Drug laws seek ‘middle ground’ between punishment and treatment

Drug laws in the European Union are slowly seeking a ‘middle ground’ between the liberal and repressive in a delicate balance between punishment and treatment. So concludes the latest in the EMCDDA policy briefing series, Drugs in focus, which looks at ‘Drug users and the law in the EU’.

Released in March, this edition examines some of the main trends in drug legislation in recent years. Among others, it looks at how countries are juggling their obligations to punish drug-law offenders while, at the same time, provide assistance and treatment to addicts.

In framing their national drug laws, EU Member States have taken their own characteristics, culture and priorities into account, resulting in a variety of approaches EU-wide to illicit personal use of drugs. ‘Yet, when comparing law with actual practice, national positions within the EU seem less divergent than might be expected’, says the briefing. ‘In many countries, judicial and administrative authorities increasingly seek opportunities to discharge offenders, or, failing that, arrangements that stop short of severe criminal punishment, such as formal warnings, fines, suspension of a driving licence, etc’.

Developments over the last five years have revealed similar laws and guidelines emerging in response to drug users, in a shift towards more lenient measures for personal drug use. The briefing shows drug laws moving into line with practice: ‘Some countries now legitimise practices that had become common. In so doing, they bring the law into line with police and prosecution practice, thus enhancing the law’s credibility’.

In Spain, Italy and Portugal criminal sanctions do not apply to the possession of any drugs for personal use, and sanctions tend to be administrative. And since 2001, Luxembourg law has envisaged only a fine for cannabis use, its transportation, possession and acquisition for personal use.

EU Member States are approaching the end of a three-month deadline by which they must introduce control measures and criminal penalties relating to the new synthetic drug PMMA. The deadline was imposed by a Council decision of 28 February defining PMMA as a substance to be placed under controls in the EU (1).

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PMMA have been seized in 29 incidents in the 15 EU countries since June 2000.

PMMA: countdown in Member States

EU Member States are approaching the end of a three-month deadline by which they must introduce control measures and criminal penalties relating to the new synthetic drug PMMA. The deadline was imposed by a Council decision of 28 February defining PMMA as a substance to be placed under controls in the EU (1).

Taken in the framework of the 1997 Joint action on new synthetic drugs, the decision marked the end of a risk-assessment process undertaken by the EMCDDA and partners in 2001, during which health and social risks were uncovered. In line with their national laws, Member States will now introduce the necessary measures as required under the 1971 UN Convention on Psychotropic Substances.

Trafficing and distribution of PMMA have taken place in four EU Member States. It is reported that 18,870 tablets containing PMMA have been seized in 29 incidents in the 15 EU countries since June 2000.

(1) It came into effect on 7 March.
See Drugnet Europe No 33 and news release at http://www.emcdda.org/infopoint/news_media/newsrelease.cfm

Continued on page 8
Drug situation
Healthy progress in harmonising treatment demand data

This year, and for the first time, 12 of the 15 EU Member States provided the EMCDDA with data on clients entering drug treatment that had been collected using the EMCDDA’s standard guidelines for the treatment demand indicator (1). These guidelines are the result of a joint EMCDDA–Pompidou Group initiative formalised in 2000. The information gathered covers, among others: substances used; type of treatment centre; patterns of use; and clients’ socio-demographic details.

The data-collection exercise, covering the year 2000, involved a total of 1,702 treatment units across Europe (1,535 of which were outpatient centres). Using the same standards, the units together provided aggregated data on 170,444 clients. The majority of clients (154,235 persons) were recorded to be starting treatment in outpatient clinics. The remainder (16,209 persons) were recorded in other facilities, primarily inpatient units; low-threshold centres; prisons; and other services.

This exercise represents an important step forward in improving the comparability of treatment demand data. However, several important challenges remain. It is necessary to improve coverage of the range of drug-treatment services, not only of specialised outpatient centres but especially of low-threshold agencies or general practices in those countries where they play a significant treatment role (e.g. in substitution treatment). Issues of data quality and data protection need to be addressed in more depth, and more efficient electronic data reporting mechanisms put in place.

In 2003, this data harmonisation process will be extended to other units so as to obtain a complete picture of treatment demand in Europe. However, the above data already allow us to start defining and comparing the profile of clients entering treatment in the EU.

Linda Montanari

Assessing the availability of illicit drugs through population surveys

The availability of illicit drugs is generally considered an important factor in understanding drug use, patterns of use and related consequences. It can be assessed both from the perspective of the user (demand) as well as the supplier.

