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Preliminary overview: national co-ordination on drugs

Co-ordination at national and international level is increasingly considered a necessity in addressing the drugs problem effectively. In 1987, the UN stressed the importance of national mechanisms to co-ordinate balanced drug strategies while, in 1990, drug representatives from the EU Member States gathered together for the first time under the European committee to combat drugs (CELAD) (1). A meeting between the EMCDDA and the European Commission in Lisbon in 1999 called for regular informal meetings between existing national drug co-ordinators (2).

Today's EU Action Plan on Drugs (2000–2004) encourages all Member States to consider appointing national co-ordinators or mechanisms and proposes at least two co-ordinators' meetings per year. It also calls on the European Commission, with the assistance of the EMCDDA, to study present arrangements and how they may be improved.

Recently released on the EMCDDA website (<http://www.emcdda.org>) is a report on 'Drug co-ordination arrangements in the EU Member States,' prepared as the first step in this process. The report maps and categorises current structures, providing a preliminary overview of the concept of national drug co-ordination via sections on terminology, models, and country profiles. This report will be further developed by the EMCDDA and the European Commission in 2001 and a definitive version will be released at the end of the year.

The first national drug co-ordinators' meeting in the framework of the EU Action Plan took place in Paris under the French EU Presidency in September 2000. A second meeting



'Drug co-ordination arrangements in the EU Member States', report released on EMCDDA website

EU acts on GHB and ketamine

Member States will undertake 'active monitoring' of GHB in 2001 and 'continued monitoring' of ketamine, following formal EU Council conclusions

On 15 March, the EU Justice and Home Affairs Council, meeting in Brussels, adopted formal conclusions that Member States should closely monitor GHB and ketamine (see *Drugnet Europe* No 28, p. 1). The Council conclusions called for the 'active monitoring' of GHB in 2001 and 'continued monitoring' of ketamine. The EMCDDA and Europol are asked to report on this monitoring by the end of the year on the basis of which the Council will consider whether control at EU level is appropriate.

GHB, a registered medicine in four EU Member States, has anaesthetic and sedative properties. In recreational use, the margin between the desired effects of a dose (relaxation, mild euphoria, post-party sleep) and serious adverse effects is narrow. Although sometimes sold as 'liquid ecstasy', GHB is not a stimulant but a depressant. Its combination with ecstasy or other drugs, particularly alcohol, can increase risks. Ketamine, an anaesthetic and analgesic, when diverted and sold in pill form, may easily be mistaken for ecstasy. In powder form, it may be confused or mixed with cocaine, increasing the risks. Disturbed motor function, with a feeling of dissociation of mind from body, is the most commonly reported effect, depending on the dose.

Drug situation

Improving data comparability: the way ahead

Over the past five years, the EMCDDA, together with experts and the Reitox National Focal Points (NFPs), have been developing and testing guidelines for collecting and reporting core data on five key epidemiological indicators of drug use prevalence and health consequences. The purpose of the project is to improve data comparability and quality in the European Union as required by the EMCDDA's founding regulation and the EU Action Plan on Drugs (2000–2004).

Endorsing the Action Plan, the European Council of Santa Maria da Feira (Portugal) in June 2000 urged Member States to enhance their efforts to provide reliable and comparable information based on these key indicators.

Technical tools and guidelines recommended by the EMCDDA for the five key indicators were favourably received by its Management Board in January 2001. In September, these will be presented to the Board for adoption and, thereafter, will become formal, non-binding recommendations.

Member States will be expected to implement the indicators and report core data to the EMCDDA according to these guidelines. The Centre will monitor implementation and collect, analyse and disseminate the data at European level.

NFPs have already been preparing the ground by establishing national working groups and strategies for the indicators, and, in some cases, starting to implement them. At European level, technical work is continuing in order to establish a common understanding of the indicators and to develop tools for exploiting the data.

The EMCDDA is developing databases for handling the data, and is exploring mechanisms for electronic information collection and dissemination that take account of wider developments in health monitoring and statistical data collection in Europe.

Although many challenges remain, and progress will be uneven, there is now a real possibility that comparability and quality can improve at European level.

