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EMCDDA releases 2001 Annual report

On 20 November, the EMCDDA launched its *2001 Annual report on the state of the drugs problem in the European Union* at the European Parliament in Brussels. This edition of *Drugnet Europe* brings you the highlights of the report, starting with a special focus on cocaine, synthetic drugs and infectious diseases. A dedicated website, *2001 Annual report online*, is available at <http://annualreport.emcdda.org> or <http://emcdda.kpnqwest.pt>. It contains the report, statistical tables, data sources, news releases and much more.

Cocaine: boundaries blurring

The *2001 Annual report* reveals that, as trends and markets change, traditional boundaries between affluent recreational users of cocaine powder and dependent and marginalised 'base/crack' injectors or smokers may be blurring.

One factor is a new upmarket trend of cocaine smoking in recreational nightlife. Signs include mixing 'base/crack' cocaine with tobacco in a 'joint' – now reported in five countries: France, Greece, Italy, the Netherlands and the UK. And in the UK, 'base/crack' is being turned into ready-to-smoke 'rock' or 'stone' and pushed 'up-market'. Such nuances need to be fully understood for effective policy-making.

Despite some worries over a Europe-wide rise in cocaine use, available evidence does not point to increases among the EU population as a whole. But there is concern about marked increases in specific geographical areas (parts of some cities), age groups and social milieus. For example, in the UK there is a confirmed rise among 16 to 29-year-olds who have tried cocaine at least once. And some cities in Italy put cocaine use in second place to cannabis and higher than amphetamines or ecstasy.

More generally, school surveys show that, among 15 to 16-year-olds, experimental cocaine use remains low, and among



Centre launches 2001 Annual Report to the media

Synthetic drugs: Concern over long-term effects of ecstasy

The *2001 Annual report* highlights growing concern over the long-term effects of ecstasy. Effects on the brain are still under discussion and, among heavy users, there is increasing evidence of damage to serotonergic neurons.

Synthetic drugs are in the political limelight...strong pressure for responsible action by the EU

The report says that the spread of synthetic drug use in the EU 'has generally stabilised'. However, upward trends in ecstasy use 'are still observed in some regions where cities or holiday resorts are more likely to attract young European tourists...'. Consumption of such drugs seems to have spread beyond the 'techno-scene' to discotheques, night-clubs and private settings. The combined use of various substances, licit and illicit, is common among young people with an outgoing lifestyle.

Synthetic drugs 'are in the political limelight', adds the report. 'Their high level of use among socially-integrated groups, their role as a reference model within youth culture and the fact that production and trafficking are set up in Europe...exert strong pressure for responsible action by the EU'. The Joint action on new synthetic drugs has a key role to play here.

See news release at <http://annualreport.emcdda.org> or <http://emcdda.kpnqwest.pt> and Chapter 3 of the *2001 Annual report*.

Continued on page 8



Drug situation

Infectious diseases: signs of HIV up in six countries

The 2001 Annual report reveals that – although HIV prevalence seems to have stabilised in most EU countries since the mid-1990s – it might be rising again among sub-groups of intravenous drug users (IDUs) in six Member States: Ireland, Luxembourg, the Netherlands, Austria, Portugal and Finland. Meanwhile, hepatitis C virus (HCV) remains extremely high EU-wide.

Drug-related HIV and hepatitis pose a major health-care challenge in the EU. A preliminary estimate of future health-care costs of one year of drug-related infections of HIV, hepatitis B virus (HBV) and HCV in the EU amounts to around 0.5% of the total Member States' health-care budget: EUR 1.89 billion.

The rises in HIV among injectors might be evidence of continuing high-risk behaviour, the report suggests, despite an overall reduction in injecting itself in most EU countries. HIV prevalence is consistently higher in women IDUs: 'This may be due to [their] higher levels or different ways of needle sharing and/or higher sexual risk...'

On AIDS, the report records a continued general downward trend. 'This decline is probably the result of new treatments among IDUs that delay the onset of AIDS.' Countries where IDUs are most affected are mainly in the south-west of the EU – Spain, France, Italy and Portugal.