To gain an insight into how access to drugs can influence drug demand, the EMCDDA is developing indicators of drug availability at street level in the EU. These will also help measure to what extent Target 4 of the EU Action Plan on Drugs (2000–2004) (1) is being met.

As a first step, the EMCDDA will explore the issue of availability at user level, by introducing questions on access to drugs into population surveys. A module of three to four questions will be compiled, which could ultimately be integrated into the EMCDDA’s existing guidelines on population surveys (2).

Experts will meet at the EMCDDA from 21–22 May to review sample questions on drug availability/accessibility currently being used in population-survey questionnaires in the 15 Member States. The value and feasibility of these questions will be assessed along with their potential to gain insights into drug availability across the EU.

Chloé Carpentier

Harm-reduction experts present latest research

The 13th International Conference on the Reduction of Drug-related Harm took place in Ljubljana, Slovenia, from 3–7 March. Over 1,000 scientists, service-providers and policy-makers attended the event, which is among the largest and most influential international scientific gatherings on drugs today.

Specific attention was devoted this year to alarming rises of HIV and injecting drug use in eastern Europe. Innovative data were presented on subjects ranging from injecting rooms, heroin trials and the legal issues of harm reduction, to ethnography in drugs and forecasting the future impact of HIV.

The EMCDDA organised four sessions at the event covering: the economic costs of drug use; mathematic modelling of trends (1); initiation to drug injecting; and harm reduction in European regions. A western European harm-reduction network was set up at the conference by Mainline and LSD, two Dutch umbrella organisations for drug-user support groups.

Abstracts from the conference can be viewed at http://www.ihrc2002.net/abstracts.html

Lucas Wiessing

(1) To reduce substantially over five years the availability of illicit drugs.
(2) http://www.emcdda.org/situation/themes/demand_treatment.shtml
(3) http://www.emcdda.org/situation/themes/demand_treatment.shtml
A full report is downloadable from: http://www.emcdda.org/multimedia/project_reports/situation/treatment_indicator_report.pdf

It is necessary to improve coverage of the range of drug-treatment services, not only of specialised outpatient centres but especially of low-threshold agencies or general practices

(1) http://www.emcdda.org/situation/themes/demand_treatment.shtml
(2) http://www.emcdda.org/multimedia/project_reports/situation/treatment_indicator_report.pdf

May–June 2002
Developing international guidelines for health protection in the nightlife setting was among the key topics on the agenda at ‘Club Health 2002’, the 2nd International Conference on Nightlife Substance Abuse and Related Health Issues, held from 24–27 March in Rimini (Italy).

The meeting adopted the Rimini Declaration, in which participants agreed on a core set of items to be included in these guidelines. A broad implementation of the guidelines in the European Union is foreseen for 2003 with the support of the World Health Organisation (WHO).

Safe-clubbing guidelines aim to minimise the most frequent health hazards to young club-goers. Measures may include: providing fresh drinking water and chill-out areas to avoid overheating; better training for nightclub staff in first aid, early detection of problems and monitoring; and facilitating the work of outreach teams in prevention activities. Guidelines of this kind already exist in many EU Member States (1) but their implementation by club owners or the responsible local authorities is still very irregular.

In addition to the guidelines, the conference addressed neuro-biological and psychiatric aspects of drug-taking and techno music, and related issues such as the prevention of sexually transmitted diseases. (This follows drastic outbreaks of gonorrhoea and syphilis in several UK cities related to party settings). Also covered were media campaigns and on-site interventions.

The conference, hosted by the Regione Emilia-Romagna, in association with the Liverpool John Moore’s University, coincided, at the same venue, with the largest disco fair in Italy. The sheer size of the fair demonstrated the impressive industrial and economic power behind the clubbing scene.

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**EDDRA: concrete examples of good practice**

Transvestites, women and minors living in situations of chronic social disadvantage are being exploited by criminal organisations for financial gain. Prostitution associated with drug use, whether to fund a drug habit or to deal with hard lifestyles, is also widespread.

Central and southern Italy have not escaped these problems. In the regions of Le Marche, Abruzzo and Molise, a group of volunteers and professionals is working with individuals of this kind. The initiative, entitled ‘On the road’ (1), combines one-to-one counselling, outreach work and empowerment activities, and promotes networking between informal and official assistance structures and the criminal justice system.

Offering advice, boosting self-esteem, providing vocational training and encouraging active job-hunting are among the daily tasks of those working on the project. In evaluating the initiative, project workers look at issues ranging from client satisfaction to the strategic impact of local drug policies.