Richard Hartnoll

See http://www.emcdda.org/activities/epidem_comparability.shtml

Modelling heroin demand and policy interventions



**EMCDDA's
macro-economic
model may
help estimate
heroin demand**

An EMCDDA project to develop a macro-economic model of heroin demand and to assess the impact of substitution treatment was carried out in 2000 (1).

A model was developed to simulate the user's heroin career through different 'states' ('non-user', 'has tried', 'dependent treated', etc.). This model was based on the principle that individuals make the transition from one 'state' to another within six months and started with a theoretical population of under 12 year-olds (all non-heroin users). After 10 years, a cross-sectional population may be obtained and broken down into different 'states'.

Individuals' choices within the heroin market and the quantity

of heroin consumed depend both on consumers' budgetary possibilities (income and heroin price) and on the price of other drugs (substitutes and complements).

The model was fed with estimated values on transition probabilities between different 'states' and on economic factors (price and income elasticity). However, information on the dynamics of heroin use and substitution was found to be scarce and, when available, mostly applied to non-EU populations. The challenge in the coming years will be to obtain such data from field studies carried out in the EU.

The effect of changes in heroin price, income level, access to substitution treatment and the incidence of persons experimenting with the drug was simulated after 10 years and the impact on heroin demand over the next decade was assessed. By using a 'bottom-up' approach, the results at individual level may be aggregated to model the heroin demand at population level.

Chloé Carpentier

(1) Co-ordinators: C. Carpentier (EMCDDA); F. Hariga (Modus Vivendi). Modellers: L. Annemans, N. Vanoverbeke (Health Economics Disease Management) and J. Tecco (Hospital Brugmann), Belgium.

Responses

Rehabilitation on the rise but still scarce

The rehabilitation of former drug users, or of individuals in long-term maintenance treatment, has received increased attention over recent years across the European Union.

Rehabilitation initiatives, such as housing, employment and training, are on the rise in the EU Member States, although they seemingly reach only a fraction of the total number of treated addicts.

In the course of 2000, Greece maintained its emphasis on rehabilitation services by opening both a vocational training centre and a social rehabilitation unit. Meanwhile, Ireland issued a rehabilitation blueprint to guide the development of services.

In Finland, services emphasised 'tailoring', a concept allowing (former) addicts, either to be detached from their ordinary settings and reinserted elsewhere, or to be reinserted into their original environment. The UK pays attention to guaranteeing rehabilitation places for both offenders and non-offenders.

In Denmark, the so-called FRAM project, launched in 1999, promotes methadone users' access to professional qualifications, education and employment with a view to empowering the individual and increasing self-sufficiency.

Finally, Portugal set up a National framework project (*Projecto quadro reinserir*) in 1998, to finance rehabilitation programmes ranging from education and training, to housing, family support and legal counselling.

Despite these recent developments, the extent of rehabilitation services remains limited. Ireland reports 'relatively few' rehabilitation programmes and Germany complains that 'only a fraction are reached of those who should be'.

Ulrik Solberg

This article is based on information and data presented in *National Reports* submitted to the EMCDDA by the Reitox National Focal Points in the course of Autumn 2000.



Rehabilitation initiatives, such as housing, employment and training, are on the rise in the EU Member States, although they seemingly reach only a fraction of the total number of treated addicts

Drug helplines: first point of contact

'New drugs, new generations, new technologies – a challenge for drug helplines' was the title of the Second conference of European drug helplines, held in Berlin from 8–10 March. The conference was organised by the *Fondation européenne des systèmes d'accueil téléphonique* (FESAT), a network of over 30 European drug helpline services which is supported by the European Commission.

The newly appointed German drugs co-ordinator, Marion Caspers-Merk stressed the importance of drug helplines as a first point of contact for information, referral and assistance with drug problems. Meanwhile, the EMCDDA underlined the significant monitoring function of helplines in early-information systems on new and changing trends in drug use, particularly among young people.