Estimated future health-care costs of one year of drug-related infections (HIV, HBV and HCV) in the EU = EUR 1.89 billion

Hepatitis C infection is higher and more evenly-spread EU-wide than HIV, notes the report. This could 'lead to a large health burden due to liver disease... over the coming decades'. Between 40% and 90% of IDUs are infected with HCV in the European Union.

Hepatitis B infection is also high in the EU but is not as evenly spread as HCV. Roughly between 20% and 60% of IDUs in the EU have antibodies against HBV but only between 10% and 30% may have been fully vaccinated. This suggests a large potential health gain through vaccination.

The high risk of tuberculosis among IDUs, especially in Spain and Portugal is also reported. This is not transmitted by injecting drugs but does have a strong association with drug-injecting-related HIV and AIDS due to weakened immunity. Injecting

drug use has fallen strongly in the last decade in most EU countries, although it is rising again in Ireland. Rates of injecting among opiate users entering treatment now vary from a low of around 10% in the Netherlands to a high of some 70% in Greece.

See news release at <http://annualreport.emcdda.org> or <http://emcdda.kpnqwest.pt> and Chapter 3 of the 2001 Annual report.

2001 Annual report: overview

Cannabis still EU's most-tried drug: Cannabis remains the illegal drug most commonly used in all EU countries, both in terms of lifetime experience and recent use (last 12 months).

Lifetime experience among those aged 15–64 ranges from around 10% in Finland to 20–25% in Denmark, Spain, France, Ireland, the Netherlands and the UK. Recent use is reported by up to 9% while such use of other illegal substances rarely tops 1%.

Cannabis use is higher among young adults (15–34). It has been tried by some 15% in Finland and Sweden and between 28–40% in Denmark, Spain, France, Ireland, the Netherlands and the UK.

Up to 4% try amphetamines and ecstasy: Generally, up to 4% of EU adults have experimented with amphetamines, but nearer 10% in the UK. Ecstasy has been tried by similar numbers. Amphetamines, ecstasy and cocaine have been tried by up to 6% of 15 to 34-year-olds. But in the UK, figures for amphetamines and ecstasy are around 16% and 8% respectively.

Increased cocaine use in some settings cause for concern: (For more, see page 1). But school surveys show that, among 15 to 16-year-olds, experimental cocaine use remains low. Cocaine appears less available than ecstasy, but with national variations – it is perceived as most available in

Ireland (21%) and the UK (20%), and least so in Finland (6%). Among this age group, disapproval of cocaine use is still very high across the EU.

Heroin use low, but causes big problems: Heroin use is reported by less than one in 100 adults – but causes most drug-related problems, including crime, infectious diseases and overdoses. New data suggest rises in some countries – Greece, Luxembourg, Finland, Sweden and the UK – but a stable picture in others, such as Germany, the Netherlands and Austria. Despite some local increases, heroin use is possibly still declining in Spain and France.

Continued on page 8

Responses

Proactive policies and targeted responses

In a special chapter dedicated to 'Responses to drug use', the *2001 Annual report* examines developments in national and EU drug policies and strategies, and responses to drugs in the fields of education, health, social care and criminal justice. Signs are that policies are becoming more proactive and responses more targeted.

Drug prevention in schools is a top priority in all Member States. Peer approaches are favoured, although difficult to practice. The report notes that it is increasingly recognised that students *do* take drugs. 'This was formerly largely denied since schools feared damage to their image.'

On-site pill testing – mainly of synthetic drugs – in clubs or at dance events has been adopted *inter alia* in Spain, the Netherlands and Austria. An EMCDDA study suggests that this can 'efficiently warn against the unexpected and dangerous effects of dance drugs'. Training of nightclub staff, chill-out facilities and interactive websites are other examples of increasingly innovative ways of harm-reduction measures being introduced within the EU.

Demand for substitution treatment is still high in many countries, for example by pregnant women. Buprenorphine is favoured over methadone, causing fewer neonatal problems. Heroin continues to be prescribed selectively for addicts in the UK, with trials underway in the Netherlands, and imminent in Germany. The report says there is 'evidence of its effectiveness for very deprived drug users in terms of crime reduction, health improvement and social integration'. Drug-free objectives continue to dominate treatment in Finland, Greece, Norway and Sweden.

