



E.M.C.D.D.A.

European Monitoring Centre
for Drugs and Drug Addiction

DrugNet Europe

Bimonthly Newsletter of the European Monitoring Centre for Drugs and Drug Addiction

July–August 2000 • Issue No. 24

ISSN 0873-5379

EUROPEAN UNION ACTION PLAN ON DRUGS ENDORSED AT SUMMIT

The European Union Action Plan on Drugs,¹ designed to implement the latest European Union Drugs Strategy (2000–2004),² was endorsed at the European Council of Santa Maria da Feira (Portugal) on 19 and 20 June.

Although not a binding document, the Action Plan provides common political guidelines for all activities to be undertaken by the EU institutions and Member States to implement and follow up the Strategy. The Action Plan focuses on improving co-ordination on drugs at all levels of society and on developing national drug co-ordination units in each EU Member State. It also provides a solid basis for evaluating the results of the Strategy.

Information sharing, as a prerequisite for action and evaluation, is a central issue of the Action Plan, which underscores the achievements of the EMCDDA in this field. Furthermore, the Plan upholds the implementation of the Centre's five key epidemiological indicators and encourages stronger support from the EMCDDA to the European Commission in the development of additional indicators to assess the EU Drugs Strategy effectively.

Philippe Roux

¹ The draft Action Plan was first tabled by the European Commission in a communication to the Council of the EU and the Parliament on 26 May 1999 under the German Presidency of the EU.

² Endorsed by the Helsinki Summit in December 1999.

For further information see: <http://www.emcdda.org/press/press.shtml>

EUROPEAN UNION DRUGS STRATEGY (2000–2004)

The objectives of the Strategy are:

- to reduce significantly, within five years, the prevalence of drug use especially among the young;
- to reduce significantly, within five years, the negative impact of drug use on health (HIV, hepatitis B and C);
- to achieve a substantial increase in the number of addicts treated successfully;
- to achieve a substantial reduction in the availability of illegal drugs;
- to achieve a substantial reduction in drug-related crime; and
- to achieve a substantial reduction in money-laundering and illegal trafficking in drug precursors.

Commission proposes programme on Community action in the field of public health

On 16 May, the European Commission proposed a new Community programme in the field of public health. The proposed 300-million-euro programme for a six-year period centres on:

- a global information system on health determinants;
- rapid responses to health threats; and
- strategies aimed at better identifying successful policies to fight disease and to promote health.

Commissioner for Health and Consumer Protection, David Byrne, insisted

on the need to involve all EU institutions in the health programme.

The Commission proposal will be transmitted to the Council of the European Union and the European Parliament in the coming weeks in line with the Community co-decision process. In the meantime, and to avoid any gaps, the Commission proposes to prolong to 2001 current health-related programmes ending in December 2000. These include the Community Action Programme for the Prevention of Drug Dependence.



Photo: European Commission

The EMCDDA will closely follow the debates in the Council and Parliament, particularly in the context of the recently endorsed European Union Drugs Strategy (2000–2004) which includes clear drug-related public-health objectives for the Community.

Philippe Roux

EVALUATION AND EDDRA TRAINING IN IRELAND



EDDRA publicity flyer produced by the Irish National Focal Point.

Regional health boards in Ireland met at the Irish Focal Point from 18–19 May for a training session on evaluation skills in drug prevention, co-financed by the EMCDDA.

The participants, responsible for funding Irish regional and local demand-reduction projects, discussed ongoing or planned projects from the point of view of evaluation and design, in line with requirements laid down by the Centre's EDDRA database project. Participants also tested a new prototype version of the EMCDDA's Evaluation Instrument Bank and the EDDRA offline-editing tool.¹

Current EMCDDA thinking related to evaluation, in general, and EDDRA, in particular, was further developed at the meeting in the light of the specific Irish situation. Local drug task forces are currently being set up throughout the country to tackle both drugs and public-health problems in a multidisciplinary way. Plans are underway to use the EDDRA questionnaire as a model for creating a national database on drug demand-reduction projects in Ireland, an initiative similar to those launched recently in Luxembourg and Portugal.