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E-mail: FESATbureau@csi.com
<http://www.fesat.org.uk>

EDDRA: concrete examples of good practice

The rate of pregnancy among women drug users appears to be higher than in the general population and may be explained by factors such as promiscuity, prostitution and irregular use of contraceptives. The *Centro de Asistencia* (CAS), a Red Cross assistance and follow-up centre in Barcelona, has developed a programme to cope with pregnant drug users, a population considered to be of high risk.

The programme is advertised in the city's health and welfare centres. Once the pregnant woman comes into contact with the centre, a social assistant carries out a diagnosis of the family, economic, physical and emotional condition of the patient as well as the extent of her drug addiction. Also assessed is the woman's desire to continue with the pregnancy. As a second step, the patient and a medical doctor agree on a treatment plan, including addiction treatment. This usually takes the form of a substitution programme, although drug-free programmes are also available.

A close follow-up of the physical health and addiction of the patient lasts until some weeks after the delivery. The baby is also assisted medically and socially. Results of the project show that even controlled pregnancies generate problems including premature births, miscarriages and the consequences of HIV infection in the mother and baby.

Petra Paula Merino

This article continues a series highlighting examples of good practice presented in the EMCDDA's EDDRA database (http://www.emcdda.org/databases/databases_eddra.shtml).

Bookshelf

Risk and control in the recreational drug culture



This work is the result of a European Commission funded research survey (Sonar survey), carried out by the European network Irefrea. The book consists of research findings into the recreational arena frequented by young people, particularly at night. It endeavours to achieve a better understanding of youth sub-cultures and, as part of this, the use of drugs.

The study is supported by quantitative data from a wide survey of 2,700 young Europeans (interviewed in Athens, Berlin, Coimbra, Manchester, Modena, Nice, Palma, Utrecht and Vienna) involved in recreational activity. Qualitative information was analysed in combination, and interactively, with the data obtained for the survey. Subjects analysed included: personal control over ecstasy use; prevention and the 'club-health' dimension; and sub-cultures, scenes and tribes.

Published by: Irefrea

Date: February 2001

Language: English

ISBN: 84-931947-0-0

Price: Free and downloadable from <http://www.irefrea.org>

Volumes may be ordered from:

Irefrea, Rambla 15 (2-3), E-07003

Palma, Mallorca, Spain

Tel: ++ 34 971 72 74 34

Fax: ++ 34 971 21 33 06

E-mail: irefrea@correo.cop.es

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

UN narcotics Commission commends progress made in meeting drug control goals

Nations should give renewed priority to drug-abuse prevention and rehabilitation and the UN should do more to help Member States combat the rising tide of amphetamine-type stimulants while continuing efforts to reduce both the supply of, and demand for, illicit drugs.

These were among the key directives issued by the Commission on Narcotic Drugs (CND) at its 44th session in Vienna (20-29 March). At the meeting, the CND took stock, for the first time, of how governments and the UN itself have been living up to the goals and target dates set by the General Assembly at the 1998 Special Session on the world drug problem in New York. There, UN member nations committed themselves to make significant inroads in both the supply of, and demand for, illicit drugs by 2008.

The first progress report of the Executive Director of the UN International Drug Control Programme (UNDCP) was presented in Vienna and was well received by CND delegates.

Speakers noted important achievements by governments, working with UNDCP support, towards eliminating coca in Bolivia and Peru, and the opium poppy in Afghanistan, Laos and Vietnam. However, they recognised the vulnerability of many countries in Africa and the link between the drug problem and poverty, unemployment, regional conflicts, civil wars and the HIV/AIDS epidemic.

On 20 March, the Commission voted to place three so-called 'party drugs' and one sedative under the control regime of the 1971 UN Convention on Psychotropic Substances (see p. 5) and to tighten the watch over two common chemicals that are often diverted into illicit channels for processing heroin and cocaine.

In the discussion on progress towards the goals set in 1998, the CND noted that most governments have set about upgrading their capacities to treat and rehabilitate addicts, and several called for more research in that area. Several representatives outlined initiatives taken by their governments to co-operate regionally and internationally in extraditing drug traffickers, transferring proceedings and countering illicit traffic by sea. They are also combatting money laundering by enacting new laws and establishing financial investigation units.