Drug users in prison continue to pose a major problem. In some Member States, more than half the inmates report lifetime use of an illicit drug. Problem and/or intravenous drug users might represent half the population in some prisons. It is estimated that between 180,000 and 600,000 drug users pass through EU prisons every year. A recent EMCDDA report highlighted big gaps EU-wide and from prison to prison in prevention, treatment and care of drug users.

The *2001 Annual report* highlights a visible move from reactive to proactive policies in the EU. It says that, at Community level, the EU Action Plan on Drugs, is a major step forward in the campaign against drugs, demonstrating strong commitment by Member States.



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Member States.

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Towards a new German drugs strategy

Party-scene workers and drug experts came together in Cologne in September to help establish the state-of-the-art in peer interventions in this setting. The meeting was convoked by the German federal centre for health education (BZgA) in the context of an imminent restructuring of the existing German drug strategy.

Various forms of on-site pill testing in German-speaking Europe were discussed at the meeting as a contribution to the ongoing political discussions in Germany. Commenting on the country's upcoming new strategy and action plan, German Drugs Co-ordinator Marion Caspers-Merk affirmed that harm reduction would become the fourth key component (along with prevention, treatment and repression). Alcohol and tobacco would also form part of a more global approach.

A new interactive German website (<http://www.drugcom.de>) targeting information at party-goers was presented at the meeting.

Gregor Burkhart

Latin America: drug observatories explored

An Ibero-American encounter of national drug observatories was held in Cartagena de las Indias (Colombia) from 19–21 September. The event was organised by the Spanish national plan on drugs and the Colombian presidential programme 'Rumbos' (Ways). Delegates from 15 Latin American countries⁽¹⁾, Spain and Portugal attended the event, along with international partners, including the EMCDDA and the Inter-American drug-abuse control commission (CICAD).

Delegates presented measures being applied in their countries to promote the creation and development of national drug observatories. They described the main aim of these bodies as to serve the interests of the community through objective, reliable and independent information and through support for political decision-making on drugs.

Based on the experience of the EU and Spain, the participants underlined the need to formalise drug observatories in Latin American countries and nominate them as Focal Points of CICAD and the Organisation of American States.

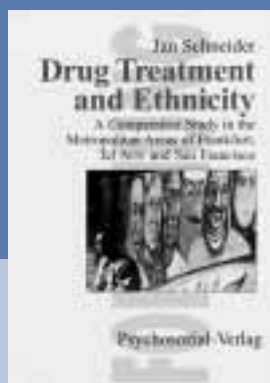
Emiliano Martín,

Deputy Director-General, Spanish national plan on drugs

⁽¹⁾ Argentina, Bolivia, Brazil, Chile, Colombia, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panamá, Uruguay and Venezuela.

Bookshelf

Drug treatment and ethnicity



Multiculturalism in substance-abuse treatment is the focus of this comparative study carried out in the metropolitan areas of Frankfurt, Tel Aviv and San Francisco.

Developing multicultural competencies within social services has been much debated in recent years, but the concepts and knowledge needed to incorporate them into everyday service-delivery have been lacking.

This study describes how the three cities concerned respond to ethnic minority populations in need of substance-abuse treatment. It juxtaposes the different drug-treatment systems, prevalence rates and immigration issues in the three countries and illustrates how drug services and professionals can develop sensitivity towards different ethnic groups. The book contributes to discussions on the rights of minorities and demonstrates how the degree of the countries' openness towards these groups is reflected in their social services and drug-treatment systems.

Author: Jan Schneider

Published by: Psychosozial-Verlag

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E-mail: info@psychosozial-verlag.de

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Feature

Drug problems grow in CEECs

Countries step up responses

A rise in the percentage of the central and east European population (especially school-children) who have tried illegal drugs at least once is among the key trends highlighted in a special focus on central and east European countries (CEECs) in the *2001 Annual report*.

But, the report says, the CEECs have made great strides in developing appropriate laws and administrative and co-ordination structures to rise to the drug challenge. They must now reinforce these steps and allocate the necessary resources to implement them.