Gregor Burkhardt

¹ See *DrugNet Europe* No. 23.

Demand reduction in the workplace: New EMCDDA study

As a follow-up to its 1997 study on demand reduction in the workplace (see <http://www.emcdda.org>), the EMCDDA is carrying out a survey on current workplace interventions and programmes in the EU, Central and Eastern Europe and selected Third countries, including Brazil and Canada.

The study, undertaken in co-operation with the International Labour Organisation (ILO), will offer insights into workplace interventions in terms of: written policies; implementation and evaluation tools; settings; and information on the enterprises' philosophy, needs, constraints and risk profiles.

This EMCDDA–ILO project will result in a resource book on innovative and promising demand-reduction strategies in the workplace. Among others, the book will contain examples of good

practice, evaluation results and guidelines for the successful implementation of workplace programmes.

Interested readers with a knowledge of enterprise-led initiatives, business-community efforts, and prevention programmes launched by enterprises for young workers, women and hazardous occupations are invited to forward information to Gregor.Burkhardt@emcdda.org.

Gregor Burkhardt



EMCDDA–ILO study will offer insights into demand-reduction interventions in the workplace

Guidelines for the evaluation of outreach work

The EMCDDA is in the process of drawing up 'Guidelines for the evaluation of outreach work', in the context of its broader efforts to promote an 'evaluation culture' in the European Union.¹ Outreach work requires a specific type of evaluation, largely due to its hard-to-reach target groups. The guidelines form part of a project launched in October 1999 aimed at facilitating data-collection and enhancing training and co-operation in the outreach work domain. The guidelines will focus on: qualitative methodology; viewing interventions from the outreach worker's perspective; and tuning in to the philosophy of client-centred services and the notion of 'social inclusion'.

The guidelines, to be completed in 2001, will help outreach project workers evaluate their services and will be adaptable and sympathetic to the practical difficulties they face in this working environment. The EMCDDA appreciates that not every activity can be

counted and that outcomes are not always easily expressed or accurately represented on paper.

Due to the current dearth of streetwork-specific literature, the EMCDDA is exploring how to evaluate outreach projects in different settings across Europe. In this context, readers are invited to share their own experiences or knowledge of outreach/streetwork projects with the EMCDDA (Gregor.Burkhardt@emcdda.org) to help assess the current state of outreach work evaluation. This will increase the overall understanding of the issues affecting professionals working in this field and allow them to be incorporated into the forthcoming guidelines.

Gregor Burkhardt

¹ Contractors: Centre for HIV/AIDS and Drugs Studies/CHADS, UK, and the University of Amsterdam, the Netherlands.



Outreach work requires a specific type of evaluation due to its hard-to-reach target groups.

DYNAMIC DRUG POLICY: UNDERSTANDING AND CONTROLLING DRUG EPIDEMICS

Innovative methods for analysing drug policies were discussed at a workshop on 'Dynamic drug policy: Understanding and controlling drug epidemics', held in Vienna from 22–24 May.

The meeting – organised by the Technical University of Vienna and the United Nations International Drug Control Programme (UNDCP) – focused in particular on mathematical methods known as 'control theory'. These methods assess the optimal mix of a set of interventions needed to achieve a desired end result (e.g. reduction in the prevalence of problem drug users).

Models were presented in which assumptions could be tested relating to the combined effects of treatment, prevention and law enforcement on prevalence and to mechanisms determining the initiation and prevalence of drug use at macro level. These assumptions included the 'positive' feedback effects on initiation to drug use by supply and other drug users (drug-using friends who encourage use) and the possible 'negative' effects on initiation by older drug users (who may deter young persons from starting drug use due to their bad health and appearance).

Other presentations discussed: the cost-effectiveness of methadone treatment in preventing HIV and hepatitis infections; data requirements for modelling 'drug systems';¹ models of the geographic spread and of incidence of drug use; the social costs of drug use; and relations between the global supply and demand for drugs.

Lucas Wiessing

¹ 'Research, policy, interventions, drug use and their interconnections.'