For the first time this year, the CND session featured thematic debates. These focused on: how to build partnerships in the areas of health, education, law enforcement and justice; and how best to prevent drug abuse, particularly among children and other at-risk populations.

Many representatives voiced concern over insufficient resources to provide growers of eradicated drug crops with alternative means of income. Some stressed the urgency of seizing the opportunity of the ban on opium poppy cultivation in Afghanistan and providing incentives to farmers to grow traditional crops.

In terms of demand reduction, several delegations emphasised the need for improved information on drug-abuse patterns and called on the UNDCP to identify key prevention principles and minimum treatment standards. In response to the widespread abuse of amphetamine-type stimulants, representatives advocated an 'early-warning system', the dissemination of accurate information, police training and the monitoring of precursors.

UN member nations are committed to make significant inroads in both the supply of, and demand for, illicit drugs by 2008

Nancy Borman,

UN Office for Drug Control and Crime Prevention, Vienna

See also http://www.undcp.org/press_release_2001-03-29_1.html

Enlargement

Work in progress

A co-operation project between the EMCDDA and the Central and East European Countries (CEECs) was launched on 1 March, opening the first phase of the EMCDDA's 'Enlargement Strategy'. This project, funded by the European Commission's Phare programme, aims to support the institutional development of National Focal Points and improve national drug-information systems in the CEECs.

On 27 March, the Deputy Prime Minister of the Slovak Republic received the EMCDDA Director in Bratislava in a step towards closer co-operation. On 3 April, the Centre presented the project to diplomats from six of the 10 Candidate Countries and later that month visited Bulgaria, starting a series of working visits to all ten countries in 2001.

An official meeting was held between the EMCDDA and Norway on 26 March in order to finalise the country's participation in the Centre's activities (see *Drugnet Europe* No 28).

Alexis Goosdeel

**Three 'party drugs'
and one sedative
added to Schedules
of the 1971
UN Convention
on Psychotropic
Substances**

consumed; prevention of recreational use of drugs among young people; and provisions regarding travellers under treatment.

Alain Wallon

For UN Conventions see <http://www.incb.org/e/conv>

Partners

New substances placed under UN control

On 20 March, the Commission on Narcotic Drugs (CND) meeting in Vienna, decided on the advice of the World Health Organisation to add four new substances to the Schedules of the 1971 UN Convention on Psychotropic Substances. These included three 'party drugs' and one sedative.

The drug 4-MTA, placed under control at EU level on 13 September 1999 in the framework of the Joint action on new synthetic drugs, was added to Schedule I of the Convention. 2-CB, another new synthetic drug, was listed under Schedule II. GHB, now the subject of 'active monitoring' in the EU following EU Council conclusions adopted on 15 March 2001 was listed under Schedule IV, as was the sedative zolpidem. Member States signatory to the 1971 UN Convention will have to comply with these decisions, adapting, where necessary, their national laws and regulations.

The EMCDDA attended the CND meeting as observer and participated in co-ordination meetings of the EU and its Member States delegations, along with the European Commission and Europol. EU 'sponsored' resolutions adopted by the CND concerned inter alia: approval of the revised Part II of the UN Annual Report Questionnaire; measures to promote the exchange of information on new patterns of drug use and on substances

Drugs-Lex

Confiscating the assets of drug crime

Britain is resolved to break down the wealth of criminals. A report entitled *Recovering the proceeds of crime*, published in 2000 by the Cabinet Office Performance and Innovation Unit, announced new measures to tackle crime through the confiscation of illegal assets and the creation of a National Confiscation Agency. The report also announced a new legislative framework to extend confiscation law for drug trafficking offences to all types of offence. This, and the other recommendations in the report, will make it easier for the courts to recover assets from convicted criminals, before the disappearance of money and goods.