According to the report, lifetime experience of illicit drug use among 15 to 16-year-olds doubled between 1995 and 1999 in all CEECs – except the Czech Republic (up 1.5 times), where it was already high. Figures are highest in the Czech Republic (one in three 15 to 16-year-olds) and Slovenia (one in four). The rises come mostly from cannabis. However, a significant but smaller rise is noted in use of drugs such as ecstasy, amphetamines and LSD, with prevalence probably much greater than official data suggest.

Major seizures on the Balkan route and in central Europe in 1999 and 2000 confirmed 'the role of the region in the transit and storage of heroin'. As heroin consumption rises, it seems the CEECs are becoming a target as well as a trafficking route.

The CEECs also continue as a transit region for cannabis destined for the EU and there is much evidence of a rise in local cultivation of this drug, as well as in its trafficking. The CEECs' role in the transit of cocaine also seems to have developed further in 1999–2000. Major cocaine seizures involved the Czech Republic, Hungary and Romania – yet consumption seems limited to particular sectors of the population.

The popularity of synthetic drug use is growing among young people, with worrying signs that increasing numbers of them are involved in trafficking and selling. The report adds that illegal laboratories producing amphetamines exist in most CEECs, with precursors for production smuggled from other CEECs, the EU or third countries. The Baltic States, Bulgaria, the Czech Republic, Hungary and Poland appear to be major producers. But the traffic isn't all one-way. Worldwide prevalence of ecstasy use has led to its export from the EU to the CEECs. Law-enforcement agencies report that a significant proportion of ecstasy used in the CEECs originates in the Netherlands.

Other key trends in the CEECs:

- an increase in demand for drug treatment, mostly for opiate dependency;
- a change in patterns of drug use, with imported heroin increasingly taking the place of locally produced opiates;
- a spread of drug use from major urban centres to all regions;
- an increase in the problems and challenges associated with the trafficking and transit of illicit drugs.

See news release at <http://annualreport.emcdda.org> or <http://emcdda.kpnqwest.pt> and Chapter 4 of the *2001 Annual report*.

CEECs have made great strides in developing appropriate laws and administrative and co-ordination structures to rise to the drug challenge

Enlargement

New partners attend Reitox seminar

Delegates from the 13 candidate countries to the EU ⁽¹⁾ attended a first extended Reitox seminar at the EMCDDA from 22–25 October. Among them were representatives of recently appointed National Focal Points (NFPs) from the 10 central and east European countries (CEECs).

The action-packed seminar provided participants with practical insights into Focal Point activities and offered capacity-building sessions on producing national reports and drug-information action plans. Working methods were also established with the new partners to enhance co-operation on major EMCDDA projects (key epidemiological indicators; the Joint action on new synthetic drugs; the European legal database on drugs).

The seminar defined priorities and training needs and paved the way for a swift integration of the new partners into the work of the EMCDDA.

It included the first joint session with the EU Focal Points and, as such, represented a significant step forward for the Phare project on EMCDDA-CEEC co-operation.

See page 6 and next edition of *Drugnet Europe* for more.

Roumen Sedefov

⁽¹⁾ Bulgaria, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Romania, Slovenia, Slovakia; Cyprus, Malta and Turkey. Delegates from Bosnia-Herzegovina and the Former Yugoslav Republic of Macedonia (FYROM) attended as observers.

Seminar paves way for swift integration of new partners into work of the EMCDDA

will involve the EMCDDA and its National Focal Points and the relevant Chilean bodies, namely the Chilean Ministry of the Interior and the National Council for the Control of Narcotics (CONACE).

The Declaration and a news release is available at: http://www.emcdda.org/infopoint/news_media/newsrelease.cfm

Partners

EMCDDA signs friendship declaration with Chile

The EMCDDA and the Government of Chile signed a 'Declaration of Intent' in Lisbon on 10 September expressing their will to initiate 'relations of friendship and mutual co-operation in the field of the prevention and control of drug abuse'. The signing came during the official visit of His Excellency the President of Chile, Ricardo Lagos to the EMCDDA as part of a State visit of Chile to Portugal.

In his address, President Lagos referred to the 'complex and multi-faceted nature of the drug problem' and underlined the need to approach it 'in its globality...with the participation of all governments of the world'.