Unexplained illnesses and deaths related to drug injecting in the UK and Ireland

In the course of June, a number of unexplained illnesses and deaths related to drug injecting were reported in the UK and Ireland. To keep you up to date with developments, the EMCDDA has opened a 'special links' section on its web site at:

http://www.emcdda.org/links_eireuk.shtml

These links offer users access to a number of specialised articles on this phenomenon in Scotland and Ireland, in general, and in Glasgow, in particular.

Julian Vicente and Lucas Wiessing

BOOKSHELF



Eastern Horizons

The United Nations International Drug Control Programme (UNDCP) Regional Centre, Bangkok, has recently launched a quarterly magazine *Eastern Horizons*. The magazine offers news on drugs and crime in East Asia and the Pacific and includes the latest on the UNDCP's regional endeavours and projects as well as special features and documentation.

The first issue (March 2000) includes a special feature by Director of the UNDCP, Pino Arlacchi, on tackling money laundering and corruption. This is paralleled by an article by the UNDCP in Bangkok which discusses how globalisation can work for people without opening the door to its dark side: the uncivil society of international crime and drug trafficking. A third important element in this first issue is a selection of articles on UNDCP projects in the region including: an alternative development project in Laos; a sub-regional demand-reduction project for hill tribes; and a computer-based training project for law-enforcement officers in six East-Asian countries.

Published by: The United Nations International Drug Control Programme (UNDCP), Bangkok.

Editor: Peter Lunding.

Date: No. 1, March 2000.

Language: English.

Price: Free.

Volumes may be ordered from: UNDCP Regional Centre for East Asia and the Pacific, 14th Floor, United Nations Building, Rajdamern Nok Avenue, Bangkok 10200 Thailand. Tel: ++ 66 2 228 2083. Fax: ++ 66 2 281 2129. E-mail: rcdp.undcp@undp.org.

Web site <http://www.undcp.un.or.th>

The newsletter is downloadable from the web at http://www.undcp.un.or.th/eastern_horizons

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.

EMCDDA cohort project reveals high and changing mortality rates among problem drug users

Problem drug users have a very high mortality due to a wide range of causes other than drug overdose. Problem drug use is a relatively infrequent phenomenon in terms of the general population, nevertheless it causes a significant and disproportional number of health problems in society as a whole.

The EMCDDA is currently co-ordinating a mortality cohort project, following a standardised methodology. This project has developed in three phases:

- reviewing the existing scientific literature on mortality among drug users and developing a standard protocol;
- promoting and co-ordinating the establishment of cohorts in as many EU cities or countries as possible, involving drug users recruited via treatment centres; and
- following the cohorts and analysing their mortality.

Results

The literature review identified 24 longitudinal mortality studies, largely based on opiate users, carried out since the early 1980s in eight EU countries. Although comparability of the published data was difficult – due to heterogeneity of criteria and methods – all cases showed that problem drug users suffered very high mortality. Rates were 12–22 times higher (Standard Mortality Ratio) in comparison with the matched general population, mainly due to overdose, AIDS, other infectious diseases and injuries. Risk was found to be much

higher in some subgroups than others. The mortality of injectors was two to four times higher than that of non-injectors, while the mortality of HIV-infected users was two to five times higher than that of those uninfected by the virus.

Under the second and third phases of the project, prospective cohorts of drug addicts are being implemented and analysed in most EU countries in line with the EMCDDA's standard protocol (results are expected from 2001). Data from previously existing cohorts (retrospective cohorts) in some European countries have also been analysed.¹ It has been found that subjects enrolled in past and present cohorts tended to be opiate users, except in the Swedish cohorts where they represent only 21% of the total.

Figure 1 reveals the overall mortality trend in retrospective cohorts in six countries.² The highest mortality rate was observed in Barcelona (63.6/1000 person-years) in 1994 and the lowest in Vienna and Amsterdam in 1987 and

1989 respectively. In Amsterdam, the overall rates remained stable during the period of study. In Denmark, rates were also stable although only recorded over three years. In other countries, substantial changes (increases or decreases) were observed. Barcelona reported a marked decrease in mortality rates in recent years which calls for further analysis.