In March 2001, the UK government published the Proceeds of Crime Bill. This put before Parliament the conclusions of the report that require legislation. See <http://www.cabinet-office.gov.uk/innovation/2000/crime/crime.shtml>

In Spain, application of the *Ley del fondo de bienes decomisados por tráfico ilícito de drogas* (Ley 36/1995) (Law on the confiscation of illegal assets) allowed the State to seize between 1996 and 1999:

1 996 cars; 328 boats; 793 items of jewellery; 5 buildings; plus the equivalent of 1.944.549.273 pesetas (11.6 million EUR) in cash. In 1999 alone, some 720.500.000 pesetas (4.3 million EUR) were redistributed to the fight against drugs: 33.40% to interventions against drug trafficking and 66.60% to the prevention and social rehabilitation of drug addicts (source: *Plan nacional sobre drogas*).

Measures in the UK and Spain to recover and redistribute assets from illegal drug trade

Daniilo Ballotta

Reitox Cluster group meeting

The National Focal Points (NFPs) of Austria, Germany and Italy met in a Reitox cluster meeting on 1 March in Munich on the topic of 'Data quality and networking functionality' through the exchange of experience. The meeting followed visits by the EMCDDA to each of the centres in February.

During the meeting, the Focal Points' common and individual problems in data collection and network co-ordination were aired and discussed in order to find possible solutions. Political support, hand-in-hand with the motivation of professionals and key players, was underlined as essential in improving quality in data collection and analysis. Working groups, training sessions and seminars were considered useful instruments to exchange experience.

The problems highlighted by the NFPs included: difficulties in obtaining comparable national information due to regional autonomy in data collection (Austria and Germany); and bureaucratic rigidity and the lack of public and private institutions working in the drugs field (Italy). One of the common problems raised at the meeting related to the lack of data sources in specific areas, such as the prison setting, where political and technical factors render data collection difficult. The NFPs agreed to work to pool information and stimulate research by key issues which would help develop new sources. They also concluded that exchanges in good practice between NFPs could be useful as a way of applying methodology already tried and tested in other countries.

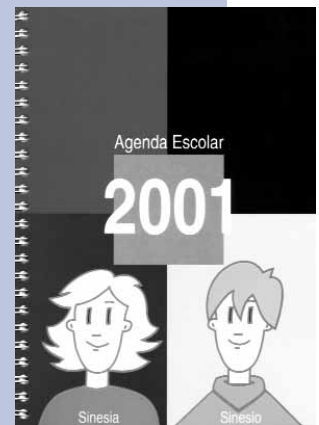
Linda Montanari and
Frédéric Denecker

For further information see:
Austria: <http://www.oebig.at>
Germany: <http://www.ift.de>
Italy: <http://www.ceis.it/focalpoint>

Spotlight Spanish National Focal Point Delegación del Gobierno para el Plan Nacional sobre Drogas

The Spanish National Focal Point launched a school prevention campaign in February this year to raise awareness among educational centres on the importance and possibilities of prevention programmes.

The campaign, which runs until June, centres on a competition aimed at pupils aged 10–12, entitled 'Sinesio' (the name of the protagonist). The competition is based on a CD-ROM game containing information on tobacco and alcohol and some of the main factors occurring in experimental drug use, such as peer pressure and young people's ability to take their own decisions. In addition to the CD-ROM, the competition offers other basic materials including a guide to preventing drug addiction for teachers and a school agenda for pupils. The teachers' guide includes basic information on drug consumption, protection and risk factors and issues to consider when developing school programmes. Also included are fact sheets on school programmes developed by autonomous communities in Spain. The pupils' agenda complements the prevention material offered in the CD-ROM. Some 25,000 school children are currently participating in the campaign.



For further information please contact: Camilo Vázquez, C/Recoletos 22, E-28001 Madrid, Spain. Tel: ++ 34 91 537 27 25. Fax: ++ 34 91 537 26 95. E-mail: cvazquez@pnd.mir.es <http://www.mir.es/pnd/index.htm>

Presenting the Norwegian National Focal Point

The Norwegian National Institute for Alcohol and Drug Research, SIRUS, was officially appointed Reitox National Focal Point for Norway on 1 January 2001. This coincided with the official membership of Norway to the EMCDDA, following negotiations initiated in 1999 (see *Drugnet Europe*, No 28, p. 5).