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Gregor Burkhart

(1) UK safer dancing guidelines are downloadable from http://www.clubhealth.org.uk/pages/downloads.htm

The Rimini Declaration will be available in the coming weeks (http://www.clubhealth.org.uk).

For further information, please e-mail Mark Bellis (m.a.bellis@livjm.ac.uk).

An ‘Inventory of on-site pill-testing interventions in the EU’ is downloadable from the EMCDDA website (http://www.emcdda.org/responses/themes/outreach_pill-testing.shtml).

Petra Paula Merino

(1) For more, see http://www.emcdda.org/responses/methods-tools/eddra.shtml
Illegal drug use and responses to it have changed substantially in Europe over the past 20 years.

About 50 million people in the EU (20% of the population aged 15–64 years) have tried cannabis at least once in their lives, roughly double the figure 10 years ago. Despite a relatively high prevalence, the public-health impact of cannabis consumption appears rather low and concentrated among the minority of heavy users. Increases in clients seeking help for cannabis-related problems are reported in some countries. While this partly reflects increased prevalence, use among these clients often appears as part of a wider cluster of personal or social difficulties.

While the political debate currently centres on decriminalisation and legalisation (or not), the challenge from a public-health perspective is to develop credible approaches to health promotion, harm-reduction and treatment in today’s context, where cannabis is widely available and its use in recreational contexts is seen as banal across broad sections of mainstream youth.

In contrast to cannabis, the prevalence of severe, problem drug use involving heroin, crack cocaine or drug injecting is low (1–1.5 million, about 0.5% of the EU population aged 15–64), but the public health impact is very high. Most drug-related deaths and infectious diseases (HIV/AIDS, hepatitis B and C, tuberculosis) occur in this group. The overall EU prevalence of problem drug use, stable in recent years, is changing. Cocaine, especially crack, has become more significant in some countries while heroin use has diminished. In others, heroin use, especially heroin smoking, has risen.

Problem drug use poses major public-health challenges. Some 50–80% of drug injectors are infected with hepatitis C, implying major health-care costs in future and underlining that containing the spread of infectious diseases among (and from) drug injectors remains a priority. A variety of responses have emerged in the past decade. In addition to drug-free treatment, over 300,000 clients in the EU now receive substitution treatment. The strong link between problem drug use, stable in recent years, is changing. Cocaine, especially crack, has become more significant in some countries while heroin use has diminished. In others, heroin use, especially heroin smoking, has risen.

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The use of synthetic drugs (ecstasy and amphetamines) and cocaine has increased significantly over 10 years, especially among 15–30 year-olds. Levels of use are higher than for heroin but well below those for cannabis. Unlike heroin, most use occurs among socially integrated groups in recreational settings. While most use is intermittent, a substantial minority involved in regular ‘recreational’ use may be risking adverse health and social consequences.

Here, the public-health challenges are complex. Use of these drugs is often part of wider multiple drug use (alcohol, benzodiazepines). And the contexts in which drugs are used are embedded in wider youthful lifestyles that are exploited and reinforced by commercial interests (marketing of clothes, music). In many countries, responses have moved on from suppressing ‘raves’ to more pragmatic harm-reduction measures (chill-out rooms, pill-testing). However, much remains to be done to meet the challenges posed by the new patterns of drug use of the past decade.

Richard Hartnoll
**Partners**

**CND welcomes new UN drugs chief**

The Commission on Narcotic Drugs (CND), the UN's main policy-setting body on drug-control issues, held its 45th session in Vienna from 11–15 March. The newly-appointed Executive Director of the UN Office for Drug Control and Crime Prevention (ODCCP), António Maria Costa (Italy), was welcomed to the event and is expected to take up office in June. An EMCDDA delegation attended the session as observers.

Preparations for a ‘ministerial segment’ of the 46th CND session in 2003 were among the main discussion topics at the meeting. It was decided that this ‘segment’ would focus on assessing progress achieved and difficulties encountered in relation to targets set by the 1988 UN General Assembly Special Session on Drugs (UNGASS).

Other topics discussed in Vienna were: supply of, and demand for, opiates for medical and scientific needs; HIV/AIDS and drug use; control of cannabis in Africa; provisions for travellers treated with internationally controlled drugs; and strengthening international co-operation in the control of opium poppy cultivation.

The situation in Afghanistan received particular attention at the meeting. The UNDCP has recently reopened its office in Kabul and is engaged in legal system analyses and reform as well as capacity-building projects aimed at establishing Afghan law-enforcement and drug-control agencies.