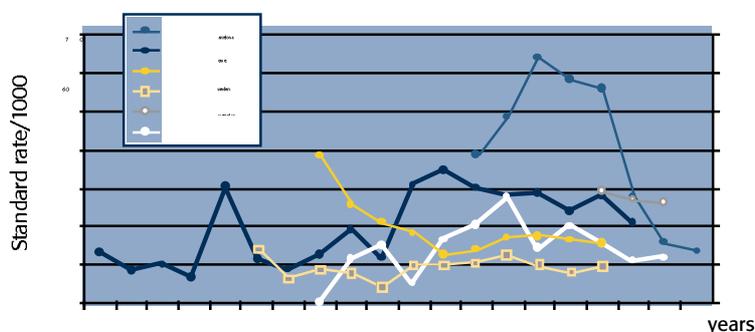
Comparisons between these retrospective cohorts should be made with caution due to differences in enrolment criteria, follow-up and other variables. A further analysis is being carried out to analyse the distribution of causes of death across different countries and the possible determinants of mortality. Implementation of prospective cohorts and standardised methods should in future improve comparability of results both for overall and for cause-specific mortality.

Julian Vicente (EMCDDA) and Anna Maria Bargagli, Marina Davoli, Alexandra Sperati and Carlo Perucci (Agency for Public Health, Lazio Region, Italy)

¹ Austria, Denmark, Italy, Spain, Sweden and The Netherlands. Results are expected from another five countries including Germany, Ireland and Portugal.

² Directly standardised mortality rates were computed, using as a standard the sum of each national population (aged 15–49) from which the analysed cohorts were extracted (Demographic Yearbook 1995 of the United Nations).

Figure 1 – Mortality from all causes: standardised mortality rates (males and females)



Prevention research conference stresses role of the family

Building disciplines, building paradigms and crossing borders in prevention science' was the topic of the 8th annual meeting of the Society for Prevention Research (SPR) held from 1–3 June in Montreal, Canada.

Since its creation in 1992, SPR has enlarged its scope beyond drugs to more general prevention issues. In line with this evolution, the meeting focused on the prevention of aggression and disruptive behaviour among children, especially boys. The importance of very early childhood prevention and the role of the family in this was repeatedly stressed by participants. The long-term positive results of early intervention programmes were also demonstrated, particularly among socially marginalised groups. However, participants voiced concerns that fewer funds were earmarked for prevention than for treatment due to the

drug-related problems that had arisen in the last decade.

Despite the intentions of the conference to 'cross borders', participation beyond the USA and Canada was limited. Nevertheless, SPR would be interested in extending its membership to, and sharing ideas with, European researchers.

Margareta Nilson

¹ SPR was founded by staff of the US National Institute on Drug Abuse (NIDA) initiated by Zili Sloboda and prominent NIDA-associated researchers. Further information on SPR can be found at: <http://www.preventionresearch.org>

Co-operation: EU, Latin America and the Caribbean

The second high-level meeting of the Co-operation and Co-ordination Mechanism on Drugs between the EU, Latin America and the Caribbean took place in Lisbon from 22–23 May.¹ The meeting identified priority actions in the fields of demand reduction, money laundering, alternative development and the control of chemical precursors.

Discussions on the future structure of the mechanism led to a decision on two levels. On the political level, a high-level meeting will be held annually. On a technical level, a specialised committee will be set up to manage work generated by the mechanism. This will be composed of representatives of the EU Member States, the European Commission, the General Secretariat of the Council of the EU, the Presidency of the Council, Europol and the EMCDDA, together with all interested States and regional and sub-regional organisations from Latin America and the Caribbean.

Some 40 delegates from the meeting visited the EMCDDA on 23 May where they heard presentations on the Centre's work. The next high-level meeting will convene in Bolivia in 2001.