The President added that the EMCDDA had made a 'valuable contribution' enabling governments to 'formulate their policies and take decisions based on sound and reliable information'. On this note, he expressed his satisfaction that Chile was the first country outside Europe to sign a Declaration of Intent with the EMCDDA to initiate reciprocal co-operation activities.

In the Declaration, the two parties express their willingness to co-operate on a concrete basis by 'organising a regular exchange of, and mutual access to, statistical, documental and Internet-based information'. The co-operation envisaged

Drugs-Lex

Greek drug policy: new measures on the way for 2002

Early in 2002, the Greek government is expected to adopt a Plan of Action in the field of drugs. A ministerial committee, presided over by the Prime Minister and representing 10 ministries, is currently drafting the plan in preparation for its presentation to the Greek parliament at the end of 2001.

Announced in a government decision in June this year, the plan is conceived in line with the EU Action Plan on Drugs (2000–2004) and will cover supply and demand, alcohol and illicit drugs.

On the institutional side, the plan will foresee the strengthening of co-ordination mechanisms within public administrations as well as the creation of new structures and services to assist in its implementation.

In practical terms, the plan is expected to reinforce and develop programmes and activities

designed to meet the six targets of the EU plan.

New Greek plan conceived in line with EU Action Plan on Drugs (2000–2004)

Emphasis will be placed on developing and implementing education and prevention programmes for adolescents and educators.

The Greek plan will be revised in 2005.

Daniilo Ballotta and Mata Markellou

Reitox Steering committee adopts results of Reitox evaluation

The results of an external evaluation of the Reitox network were officially adopted by the Reitox steering committee at the EMCDDA on 26 October. The committee met at the end of a week of meetings and workshops involving the EU National Focal Points (NFPs) and their new Reitox partners (see Enlargement, page 5).

The evaluation, launched in April 2001, offers a broad overview of the structure, activities and financing of the network and makes a series of recommendations to further develop and implement it. The findings, which could lead to significant changes in the network, will be presented by the external evaluator to the EMCDDA Management Board in January 2002.

At the 22nd meeting of the Heads of the EU Focal Points (23–25 October) participants held in-depth discussions on the EMCDDA's 2002 work programme and new areas of activity. Further talks addressed joint EMCDDA–Reitox dissemination activities; the structure and content of the newly revised Reitox private website; and the outcome of earlier cluster meetings on improving data quality and networking.

A high point on the agenda was a one-day joint session with the new Reitox partners, bringing together a total of 31 countries. This featured work programme discussions and presentations from the newly established bodies.

The next regular Reitox meetings are scheduled for 20–22 February; 19–21 June; and 27–29 November 2002.

Frédéric Denecker

Spotlight Greek National Focal Point University Mental Health Research Institute (UMHRI)

Back in December 2000, the Greek National Focal Point was assigned the task of supervising a nationwide school survey on drugs conducted by 26 prevention centres in their respective constituencies.

In the course of the survey, many of the centres reported major difficulties in data analysis and report writing and approached the Focal Point for help. Rather than offer to undertake the work for the centres, the Focal Point decided to make the most of the opportunity for networking and exchanging experience.

As a result, it has been organising small interactive workshops aimed at empowering the prevention centres to accomplish their task. The informal workshops do not feature the 'giving' or 'receiving' of training. Instead they allow the participants to work through the various stages of the project together; the Focal Point presenting its experience in the area of research, and the centres in that of prevention. The workshops have been attended by key prevention experts who help to interpret the implications of the research findings for prevention work. Both sides have gained valuable insights and more workshops are in the pipeline.



For further information please contact: Manina Terzidou, Head of the Greek Reitox Focal Point, P.O. Box 66 517, Greece.
Tel: ++ 30 1 65 36 902.
Fax: ++ 30 1 65 37 273.

New synthetic drugs: Assessing the risks of PMMA

An enlarged EMCDDA Scientific Committee ⁽¹⁾ met in Lisbon on 29 October to assess the health and social risks of the new synthetic drug PMMA (para-methoxymethylamphetamine), particularly in association with PMA (para-methoxyamphetamine). Also discussed were the possible consequences of the prohibition of PMMA ⁽²⁾.