SIRUS is an independent research facility employing 26 staff members in the areas of research, data collection, information and administration. The Institute was created at the beginning of the year as part of a reorganisation in Norway of national action on drug and alcohol prevention. SIRUS amalgamates the former research institute, SIFA, and the information section and library of the Norwegian Directorate for the Prevention of Alcohol and Drug Problems. In establishing SIRUS, the Ministry of Health and Social Affairs aimed to: strengthen Norway's strategic efforts on drugs; link prevention work at national, regional and local level; upgrade research and data collection in order to provide policy-makers with sound information for decision-making; and reinforce international co-operation on drugs via membership of the EMCDDA and the REITOX network.

For further information, please contact: Knut Brofoss, National Institute for Alcohol and Drug Research (SIRUS), Øvre Slotts, Gate 2B, NO-0157 Oslo, Norway. Tel: ++ 47 22 34 04 00. Fax: ++ 47 22 34 04 01. E-mail: ingvild.hoel@sirus.no
E-mail: postmaster@sirus.no

Products and services



Publications *General report of activities 2000*

The EMCDDA released in April its *General report of activities 2000*. This report, the Centre's sixth to date, provides an administrative progress report of the EMCDDA's activities over a 12-month period.

Published every spring, the report catalogues the Centre's achievements in each area of its annual work programme. This latest edition records the agency's achievements at the conclusion of its second three-year work programme (1998–2000) and major decisions following an external evaluation of the agency in late 1999.

The *General report of activities* is a useful information source for all those seeking comprehensive information on the Centre, its work and budget.

Target groups: European institutions; international organisations; drug-related bodies in the EU Member States; EMCDDA statutory bodies; journalists.

Languages: English, French and German.

Price: Free of charge.

Coming soon

- *Injecting drug use, risk behaviour and qualitative research in the time of AIDS*, EMCDDA Insights No 4. Available in English.
- *Report on the risk assessment of GHB in the framework of the joint action on new synthetic drugs*. Available in English.
- *Report on the risk assessment of ketamine in the framework of the joint action on new synthetic drugs*. Available in English.

Further information on all EMCDDA publications and details of how to order titles are available on the EMCDDA website at <http://www.emcdda.org/publications/publications.shtml>

Information for journalists

The EMCDDA has recently launched on its website the first in a series of special feature articles for journalists. These articles complement the Centre's news releases and are offered to drug-specialised magazines or newspapers as ready-made pieces.

To download 'Rising European concern over misuse of two synthetic drugs' see http://www.emcdda.org/multimedia/Press_releases/rolling_article_ghb_ket.pdf

To download the news release on this issue see http://www.emcdda.org/multimedia/Press_releases/pr_150301_ket_ghb.pdf

The media relations section of the EMCDDA website is currently being revised in the context of a general remodelling of the site (see below). For further information, please contact: Kathryn.Robertson@emcdda.org

<http://www.emcdda.org>

Restructuring work on the EMCDDA's website is currently underway following an internal reform of the agency in February 2001. A fully remodelled site with many new features will be available to users in June.

Recent updates to the current site include:

- the new EMCDDA work programmes (2001–2003 and 2001);
- the new EMCDDA organisation chart;
- details of drug co-ordination arrangements in the EU Member States; and
- risk-assessment reports on GHB and ketamine.

For further information, please contact: Rosemary.de.Sousa@emcdda.org

Resources Useful products in the campaign against drugs

Websites

<http://www.drugworld.org> is a multi-media website created by the UK charity Turning Point. The site is aimed primarily at young people and includes harm-reduction information and current news on drugs. The Drugworld website was produced as the UK contribution to the 'Prevet' project with funds from the European Commission.

Project report

Droghe e comportamenti a rischio reports the results of a research project carried out by the municipality and drug-addiction department of Reggio Emilia (Italy) and co-ordinated by the EMCDDA's late colleague Roger Lewis in 1998–2000. The project combined quantitative analysis (two student samples of 1 200 people) and qualitative instruments (open-ended interviews with workers, policy-makers, teachers and other key informants). It aimed to: monitor the drug situation and understand new trends; compare actual behaviours with ideal representations; and identify the political implications of drug use.

Contact: Umberto Nizzoli, SerT Reggio Emilia, Italy. Tel: ++ 39 522 33 55 69.