Ignacio V zquez Molin

¹ Agreement to establish this mechanism was reached during the British Presidency of the Council of the EU in 1998. The mechanism is designed to deepen political will and technical dialogue between the regions involved, to enhance existing collaboration on drugs and to develop new areas of co-operation in the field. The first high-level meeting of the mechanism took place from 23–24 March 1998 in Brussels.

Visits to the EMCDDA

Mexico: The Minister of Health of the United States of Mexico, José Antonio González Fernández, paid a fact-finding visit to the EMCDDA on 19 May. The Minister introduced the draft Mexican Law on Prevention, Treatment and Addictions Control (*Proyecto de Norma Oficial Mexicana para la Prevención, el Tratamiento y el Control de las Adicciones*), currently being debated in the Mexican Parliament. In this context, the EMCDDA was asked to provide technical comments on the draft law.

Ignacio V zquez Molin



THE EMCDDA AND ITS PARTNERS

Mediterranean network on drugs holds first meeting

Experts from 24 countries¹ involved in a recently formed Mediterranean network on drugs held their inaugural meeting at the Council of Europe in Strasbourg on 24 May. The network, designed to promote co-ordination and co-operation on drug problems in the Mediterranean, was set up at a Conference on Co-operation in the Mediterranean Region organised by the Pompidou Group in Malta in November 1999.²

The experts expressed their enthusiasm and willingness to develop a dynamic network that would provide data and a sound knowledge-base for the elaboration of drug strategies in the region. They also pledged to encourage the creation of national networks on drugs in countries where they did not yet exist. National backing for the experts was considered essential to realise these tasks.

The EMCDDA participated in this first meeting as member of the network and was one of three international organisations present. The network is seen as a privileged forum for the exchange of experience and information on successful drug strategies, and expectations are high. The need for the network to assess drug problems and responses to them in the different countries in the region was underlined by the participants. Several experts expressed a desire for the network to provide training on data-collection methods as well as assistance and guidance in the development of demand-reduction programmes.

At the meeting, working groups were set up to implement two projects:

- MEDSURV, a rapid survey to provide an overview of drug information currently available in the region and to assess needs related to data-collection systems and demand-reduction activities; and
- MEDSPAD, a school survey using instruments developed by the European School Survey Project on Alcohol and other Drugs (ESPAD)³ and involving countries not covered by ESPAD.

The network is co-ordinated by Richard Muscat (Malta). For further details, please contact Florence Mabileau-Whomsley, Pompidou Group secretariat.
Tel: ++ 33 3 88 41 31 95.

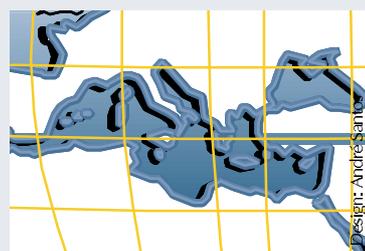
The Pompidou Group's sub-group of experts in epidemiology met on 22 and 23 May at the Council of Europe in Strasbourg.

Chlo Carpentier

¹ Albania, Algeria, Bosnia-Herzegovina, Bulgaria, Croatia, Cyprus, Egypt, France, the Former Yugoslav Republic of Macedonia (FYROM), Greece, Israel, Italy, Jordan, Lebanon, Libya, Malta, Morocco, Portugal, Slovenia, Syria, Spain, Tunisia, Turkey and the Palestinian authorities.

² The network was initiated by the Permanent Correspondents of the Pompidou Group of the Council of Europe.

³ ESPAD is co-ordinated by the Swedish Council for Information and Other Drugs (CAN) and the Pompidou Group of the Council of Europe.