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**Enlargement**

**Assessing national drug-monitoring systems**

Assessing national drug-monitoring systems is becoming increasingly important in the light of EU enlargement and the progressive involvement of the candidate countries in the work of the EMCDDA.

The European Commission has funded a range of initiatives to help non-EU countries set up or strengthen national focal points according to the Reitox model. These activities involve various Commission services and programmes as well as the 15 Member States and international organisations.

Since February 2001, the EMCDDA has been developing standard assessment tools and a reference framework which it has tested in all 13 candidate countries. The EMCDDA and the European Commission share a keen interest in developing such tools. For a first exchange of experience, a joint workshop was organised on 20 March by the EMCDDA and the European co-operation office Europe Aid. As a result, a handbook will be issued by the EMCDDA–Phare co-operation project in the coming months to help transmit and apply methodology to different countries.

Alexis Goosdeel

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**Drugs-Lex**

**New governments, new policies**

**Italy**

The Italian government is currently preparing a reform of the country’s drug law (DPR 309/90). According to reports in the media, the amended law may remove the distinction between so-called ‘hard’ and ‘soft’ drugs; increase the number and role of drug-free programmes; create drug-free structures within the prison system; and improve evaluation mechanisms for treatment interventions.

A co-ordination authority has been set up under the direct responsibility of Prime Minister Silvio Berlusconi, and a national drug co-ordinator, Pietro Soggiu, has also been appointed (see also p.6). As a result of these developments, the first Italian Action Plan on Drugs will be presented in the coming months, in line with which many new initiatives are foreseen.

**Portugal**

While significant changes are being introduced by the Italian government, the newly-elected Portuguese government, under Prime Minister Durão Barroso, has, on the other hand, announced that it will continue the efforts and objectives set up by its predecessors.

The new government programme (http://www.portugal.gov.pt) highlights how ‘the effectiveness of actions against drug addiction depends mainly on the stability of the current policy’. A new law in Portugal decriminalising drug use and possession for use came into force in July 2001 (see ‘Country profile’ at http://eldd.emcdda.org). However, the new government has announced that, largely for budgetary reasons, it will be reducing, by 50%, the capacity of the governmental drug co-ordination agency (Instituto Português da Droga e da Toxicodependência) and the political co-ordination of the drug problem, previously assured by Vitalino Canas.

As France and Germany renew their governments, and with drugs high on the political agenda, new developments might be also expected in their respective drug policies.

Danilo Ballotta

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The EMCDDA and the European Commission share a keen interest in developing standard assessment tools

Ignacio Vázquez Molini

For more, see http://www.unodc.org/press_release_2002-03-15_1.html

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May–June 2002
Reitox Training seminar on treatment demand

The first Reitox training seminar on the treatment demand indicator (TDI) was organised in Utrecht from 13–14 March. Experts on treatment data collection and analysis attended the meeting from the 10 central and east European candidate countries and some EU Member States.

Issues discussed included: methodological problems in implementing the European TDI Protocol (see p.2); progress in establishing national information systems in the candidate countries; treatment-data findings both at European level and in specific countries (Spain, Netherlands, UK); and potential future developments in data analysis (e.g. logistic regression for drawing up clients’ risk profiles). The seminar helped experts exchange experience with a view to improving national information systems.

Linda Montanari

Changes at the Italian focal point

Following recent reforms by the new Italian government, the responsibilities of the Department for Social Affairs of the Presidency of the Council of Ministers have been transferred, together with those of the Ministry of Labour, to the new Ministry of Labour and Social Policies (Ministry of Welfare). This new structure comprises two new departments – Social Policies and Social Security; and Labour Policies – divided into 12 Directorates-General (DGs).

The DG responsible for the Prevention and Rehabilitation from Drug Addiction and Alcohol Dependencies, and for the National Observatory on Drugs and Drug Addiction, is now the new seat of the Italian Reitox focal point. A national drug co-ordinator (Extraordinary Commissioner of the Government), has also been appointed. He is responsible for co-ordination between the relevant ministries working on drugs; the national three-year drug prevention and drug-specific measures by setting up respective activities within their systems. A follow-up project is currently underway to draft proposals for implementing these recommendations.

Silvia Zanone, Italian national focal point

New synthetic drugs Monitoring GHB and ketamine

The recreational drug GHB is still present in most EU Member States but the number of reported fatal intoxications declined in 2001. This could be due to improved knowledge among potential users about the risks of the drug (e.g. its combination with alcohol). Meanwhile, ketamine, while in limited supply throughout the 15, may still be being used for non-medical purposes in certain settings (e.g. dance events) or among specific user groups (e.g. opiate users).

