireland and the UK. Elsewhere — Italy, Slovenia, Russia and Switzerland — shortages may also have been felt, although the extent is less clear. Heroin supply in other countries remains unaffected.

Among the possible explanations proposed for the apparent heroin shortage in Europe are: the diversion of the drug to markets in Asia; a fall in

opium production in Afghanistan in 2009; and an opium poppy blight affecting major Afghan poppy-growing provinces in 2010. However, a recent review of the evidence suggests that successful cooperation between Turkish and EU police forces is likely to have played an important role. The agency notes the difficulties in tracking drug availability in Europe and the need to better understand how opium production influences consumer markets. This is especially important given the latest UNODC *2011 Afghan Opium Survey* which reports increased Afghan production.

Heroin availability is reported to have dropped sharply in a number of countries at the end of 2010 and early 2011



Overdose deaths — just the tip of the iceberg?

Over 7 600 fatal overdoses were reported in the EU and Norway in 2009, with opioids associated with the majority of these. But studies suggest that overdose deaths could be just the tip of the iceberg. A *Selected issue* publication on drug-related mortality published alongside the *Annual report* estimates that around 10 000 to 20 000 problem opioid users could be dying each year in Europe, mainly from overdose, but also from diseases, suicide and trauma.

The review looks at the 'excess mortality' in regular opioid users (risk of death compared with the general population) and finds that their risk of dying is 10 to 20 times higher than for their non-drug-using peers. The report underlines the role that services can play in reducing the human costs of long-term drug problems. Under evaluation in some countries are programmes targeting periods known to be risky for opioid users (e.g. leaving prison, dropping out of treatment).

Risk of HIV outbreaks among drug injectors

Over the last decade, gains have been made within the EU in addressing HIV infection among injecting drug users — these include a greater availability of prevention, treatment and harm-reduction measures. Latest European data show that the average rate of newly reported HIV cases continues to fall in Europe, reaching a new low of 2.85 new cases per million population (in total around 1 300 cases). Here the overall EU situation compares positively, both in a global and a wider European context. Nevertheless this year's report reveals worrying new developments.

HIV epidemics among drug injectors continue to pose a major public health problem for many countries bordering the EU. And with budgets for drug services across Europe becoming

overstretched in the economic downturn, a danger also exists that countries may be less able to provide adequate responses to those most at risk of infection.

In July 2011, Greece — historically a low HIV-prevalence country — reported a large outbreak in new HIV infections among drug injectors (170 cases by October 2011). Recent increases in newly reported infections have also been reported by Bulgaria, Estonia and Lithuania indicating continued potential for HIV outbreaks among injecting drug users in some countries. A recent EMCDDA expert meeting (October 2011) also identified further HIV increases among drug users in Romania and worrying changes in risk factors in Hungary.

Some 700 000 in substitution treatment

Some 700 000 opioid users received substitution treatment in the EU, Croatia and Norway in 2009, compared with 650 000 in 2007. 'While levels of treatment provision for opioid users are impressive in some countries, coverage still varies greatly and is very low in other countries', says João Goulão, Chairman of the EMCDDA Management Board. Around 95 % of these treatments are provided in the 15 pre-2004 EU Member States.

Ensuring the highest treatment quality and best treatment outcome for the lowest possible cost are priorities in the current financial climate. A *Selected issue* publication published alongside the *Annual report* maps the main funding sources for drug treatment in a number of European countries and summarises the available data on this issue. Also published is a *Selected issue* reviewing guidelines for the treatment of drug dependence. It shows how almost all European countries now have drug addiction treatment guidelines, illustrating a growing commitment to developing evidence-based practice in the field. Over 140 sets of guidelines were identified from across Europe in 24 European languages, largely focusing on opioid substitution treatment.

For more, see www.emcdda.europa.eu/news/2011/8

Bookshelf

World Wide Weed

Global trends in cannabis cultivation and its control



While cocaine and heroin are still produced in a handful of developing countries, cannabis cultivation

is increasingly universal. This is according to *World Wide Weed: global trends in cannabis cultivation and its control*, published this summer.