Portugal: new structures to address drugs

On 18 May, Portugal adopted a new organisational structure to address the drugs problem composed of three new bodies. These are:

- the Council for the Co-ordination of the National Drug Strategy (*Conselho Coordenador da Estratégia de Luta contra a Droga*), an inter-departmental political co-ordination body, chaired by the Prime Minister and involving all the Portuguese ministers working on drugs;
- the National Drug Council (*Conselho Nacional da Droga e da Toxicoddependência*), an advisory body to the Prime Minister involving representatives of over 20 social, political and religious organisations; and
- the Mission accompanying the Portuguese participation in the Pompidou Group (*Missão para o Acompanhamento da Participação Portuguesa no Grupo Pompidou*), headed by Joaquim Rodrigues, former President of the Portuguese Focal Point, the Portuguese Institute for Drugs and Drug Addictions (Instituto Português das Drogas e das Toxicoddependências /IPDT).¹

The Portuguese government also decided to amend the organic law of the IPDT, to enlarge its competence and to appoint a new President, Elza Pais, who also represents Portugal on the EMCDDA's Management Board. The IPDT will continue to ensure the functioning of a national information system on drugs and drug addiction and to be the Portuguese Focal Point in the REITOX network.

These organisational changes arise mainly from the need to transfer to the IPDT the co-ordination functions performed to date by *Projecto VIDA*, which will become extinct formally on 18 August.

Gonçalo Felgueiras

¹ The IPDT was created on 5 February 1999 on the recommendation of an Expert Commission for the National Strategy on the Fight against Drugs and took over the role and function of the previous Focal Point.

EMCDDA STATUTORY BODIES



Forthcoming risk assessments: GHB and Ketamine

Two synthetic drugs – GHB (gamma-hydroxybutyric acid) and Ketamine (2-chlorophenyl)-2-(methylamino)-cyclohexanone – have been formally referred to the EMCDDA for risk assessment by the Portuguese Presidency of the Council of the EU. The move came in April following the submission of joint EMCDDA–Europol reports on the two substances to the Horizontal Drugs Group (HDG) of the Council.

In preparation for this risk-assessment process, the EMCDDA will hold a technical expert meeting in Lisbon from 13–14 July to discuss the

pharmacotoxicological aspects of these drugs and to review the relevant scientific literature.

The results of the meeting will be submitted to a special risk-assessment session on 25 and 26 September. This session will be convened under the auspices of the EMCDDA's Scientific Committee and will be attended by its members, selected experts from the EU Member States and representatives of the European Commission, the European Agency for the Evaluation of Medicinal Products and Europol.

Lena Westberg

Legal experts form partnership

Legal experts from the 15 EU Member States, Norway and the United Nations International Drug Control Programme (UNDCP) met for the first time at the EMCDDA from 25–26 May and formed a partnership to set up, develop and maintain the EMCDDA's European legal database on drug laws.

The database – currently under construction and to be operational in 2001 – will provide access to: the latest legal texts on drugs in the EU Member States; analyses of the overall 'national picture' in the fight against drugs; comparisons, studies and reports covering the pan-European drug situation; and trends and developments in judicial practice.

Participants at the two-day meeting concluded that the new partnership would facilitate the provision and exchange of information and data on the latest developments in national drug policies and strategies. It would also help track laws and regulations and basic strategic documents in the drugs field.

Danilo Ballotta



DRUGS-LEX

Portugal debates new legal solutions

Following a public debate in Portugal on the legal framework of drug use and the recent adoption of a National Drug Strategy,¹ the Portuguese Parliament debated in plenary on 21 June several legislative proposals to alter the existing legal framework in this regard (Decree-Law 15/93 of 22 January).

These included a proposal, tabled by the Portuguese government, under

SURFING

<http://www.ravesafe.org.za/home.htm>



This dynamic site is an initiative of RaveSafe, a South African ravers' organisation which researches and distributes information of interest to the 'rave community'. The site includes: information on common street and dance drugs and their risks; an interactive 'Questions and Answers' page where users can air their concerns; a 'Grapevine' page carrying the latest media reports on new drugs; and links to other sites and resources. The site also offers feedback and warnings from RaveSafe volunteers operating in chill-out rooms in clubs and raves as well as information on pill-testing. RaveSafe believes that every individual has the right to accurate and honest information about drugs and their effects so as to take informed decisions about their lives and health.

which penal sanctions would no longer be applied to the illicit use, possession and acquisition for personal use of all drugs. Instead, these offences would be subject to administrative sanctions such as fines or other limitations of rights such as the suspension of a driving licence. In short, the proposal prioritises the therapeutic treatment of offenders over the imposition of sanctions.