Conference

The 6th *Jornadas sobre prevención de drogodependencias* (Conference on drug prevention) will take place in Alcorcón, Madrid, from 20–22 June. Innovative prevention techniques will be explored.

Contact: Concejalía de Servicios Sociales y Cooperación General Dávila, 1, E-28924 Alcorcón, Madrid, Spain. Tel: ++ 34 91 611 5812 Fax: 34 91 611 7208
E-mail: jornadasdrogas@ayto-alcorcon.es
<http://www.ayto-alcorcon.es/jornadasdrogas>

Organisations wishing to publicise their newsletters, magazines, websites, CD-ROMs or any other resources are invited to contact Kathryn.Robertson@emcdda.org



Calendar 2001

EMCDDA meetings

- 7–11 May:** EMCDDA working visit to the Slovak Republic, Phare project on EMCDDA–CEEC co-operation.
- 21–23 May:** Phare synthetic drugs project: intermediate self-assessment meeting, Lisbon.
- 22 May:** Steering committee meeting, Phare project on EMCDDA–CEEC co-operation.
- 7–9 June:** European expert meeting on mortality cohorts, Lisbon.
- 11–15 June:** EMCDDA working visit to the Czech Republic, Phare project on EMCDDA–CEEC co-operation.
- 21–22 June:** European expert meeting on treatment demand indicator, Lisbon.
- 9–10 July:** European expert meeting on prevalence indicator, Lisbon.

External meetings

- 7–8 May:** *Saúde, emprego, acção social e grupos desfavorecidos*, Prosalis, Lisbon.
- 29 May:** IDA-Euphin workshop on health information exchange and monitoring systems, Brussels.
- 5–8 June:** Pompidou Group meeting of experts in epidemiology, Strasbourg.
- 18–19 June:** Conference of the *Red Iberoamericana de ONG sobre Drogas* (RIOD), Madrid.
- 18–20 June:** Future of treatment trends, prognoses and visions, Heidelberg.
- 20–22 June:** Conference on drug prevention, Alcorcón, Madrid.
- 26 June:** International Day Against Drug Abuse and Illicit Drug Trafficking.

EU meetings

- 28 May:** Horizontal Working Party on Drugs, Brussels.
- 18 June:** Horizontal Working Party on Drugs, Brussels.

Statutory bodies Scientific Committee elects new leaders

The EMCDDA's Scientific Committee held its 15th meeting in Lisbon on 6 April and elected for the next three-year term a new Chairperson, Prof. Salme Ahlström (Finland), and a new Vice-Chairperson, Dr. Jean-Pol Tassin (France).

The meeting centred its discussions on the mandate and activities of the Committee for the period 2001–2003 in the light of the EMCDDA's current work programme and recent reform process.

The Committee stated that it would continue to advocate, monitor and advise on the scientific methods used by the Centre and on its scientific output.

Among the Committee's specific tasks will be to: guarantee evaluation criteria; assure the scientific quality of the Centre's *Annual Report*; and develop its expertise and work on new synthetic drugs.

The Committee's mandate was renewed in January 2001 for a period of three years. The Committee will next meet from 22–23 November in Lisbon. Its sub-committee on risk-assessment will meet on 11 July.

Lena Westberg

Preliminary overview: national co-ordination on drugs

Continued from page 1

was held under the Swedish Presidency in Stockholm in March this year, at which the above-mentioned report was presented by EMCDDA Director Georges Estievenart. These meetings are a forum for the free exchange of ideas and best practice on strategies and systems. Also in March, the co-ordinators of France, Greece, Portugal, Spain and the UK, together with the EMCDDA, met in Athens to exchange experience.

Daniilo Ballotta

(¹) CELAD was established informally following a suggestion from the late French President Mitterrand in 1989. It was an ad-hoc inter-governmental political group composed of national drug policy representatives from each EU Member State. It reported directly to the Council of the EU.

(²) July 1999: meeting between the EMCDDA and former European Commissioner Anita Gradin. http://www.emcdda.org/multimedia/Press_releases/Visits/pr_gradin02.pdf



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