From Europe to the Americas and Oceania, 'import substitution' in cannabis markets (replacing imports with domestic production) has been noticed in almost every developed country around the world. Geographical, technological, cultural and economic factors help to explain why indoor and outdoor domestic cultivation is now well established, and why the nature and extent of cultivation varies so greatly across the western, developed nations.

The work brings together some of the world's leading experts in this field who, in 16 chapters, take an interdisciplinary look at global trends in cannabis cultivation. Together they contribute to wider discussions on theories relating to the spread of cannabis cultivation and also to the spread of illegal markets more generally.

Editors: Decorte, T., Potter, G., and Bouchard, M.

Publisher: Ashgate Publishing

Language: English

Price: GBP 60

Date: July 2011

ISBN: 978-1-4094-1780-4 (hardback)

978-1-4094-1781-1 (e-book)

Ordering information: www.ashgate.com

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

Seven ways to reduce infections among people who inject drugs

Seven interventions, one aim: no infections among people who inject drugs. In a new guidance report, released on 12 October, the EMCDDA and the European Centre for Disease Prevention and Control (ECDC) recommend seven interventions to reduce and prevent infectious diseases in this vulnerable population (1).

Many European countries have achieved substantial progress in recent years in preventing drug-related infections. Drug injecting, however, remains a major cause of infectious diseases across Europe. The seven interventions proposed in the guidance range from the supply of injection equipment, testing and vaccination to the treatment of infections and drug dependence. These are best applied in combination and ideally in the same venue for maximum effect.

In the report, *Prevention and control of infectious diseases among people who inject drugs*, the agencies explore good public health practices that can support effective policies to reduce infections. Common blood-borne viruses among people who inject drugs include HIV, hepatitis B and hepatitis C. These are mainly spread through the sharing of needles, syringes and drug preparation equipment or unprotected sexual contacts.

The success of pragmatic public health approaches to HIV prevention in Europe is one example of how the spread of blood-borne infections among people who inject drugs can effectively be reduced. Prevention is feasible and effective, if properly implemented, with close coordination between various sectors, including health, drugs and law enforcement authorities.

Commenting on the report, EMCDDA Director Wolfgang Götz said: 'Blood-borne infections can spread very rapidly among people who inject drugs, which in turn can lead to high treatment costs, lost productivity and human suffering. A central message in today's report is that we now know how to prevent infections in this group. The challenge before us is to ensure that this understanding is translated into



effective services. Europe can still do better in reducing the public health burden posed by these preventable diseases'.

Drug injecting remains a major cause of infectious diseases across Europe

'Prevention of infections among people injecting drugs is achievable and effective if it is properly executed', stressed ECDC Director Marc Sprenger. 'That is why we need closer cooperation between all sectors of health care to win the trust of people who inject drugs and offer them health services as outlined in our joint guidance'.

The joint guidance forms part of a comprehensive package including a 'Guidance in brief' summary and two technical reports providing a full assessment of the evidence (2). On 30 November, experts from ECDC and the EMCDDA will present the documents during a scientific seminar at the European Parliament on the eve of World AIDS Day.

(1) The seven recommended interventions are: injection equipment; vaccination; drug dependence treatment; testing; infectious disease treatment; health promotion and targeted delivery of services. The guidance follows a set of core values which are based on fundamental principles of public health, service provision, individual and public health ethics, combined with substantial experience in service implementation. See news release No 5/2011 at www.emcdda.europa.eu/news/2011/5

(2) Released at a meeting of infectious disease experts in Lisbon on 12 October www.emcdda.europa.eu/publications/ecdc-emcdda-guidance

Partners

Drugs and driving

Many countries around the world are now developing solutions to deal effectively with the problem of drugs and driving. In July 2011, the Canadian Centre on Substance Abuse (CCSA) — in partnership with the EMCDDA, the United States Office of National Drug Control Policy (ONDCP) and the US National Institute on Drug Abuse (NIDA) — hosted the first international symposium on the subject in Montreal, Canada.

The purpose of the symposium was to build on the 2011 resolution on drugged driving adopted by the UN Commission on Narcotic Drugs. This recognises the importance of a coordinated approach to addressing the health and public safety consequences of this practice, through evidence-based research. A final report on the symposium will be published on the CCSA website (www.ccsa.ca).