The philosophy behind this initiative is to reverse the paradigm that drug offenders are first of all criminals and then sick and needing care, to a system recognising them as sick and addicted to drugs and criminals as a result of their addiction.

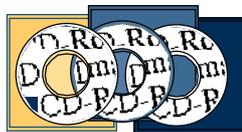
Further to the government proposal, other legislative initiatives, mostly envisaging deeper degrees of liberalisation of the drug policy, were also under discussion. A final vote will take place on 6 July 2000.

Gonçalo Felgueiras and Danilo Ballotta

¹ National Drugs Strategy (Estratégia nacional de luta contra a droga) adopted on 26 May, 1999.

CD-ROMS

Encyclopaedia on Substance Abuse

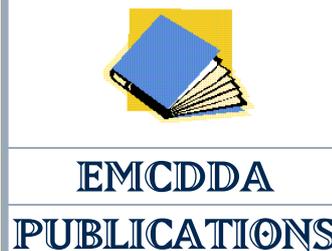


A new CD-ROM entitled **Encyclopaedia on Substance Abuse** has been published by the **International Council on Alcohol and Addictions (ICAA)**. Designed as a **working tool for professionals in the drugs and alcohol field, it offers access to an extensive collection of over 30,000 articles.**

This CD-ROM uses the latest technology to facilitate navigation through its vast body of knowledge. A special *Treaty Section* includes the UN drug conventions, while a *Reports Section* contains the latest reports from international organisations. A *National Reports Index* provides easy access to all that has been written about individual countries in national as well as international documents. Finally a *Document Section* carries key documents in full text as well as historical and literary text. This section contains a generous selection of quotations on alcohol, tobacco and drugs. All documents are presented in fully searchable text.

Further information is available from: ICAA/LH-publishing, ICAA Case Postale, 189, CH 1001 Lausanne, Switzerland or at <http://www.landborgem.com/encyclopaedia>.

Adelaide Seita Duarte



New publications:

- EMCDDA *General report of activities 1999* (English, French, German).
- *Understanding and responding to drug use: The role of qualitative research*, EMCDDA Scientific Monograph series, No. 4 (English).

Coming soon:

- *Evaluation: A key tool for improving drug prevention*, EMCDDA Scientific Monograph series, No. 5 (English).
- *Reviewing current practice in drug substitution treatment in the European Union*, EMCDDA Insights series, No. 3 (English).
- The 2000 *Annual Report on the State of the Drugs Problem in the European Union*, the fifth produced by the Centre to date, is in its final stages of production and translation and is due to be launched late October (all 11 official EU languages).

Further information on all EMCDDA publications at <http://www.emcdda.org/publications/publications.shtml>.



FORUM

News on drugs from around the EU

Recent years have seen the **emergence of a variety of measures to tackle drug misuse and to prevent re-offending. Most have sought to avoid sending the drug offender to prison, in the belief that treatment is more effective than punishment.**

The European Network of Drug and HIV Services in Prison (part of Cranstoun Drug Services, UK) is holding a European Seminar on Alternatives to Imprisonment for Drug Dependent Offenders on 1 and 2 September in

The Hague. The seminar, supported by the EMCDDA, will welcome both practitioners and policy-makers in the drugs field and will aim to: disseminate information; examine common concerns; share expertise; and promote a more effective use of the criminal justice system in responding to drug-related crime.

For further details please contact: Francesca Ambrosini, Cranstoun Drug Services, 4th Floor Broadway House, 112-134 The Broadway, London SW19 1RL, United Kingdom. Tel: ++ 44 20 8543 8333. Fax: ++ 44 20 8543 4348. E-mail: fambrosini@cranstoun.org.uk

**REITOX Focal
Points active in
EMCDDA
reform process**

The EMCDDA and the Heads of the REITOX Focal Points held an extraordinary meeting in Lisbon from 30–31 May in the context of the recent evaluation of the Centre by external consultants *Deloitte & Touche*. In particular, the meeting examined the internal reform process set in motion by the Centre in the wake of the evaluation. Other agenda items included the role of the EMCDDA and the EU Member States in the EU Action Plan on Drugs (2000–2004) and the Centre’s medium- and long-term perspectives. The latter included a broad discussion on the Centre’s next three-year work programme (2001–2003).