These are among the conclusions of a recent progress report by the EMCDDA and Europol following a one-year monitoring of the substances in 2001 after risk assessments undertaken in 2000 (see p.7). The results were presented on 11 April to the Council’s Horizontal working party on drugs, which welcomed the report and asked to be kept informed of measures foreseen by Member States and the European Commission in the light of the findings.

The report, which gives a detailed update on the manufacture, trafficking, patterns of use and health consequences of the two substances, states that no other significant changes took place in 2001.

Lena Westberg

Spotlight Austrian national focal point Österreichisches Bundesinstitut für Gesundheitswesen (ÖBIG)

Youth and drugs: problems and needs for prevention is the title of a study carried out by the Austrian national focal point for the Department for Youth Policy of the Federal Ministry of Social Security and Generations. Available in German, it can be downloaded from http://www.oebig.at.

The study focuses on protective and risk factors related to problem drug use among young people. It also looks at the need for prevention activities among particular target groups.

One of the main recommendations of the project is to focus on so-called ‘integrative’ activities in the youth work field in order to fill gaps in extra-curricular services for young people at risk. The main goal is to approach these young persons firstly as adolescents, with their own set of individual, age-specific characteristics, conditions and problems, and not as drug users in isolation. Based on the ‘principle of integration’, youth and welfare services will play a central co-ordination role in drug prevention and drug-specific measures by setting up respective activities within their systems. A follow-up project is currently underway to draft proposals for implementing these recommendations.

For further information, please contact: Sabine Haas, ÖBIG, Stubenring 6, A-1010 Vienna. Tel: ++ 43 1 51 56 11 60. Fax: ++ 43 1 513 84 72. http://www.oebig.at

For more on the risk assessments of GHB and ketamine, see http://www.emcdda.org/multimedia/publications/risk_assessments
Products and services

New publications
Risk-assessment reports: ketamine and GHB

Just released from the EMCDDA are two reports on the risk assessment of ketamine and gamma-hydroxybutyric acid (GHB).

The risk-assessment exercises were carried out in 2000 in the framework of the joint action on new synthetic drugs.

In March 2001, the EU Justice and Home Affairs Council adopted formal conclusions that Member States should monitor both drugs closely (see news release at http://www.emcdda.org/data/docs/14en.pdf).

The new publications record the findings and conclusions of the above exercises. Among others, they draw together the various elements used to assess the two substances including: the final risk-assessment reports; contributions from Europol and the European Agency for the Evaluation of Medicinal Products; a review of pharmacotoxicological data; epidemiological evidence on the associated public-health risks and sociological and criminological evidence.

The publications are available free of charge from the EMCDDA.

They can also be downloaded from http://www.emcdda.org/infopoint/publications/risk_assessments.shtml

Rosemary de Sousa

Coming soon

- Prosecution of drug users in Europe: varying pathways to similar objectives, EMCDDA Insights series, No 5.

- ‘Measuring prevalence and incidence of drug use’, EMCDDA Drugs in focus series (policy briefings), No 3.

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

Drugs in focus: Issue No3

Issue number 3 of Drugs in focus, the EMCDDA’s new series of policy briefings, will be released mid-May in the 11 EU languages plus Norwegian. This issue focuses on ‘Measuring prevalence and incidence of drug use’ and looks at indicators for drug-prevention policy in the EU.

Readers wishing to subscribe for free of charge to these briefings are invited to do so via e-mail (info@emcdda.org) stating the language version and quantity required. Feedback on the briefings is also welcomed at the same e-mail address.

See next edition of Drugnet Europe for more.

Resources
Useful products on the drugs issue

US narcotics report
The US Department of State’s Bureau for International Narcotics and Law-Enforcement Affairs published its International Narcotics Control Strategy Report in March. The report, covering illicit drug-control and money-laundering activities in more than 140 countries, is the only comprehensive US government publication addressing illicit drug-control activities outside the US (downloadable from http://www.state.gov/g/inl/rls/nrcrpt).

UK drug report
DrugScope, the UK Reitox national focal point has released its UK Drug Report 2001 online (http://www.drugscope.org.uk/druginfo/drug-report.asp). The UK’s largest independent annual report on drugs, it provides information and analyses on prevalence, drug policies, responses, demand-reduction strategies and official statistics. Special chapters examine drugs in prison, polydrug use and the effectiveness of treatment.