In Europe, the complex issue of drugged driving has been the subject of the multi-country DRUID project (Driving under the influence of drugs, alcohol and medicines), which held its final conference in September 2011. The EUR 24 million project, which has published over 30 reports ('see deliverables') on its website, used harmonised data-collection protocols to examine the effects of these substances on road safety (www.druid-project.eu).

Brendan Hughes

International

Technical cooperation with the Eastern partnership

The EMCDDA is one of 16 EU agencies 'open' to the participation of the European Neighbourhood Partnership (ENP) countries in their work (1). Under the ENP, a regional initiative — the 'Eastern partnership' — aims to enhance cooperation between the EU and six countries: Armenia, Azerbaijan, Belarus, Georgia, Moldova and Ukraine (2).

In this context, the EMCDDA and the European Commission (EC) organised a scientific seminar in Kiev from 29–30 September on 'EU drug monitoring systems and the role of the EMCDDA' (3). Financed by the EC's Technical Assistance and Information Exchange Instrument (TAIEX), the event explored perspectives for technical cooperation between the EMCDDA and the Eastern partnership nations.

Over 30 representatives of health, justice and interior ministries from the six countries attended the seminar, along with experts from the EU, the Council of Europe's Pompidou Group and the UNODC office in Ukraine. Discussions centred on the role of evidence-based information in the process of drug policymaking. Three workshops focused on the monitoring of treatment demand, national strategies and injecting drug use and related consequences. In the conclusions, the Eastern partnership representatives affirmed that knowledge of EU drug monitoring practices would help them consolidate their own national drug monitoring systems. In this light, the participants discussed potential areas to be covered by the technical assistance project and ways to improve information exchange between the EMCDDA and Eastern partnership countries (e.g. on new drugs).

Cécile Martel and Ilze Jekabsons

(1) In March 2007, the Council of the EU agreed on the gradual participation of ENP partner countries in the work of the EU agencies to encourage regulatory and administrative reform and to promote convergence of the ENP partners' policies with EU norms, standards and best practices. EU agencies will be eligible for funding from the European Commission for the development of specific projects which enhance inter-regional cooperation.

(2) www.eeas.europa.eu/eastern/index_en.htm

(3) The seminar followed on from 'The EU drug monitoring system, the EMCDDA and perspectives for cooperation with ENP countries', 14–15 October 2010, Brussels. For more, see www.emcdda.europa.eu/news/2010/6

Drugs-Lex

Finland and the UK respond to emerging substances

Over the summer of 2011, two more EU countries changed their drug laws in a move to update their systems for controlling harmful new substances (1).

In Finland, a formal risk-assessment system has been introduced by a change to the 2008 Narcotics Act (valid from 1 June 2011). Now the law includes in its definition of drugs: 'substances used for the purpose of intoxication that are harmful to health'. These intoxicating properties and harms are evaluated by the Finnish Medicines Agency together with the police, customs and the National Institute for Welfare and Health. The Finnish Medicines Agency sends the results of the evaluation to the Ministry of Social Affairs and Health, together with a proposal on whether or not

to include the substance in the national drug control list. This proposal is based on whether the substance occurs, or is likely to occur, in Finland. If the substance has an industrial or medical use, the process also allows for representatives of industry to have their say on control measures.

In the UK, following concerns that the formal procedure of control was not fast enough, 'Temporary Class Drug Orders' were introduced into the Misuse of Drugs Act on 15 September 2011 (to commence mid-November). Such an order allows the Home Secretary to control a substance as a drug for one year, with the approval of the UK Parliament. The order may be drawn up where a substance is misused or likely to be misused, and where there

could be harmful effects. To proceed with such an order, the Home Secretary must consult the Advisory Council on the Misuse of Drugs (ACMD). However, there is also an 'urgency procedure', to consult only the ACMD Chair, if the likelihood of misuse poses an urgent or significant threat to public safety or health.

One-year temporary controls already exist in Germany and the Netherlands. Whereas, in the UK, the orders apply only to supply-related offences, in these two countries they can also apply to acts of personal possession.