The meeting resulted in the adoption of the 'Report on the risk assessment of PMMA in the framework of the Joint action on new synthetic drugs'. The report was submitted the following day to the Belgian Presidency of the Council's Horizontal Working Party on Drugs and the European Commission for further action in accordance with Article 5 of the Joint action (procedure for bringing specific new synthetic drugs under control). It was presented at the meeting of the Horizontal Working Party on Drugs on 20 November.

See next edition of *DrugNet Europe* for more.

Lena Westberg

⁽¹⁾ The special risk-assessment meeting of the Scientific Committee was attended by Scientific Committee members, experts from the EU Member States, representatives of the European Commission, the European Agency for the Evaluation of Medicinal Products and Europol. It took place under Article 4 of the Joint action on new synthetic drugs. http://www.emcdda.org/activities/newsynth_jointaction.shtml

⁽²⁾ PMMA is currently regulated by law in four Member States: Germany, Ireland, Sweden and the UK. See *DrugNet Europe* No. 30.

Products and services



Publications *Making the most of the EMCDDA*

'Where can policy-makers go for sound information on drugs? and 'How can they measure progress?'. These are among leading questions raised in a newly released EMCDDA briefing paper entitled *Making the most of the EMCDDA*.

The four-page publication underlines the importance of evidence-based information for good policy-making in the drugs field. In particular, it outlines how the EMCDDA, by offering sound information on drugs, can help policy-makers assess how they are meeting the six targets of the EU Action Plan on Drugs (2000–2004). The briefing demonstrates how the EMCDDA's ongoing work programme (2001–2003) has been fine-tuned to these targets and how it can help provide policy-makers with the information baseline they need to measure the impact of their actions. EU leaders endorsed the EU Action Plan at the European Summit in Portugal in June 2000. Its targets reflect European citizens' expectations of drug policy.

The EMCDDA's Dissemination and Communication Strategy, adopted in January 2001, cites policy-makers as the EMCDDA's primary target audience, and encourages outputs tailored to this group. The above publication will be complemented by a new series of EMCDDA targeted policy briefings to be launched in January 2002 in 12 languages.

Making the most of the EMCDDA is available in English in printed form. It is also downloadable in all 11 official EU languages plus Norwegian at <http://www.emcdda.org/infopoint/publications.shtml>

Coming soon

- *Guidelines on the evaluation of outreach work*, EMCDDA Manuals series, No. 2. Available in English.
- *Drugs in focus*: a new series of bimonthly EMCDDA policy briefings. Available in the 11 official EU languages plus Norwegian.
- *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/infopoint/publications.shtml>

EMCDDA and Interpol sign co-operation agreement

On 25 September, the EMCDDA and Interpol signed an agreement that will enhance co-operation between the bodies based on the principles of 'appropriateness, reciprocity and work-sharing'. In particular, the two agencies will work together to: improve the collection and analysis of data; develop and promote data-comparison methods; and intensify the dissemination of information. Staff members from the two organisations will meet in the coming weeks to agree on a number of joint activities closely linked to the EMCDDA's work in the area of supply reduction.

Ignacio Vázquez Molini

Resources Useful products in the campaign against drugs

Conference

'Human rights/Human wrongs: responding to the global challenge'. This will be the focus of the Mainliners international conference on hepatitis C to take place in Lisbon from 7–8 February 2002.

For application forms, contact:
The Conference Organiser, National Hepatitis C Resource Centre, PO Box 31844, London, SE11 4DT.
Tel: ++ 44 207 735 77 05.
Fax: ++ 44 207 735 66 45/582 6999.
E-mail: training.conferences@hepccentre.com

Website

A new interactive German website carrying information on drugs is now available at <http://www.drugcom.de>. This website provides details on drugs and drug use and offers the opportunity for online communication and counselling. E-mail: drugcom@bzga.de

Newsletter

Drugs and development is the title of a bimonthly newsletter from the European NGO Council on Drugs and Development (ENCOD). The newsletter, distributed by e-mail, can also be downloaded from <http://www.encod.org>. Each issue contains an opinion on a specific issue within the international drugs debate; an analysis on a particular region by local experts; and information on recent publications, activities and news in the field of drugs and development.