The Vice-chairman of the EMCDDA Scientific Committee, Salme Ahlström (Finland) and the external evaluators were invited to the meeting and participated in an open discussion and brainstorming session on the general reform process. With a view to sharing experiences with other European networks and initiating a benchmarking exercise, the EMCDDA also welcomed the Portuguese Focal Points of the European Environment Agency (Copenhagen) and the European Agency for Security and Health at Work (Bilbao) to describe their role and activities in their respective networks.

Improving the two-way relationship between the EMCDDA and the Focal Points emerged as a key issue at the meeting. Other items of discussion included increasing Member States’ responsibility towards their Focal Points regarding common national and European tasks and increasing qualitative feedback from the EMCDDA vis-à-vis Focal Point deliverables.

A REITOX working group was set up at the meeting to contribute, together with EMCDDA staff, to the general reform process. This working group held its first meeting in Lisbon on 15 June.

F r d r i c D e n e c k e r

EMCDDA Calendar

- 13–14 July – Technical expert meeting on GHB and Ketamine, Lisbon.
- 24–25 July – Meeting on the follow-up of the Consensus Document ‘Drug information systems: Principles, structures and indicators’, Vienna/London.
- 1–2 September – European Seminar on Alternatives to Imprisonment for Drug Dependent Offenders, European Network of Drug and HIV/AIDS Services in Prison, supported by the EMCDDA, The Hague.
- 6–8 September – 20th meeting of the EMCDDA Management Board, Lisbon.
- 21–23 September – 11th Annual Conference of the European Society for Social Drug Research, Trinity College, Dublin.
- 25–26 September – Risk-assessment meeting on GHB and Ketamine, Lisbon.

Other Meetings

- 5–7 July – Third annual meeting of the Global Research Network (GRN) on HIV Prevention in Drug-using Populations, Durban, South Africa.
- 8–9 July – HIV prevention satellite meeting, Durban, South Africa.
- 9–14 July – 13th International AIDS Meeting, Durban, South Africa.
- 10–12 July – 8th British Prison Drug Workers’ Conference, Birmingham.
- 31 August–3 September – Treatment systems and changes in the Nordic countries, Reykjavik.
- 11–12 September – Meeting of the Permanent Correspondents of the Pomidou Group.

Selected EU Meetings

- 17 July – Horizontal Drugs Group, Brussels.
- 21 September – Horizontal Drugs Group, Brussels.

**Evaluating the REITOX
National Reports**

Every year, the REITOX National Focal Points (NFPs) produce a *National Report on the drug situation in their country on the basis of which the EMCDDA draws up its Annual Report on the State of the Drugs Problem in the European Union*. The quality of the information provided in these reports is therefore essential.

The EMCDDA’s REITOX Co-ordination Department, in co-operation with the NFPs, has recently launched an evaluation process of the REITOX *National Reports* to ensure the highest quality. In this context, it has established six evaluation criteria as follows:

- *validity* (information must measure what it is intended to measure);
- *reliability* (information must allow cross-country comparisons);

- *insight* (information must be complete and significant);
- *efficiency* (information must demonstrate a high relation between results and resources);
- *acceptability* (information must be accessible to target groups); and
- *usefulness* (information must be tailored to user satisfaction).

The EMCDDA has already carried out an initial evaluation of the *National Reports* and has sent feedback to each NFP with observations on data, methodology, content and presentation. The evaluation will continue over the coming months taking into account the above criteria.

The ultimate goal is to draw up a list of quality standards for the *National Reports* and other REITOX reports. The exercise, which involves the entire REITOX network, is furthermore expected to enhance the relationship between the Centre and the NFPs.

Linda Montanari