Brendan Hughes

(1) www.finlex.fi/en/laki/kaannokset/2008/en20080373
www.legislation.gov.uk/ukpga/2011/13/schedule/17/enacted

Spotlight

EMCDDA celebrates scientific writing with new award



Photo: istockphoto.com

Five scientific papers judged to enhance understanding of the European drugs problem were acclaimed on 14 November in Lisbon in a new award ceremony hosted by the EMCDDA and its Scientific Committee. The non-monetary prize, to be awarded annually in Lisbon, celebrates scientific writing in this area of key concern to EU citizens. The inaugural event was held in the margins of the Scientific Committee meeting and on the eve of the 2011 *Annual report* launch.

Over 50 eligible entries, from 13 countries (12 EU + Norway), were received in this first year from a variety of disciplines, nationalities and languages. The entries were analysed by a jury consisting of members of the Scientific Committee and EMCDDA scientific staff on the criteria of: scientific significance; EU policy relevance; originality and creativity; and clarity and quality of writing. The articles were published in 2010 in peer-reviewed scientific journals, with the primary author based in an EU Member State or Norway. The winners come from four countries: Spain, Germany, the UK and Norway.

The importance of scientific publishing has been underlined regularly by the Scientific Committee and the new award reflects this. Abstracts of the winning papers are available online in English, with translations in German, French and Portuguese in an effort to share findings in non-English-speaking countries.

Commenting on the initiative, EMCDDA Director Wolfgang Götz said: 'Our Scientific Committee provides a strong voice for scientific standards and I welcome its initiative for lauding papers of merit in our field of drugs and drug addiction. Ensuring that the findings of European research are made available to the policy and practice community is an important issue. I hope this award will become a useful channel for disseminating these results.'

Reitox

IPA 3 project results in Kosovo (under UNSCR 1244/99)

Kosovo (!)* is one of eight candidate and potential candidate countries to the EU currently receiving EMCDDA technical assistance under the European Commission's Instrument for Pre-Accession (IPA) programme. As the technical assistance project draws to a close in November 2011, a number of results have been achieved.

Needs-assessment report: The first EMCDDA needs-assessment mission was made to Pristina in July 2010. The purpose of the mission was to identify and describe the sources of information and expertise related to the Kosovan* drug problem and define the country's immediate needs in order to achieve the overall project aims. This led to the completion of a needs-assessment report in September 2010 which was distributed to key stakeholders.

ESPAD survey: Kosovo* is now participating for the first time in the European School Survey Project on Alcohol and Other Drugs (ESPAD).

The survey, with the total sample of 4 800 individuals, will provide insight into substance use among 15–16 year-old students in the country. Through the use of questionnaires in Albanian and Serbian, all ethnicities will be included in the survey. An ESPAD-Kosovo* database has now been set up and the data-entry process initiated in September 2011.

Drug information package: A Country overview, an information map and a national action plan for the drug information system (NAPDIS) have been completed. These were compiled by the project's national correspondent and an expert group under the supervision of the Reitox coach. This autumn these products will be published on the EMCDDA website, with the Country overview to be also available in print.

Ieva Pūgule (Reitox coach) and Artan Duraku (national correspondent)

(!)* Under UNSCR 1244/99.

Have your say

EMCDDA evaluation survey

Have your say on the performance of the EMCDDA via a new survey launched in the context of an external evaluation of the agency.

The evaluation, undertaken by the UK-based Centre for Strategy and Evaluation Services (CSES), at the initiative of the European Commission (DG-Justice), kicked off in September 2011 and will run until April 2012. A final report of the findings will be presented to the EMCDDA Management Board in July 2012 with recommendations for follow-up. The exercise covers two three-work programme periods (2007–09 and 2010–12).

Survey available at www.cses.co.uk/survey/emcdda/survey.htm

Enquiries on the evaluation and requests for MS Word version of the questionnaire: scook@cses.co.uk
Tel. (44) 1959 52 51 22.



Photo: istockphoto.com

Drugnet Europe survey

Since its launch in 1996, *Drugnet Europe* has undergone a number of changes in design, content, format, style and frequency. In order to engage with readers and assess how the product is received, a survey has been launched on the EMCDDA website. We invite readers to respond to a short questionnaire (deadline: 31 December). Your feedback will help us ensure cost-effective communication and relevant coverage of issues.