For further information, please contact:
Secretariat: Lange Nieuwstraat 147,
2000 Antwerpen, Belgium.
Tel.: ++ 32 3 272 5524.
Fax: ++ 32 3 226 3476.
E-mail: encod@glo.be

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

- 19 November:** Signing ceremony, Memorandum of Understanding EMCDDA-Europol, Brussels.
- 20 November:** Launch of EMCDDA 2001 Annual report, Brussels.
- 22–23 November:** EMCDDA Scientific Committee meeting, Lisbon.
- 28 November:** EMCDDA Bureau meeting, London.
- 16–18 January 2002:** EMCDDA Management Board meeting, Lisbon.

External meetings

- 12–15 November:** 30th CICAD regular session, Caracas.
- 14–16 November:** Latin harm-reduction conference, Barcelona.
- 15–16 November:** EuroHIV conference, HIV/AIDS surveillance in Europe, Paris.
- 19 November:** Belgian Presidency/UNDCP meeting on amphetamine type stimulants, Brussels.
- 29–30 November:** EMCDDA–EU expert meeting on drug-related infectious diseases, Lisbon.
- 4–6 December:** Online Information 2001, London.
- 6–8 December:** Health information systems throughout Europe and their interaction with public-health policy development and actions, Brussels.
- 13–15 December:** Drugs in the free-time culture, the invention of fun, Irefrea, Palma de Mallorca.

EU meetings

- 20 November:** Horizontal Working Party on Drugs, Brussels.
- 11 December:** Horizontal Working Party on Drugs, Brussels.

Cocaine: boundaries blurring

Continued from page 1

this age group, disapproval of cocaine use is still very high across the EU.

The EMCDDA says cocaine is used much more by groups with higher levels of illicit drug use in general than by young adults as a whole (e.g. homeless young people, sex workers and problem opiate users). And socially integrated youngsters, who choose to use a range of recreational drugs, increasingly use cocaine in nightlife settings combined with alcohol. But, the report says that the drug's relatively high cost, combined with its short effect, mitigates against regular recreational consumption, which demands a high disposable income.

2001 Annual report: overview

Continued from page 2

Changes in problem drug use: Problem drug use seems highest in Italy, Luxembourg, Portugal and the UK, with five to eight in every 1,000 15 to 64-year-olds affected. Germany and the Netherlands are at the bottom end of the scale with two to three per 1,000. Injecting drug use is down in most but not all countries, and on the rise again in Ireland.

Changes in demand for treatment: Opiates, especially heroin, are still the main drug of between half and three-quarters of those entering treatment in the EU. But the trend is a fall in new clients demanding treatment for heroin and a rise in people affected by cannabis and cocaine.

Drug-related deaths still stable: Acute drug-related deaths (overdoses or poisonings) seem to have levelled at 7,000–8,000 a year EU-wide in recent years, although with divergent national trends. Reasons may include stabilisation of problem drug users; a fall in risky practices; expansion of substitution treatment; and better medical assistance.

Arrests and trafficking across the EU: Over the last three years, drug-related arrests rose in most EU countries. Biggest rises were in Greece, Ireland and Portugal. In 1999, Belgium and the UK were the only countries to see a drop in such arrests. Most drug offences are related to drug use or possession for use, except in Spain, Italy and the Netherlands, where they result from dealing or trafficking. As before, Luxembourg reports most arrests involving offences for both drug use and trafficking.

Seizures: Cannabis remains the most-seized drug in the EU, except in Portugal where heroin is most-seized. Amphetamines are the second most commonly seized drug after cannabis in Finland and Sweden. Spain still has the highest level of cocaine seizures. In 1999, more than seven tonnes of heroin were seized in the EU – a third in the UK. Marked falls in quantities of heroin seized were reported in Greece, France, Ireland, the Netherlands and Austria, but big rises in quantities seized in Spain and Italy.

See news release at <http://annualreport.emcdda.org> or <http://emcdda.kpnqwest.pt> and Chapter 1 of the 2001 Annual report.



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