Survey accessible at www.emcdda.europa.eu/publications/drugnet/survey

Products and services

Annual report 2011 information package



The *Annual report 2011* was launched at an EMCDDA press conference in Lisbon on 15 November. On the panel were EMCDDA Chairman João Goulão, Director Wolfgang Götz and Dana Spinant, Head of unit for the coordination of anti-drugs policy at the European Commission (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) in 22 languages and three *Selected issue* publications in English. The latter offer in-depth reviews of the cost and funding of drug treatment; guidelines on the delivery of care; and mortality attributable to drug use (see p. 3). Also available on the day were the 2011 Statistical bulletin, providing tables and graphs on the European drug situation, and Country overviews presenting national drug situations 'at a glance'.

The report was previewed in Luxembourg at the Justice and Home Affairs Council on 27 October. Following its November release, it will also be presented to the upcoming meeting of National drug coordinators (21–22 November, Poznań), the European Parliament's Committee on Civil Liberties, Justice and Home Affairs (29 November, Brussels); and the Horizontal Working Party on Drugs of the Council of the EU (7 December, Brussels). Finally, around 10 countries marked the release of the report with national launches and events combining European and national drugs perspectives.

Information on, and links to, all *Annual report* products, promotional items, services and events are available at www.emcdda.europa.eu/events/2011/annual-report

New EMCDDA Manual on prevention



European drug prevention quality standards: a manual for prevention professionals is the latest edition in the EMCDDA's *Manuals* series.

The result of a two-year project co-funded by the European Commission, the manual is the fruit of collaboration between a multi-disciplinary and multi-sectoral team of experts (Prevention Standards Partnership) working closely with the EMCDDA. The report presents an eight-stage project cycle that covers: needs assessment; resource assessment; programme formulation; intervention design; management and mobilisation of resources; delivery and monitoring; final evaluations; and dissemination and improvement. It will be launched at the second meeting of the European Society for Prevention Research (EUSPR) being hosted by the EMCDDA from 8–9 December in Lisbon. The manual is complemented by a website with extra tools.

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

Best practice portal: new prevention module

A new module on prevention, recently published in the Best practice portal, analyses the likelihood of prevention interventions attaining their expected results. Current evidence on the effects of widespread prevention interventions is presented according to four target groups: families, school students, community members and the general population. Coming soon in this module will be a systemic review of the effectiveness of media campaigns on illicit drug use among young people.

Available in English at www.emcdda.europa.eu/best-practice/prevention

EMCDDA and social media

Drugnet Europe readers can now also keep up to date with EMCDDA news via Facebook. Following the launch of the page in August, the agency has already attracted around 200 fans. The EMCDDA has been active on Twitter since 2010 where it has close to 900 followers.

twitter.com/emcdda • www.facebook.com/emcdda

Courses

European summer school on illicit drugs



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

a multi-disciplinary summer school programme entitled: 'Illicit drugs in Europe: supply, demand and public policies'. During the two-week course (2–13 July, 2012), EMCDDA scientific experts, ISCTE-professors and policymakers, will prepare participants to meet the complex policy challenges that face Europe in this field. Week 1 will focus on 'Defining the problems' and Week 2 on 'Understanding drug policies and interventions'.

The target audiences for the summer school are university students (undergraduate and graduate), researchers, professionals and administrators interested or working in the drugs field. ECTS credits will be given for the courses and students can transfer credits to other European universities using the ECTS-system.

Liesbeth Vandam

www.drugsummerschool.cies.iscte-iul.pt/np4/home

Resources

Drug use and the recession

The *International Journal of Drug Policy* has recently published a special focus section on 'The Economic recession, drug use and public health'. This explores the impact on drug use of what has been called the 'Great recession' of 2008–09. In a relatively small number of articles, authors analyse the behaviour of various types of drug user, aiming to trigger debate and shed light on potential developments. Since the impact of this crisis will also depend on public responses, the work analyses public policy in the areas of treatment, employment and social reintegration and stresses the importance of providing adequate interventions.

Cláudia Costa Storti

Issue: Vol. 22 | No. 5 | September 2011 | Pages 321–398
For more, see www.journals.elsevierhealth.com/periodicals/drupol/current#

Calendar 2011

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

- 14 November: EMCDDA Scientific paper award, Lisbon.
- 14–15 November: EMCDDA Scientific Committee meeting, Lisbon.
- 15 November: EMCDDA *Annual report* launch, Lisbon.
- 16–17 November: EMCDDA Expert meeting on drug-related deaths and mortality indicator, Lisbon.
- 23–25 November: Reitox heads of focal point meeting, Lisbon.
- 29 November: *Annual report* presentation to European Parliament LIBE Committee, Brussels.
- 30 November: EMCDDA Executive Committee and Budget Committee, Lisbon.
- 30 November: World AIDS Day, joint event ECDC–EMCDDA at the European Parliament, Brussels.
- 1–2 December: EMCDDA Management Board, Lisbon.
- 8–9 December: 2nd International Conference of the European Society for Prevention Research, Lisbon.

External meetings

- 1–4 November: COPOLAD conference on synthetic drugs, Cartagena de las Indias.
- 6–8 November: ESCAIDE conference, Stockholm (www.escaide.eu).
- 15 November: ICAA conference – ‘The place of recovery in treatment’, EuroTC, London.
- 5–7 December: Global addiction biennial meeting, Lisbon (www.globaladdiction.org).

EU meetings

- 26 October: Conference on EU-Eastern relations, combating drug crime, Polish presidency, Warsaw.
- 8 November: Horizontal working party on drugs, Brussels.
- 9 November: EU–Russia dialogue on drugs, Polish presidency Brussels.
- 21–22 November: National drug coordinators’ meeting, Poznań.
- 7 December: Horizontal working party on drugs, Brussels.

EMCDDA *Annual report 2011* highlights

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episodic (‘binge’) drinking often go hand in hand. Recent studies found that over half of the cocaine dependent users in treatment were also alcohol dependent. Member States are now reporting improved therapeutic responses and positive experiences in treating problem cocaine users.

The number of cocaine seizures continues to rise in Europe (from 56 000 in 2004 to around 99 000 in 2009), yet the volume seized and purity of the drug have fallen considerably in recent years. The total quantity of cocaine intercepted in Europe peaked in 2006, and since then has halved to an estimated 49 tonnes in 2009. While cocaine trafficking routes via west Africa may be on the decline, there is evidence of increased activity in the east of Europe.

Around 78 million Europeans — one in five adults aged 15–64 years — have tried cannabis in their lifetime, around 22.5 million of them having used it in the last year. This makes cannabis still Europe’s most commonly consumed illicit drug. But the latest European data confirm the general stabilising or downward trend in cannabis use among young adults (15–24 years) cited in previous EMCDDA *Annual reports*. Surveys of schoolchildren (15–16 years) mirror this decline (Health behaviour in school-aged children/HBSC survey 2006–10).

Decreases in tobacco smoking may be exerting some influence on cannabis trends in Europe, where the two substances are commonly used together. A comparison between the last two ESPAD school surveys (2003 and 2007) in 23 EU countries showed an overall reduction in last-month cigarette smoking (from 33 % to 28 %) and cannabis use (from 9 % to 7%).

Other possible explanations include lifestyle, fashion, replacement with other drugs and current attitudes to the drug. A recent Eurobarometer survey published by the European Commission in July 2011 showed that regular cannabis use was rated a ‘high risk’ to health by 67 % of the young respondents (15–24 years). The extent to which changes in drug policy influence cannabis use is a much debated question. Data presented in the report show no simple association between recent drug law changes and levels of cannabis use.

Regular cannabis use in Europe remains a cause for concern: some 9 million young Europeans (15–34 years) have used cannabis in the last month. Young men appear to be at most risk of becoming frequent cannabis users, a factor which can be addressed in targeted prevention activities.

Europe’s appetite for cannabis is reflected in annual seizures of around 700 tonnes of the drug (approximately 600 tonnes resin; 100 tonnes herbal). Over the last decade European cannabis policies have often tended to direct law-enforcement efforts towards traffickers rather than users. Yet offences related to cannabis use continue to rise, suggesting a possible disparity between policy and practice.