Website
The website of the Spanish Instituto para el Estudio de las Adicciones (IEA) (http://www.lasdrogas.info) was the first site on drug addiction in Spanish. Since its launch in 1996, it has received an honourable mention in the Queen Sofia Awards against Drugs (Premios Reina Sofía contra las Drogas) and has been commended by the Spanish Plan Nacional sobre Drogas. The website is divided into two sections; general (containing information and documents of public interest); and professional (containing resources and news for those working in the field).

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

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.

5May–June 2002
Calendar 2002

EMCDDA meetings

6–8 May: Reitox Academy training course on 4 key EMCDDA indicators, Madrid.
21–22 May: EMCDDA expert meeting on developing measures of access to drugs in population surveys, Lisbon.
22 May: EMCDDA expert meeting on a joint analysis of the EU databank on population surveys, Lisbon.
23–24 May: Annual meeting of the EMCDDA expert group on drug use in the general population, Lisbon.
27 May: 3rd working group meeting on follow-up to the Reitox evaluation, Lisbon.
28–29 May: 3rd meeting of the legal correspondents to the European Legal Database on Drugs, Lisbon.
10–11 June: Reitox Academy specialised seminar on demand reduction data collection, Riga.
18–21 June: 24th meeting of the Heads of the Reitox focal points, including candidate countries, Lisbon.
24–25 June: Annual meeting of the EMCDDA expert group on the drug-related death key indicator, Lisbon.

External meetings

9–10 May: Inter-regional meeting on drug dependencies, Region of Umbria, Perugia.
14–16 May: Evidence-based practice and integrated treatment approaches, Centre for Medication Assisted Rehabilitation, Oslo.
27–28 May: 32nd meeting of the group of experts in the epidemiology of drug problems, Pompodou Group, Strasbourg.
21–22 June: 3rd network meeting on the medical prescription of heroin, Central Committee on the Treatment of Heroin Addicts, Utrecht.
26 June: UN International Day Against Drug Abuse and Illicit Drug Trafficking, 2002.

EU meetings

3 May: Horizontal working party on drugs, Brussels.
21 May: Meeting of national drug co-ordinators of the EU and candidate countries, Spanish Presidency, Salamanca.
6–7 June: Horizontal working party on drugs, Brussels.

Statutory bodies

Scientific Committee: latest news

The EMCDDA Scientific Committee met in Lisbon from 4–5 April. At the meeting, progress reports were presented on: the external evaluation of the Reitox focal points; the Council decision of 28 February submitting PMMA to control measures (see p.1); and the further development of the Guidelines for the risk assessment of new synthetic drugs (1997 Joint action). The Committee also agreed to provide feedback on the quality of information to be used in the 2002 EMCDDA Annual report.

During this session, sub-committees of the main body, set up in 2001 to provide an input to the EMCDDA’s scientific targets, convened for the first time. These four sub-committees, corresponding to the Centre’s main working areas, examined the current work programme with EMCDDA staff and reported results back to the plenary session. Finally, a representative of the European Commission’s Directorate General for Research updated the Committee on the implementation of the 2002–2006 EU multi-annual framework programme (http://www.cordis.lu). The next meeting of the Scientific Committee will take place from 12–13 December.

Lena Westberg

Drug laws seek ‘middle ground’ between punishment and treatment

Continued from page 1

Elsewhere (Belgium, Denmark, Germany and Austria), laws and guidelines indicate that first offenders for illicit possession of drugs, especially cannabis, should not be punished. Instead, they are ‘invited’ to refrain from taking drugs in future, often with warnings and probation. A 1999 directive in France recommends only a warning for drug-use offences specifically.

Possession for personal use of small amounts of cannabis is prohibited by law in the Netherlands but tolerated under certain circumstances (‘coffee-shop’ policy). In Ireland, possession of cannabis is punishable by a fine on the first or second conviction, although a sentence for imprisonment is possible from the third offence onwards. Meanwhile, in the UK, a suggestion from the Home Secretary in 2001 that cannabis be reclassified as a ‘Class C’ rather than ‘Class B’ drug could render possession of cannabis a non-arrestable offence in the future.

However, at the other end of the scale, Greece, Finland, Sweden and EU neighbour, Norway, are reported to apply their drug laws ‘to the letter’.

This policy briefing is downloadable in the 11 EU languages plus Norwegian: (http://www.emcdda.org/intpoint/publications).

For more on national drug legislation, consult the ‘Country profiles’ in the EMCDDA’s European Legal Database on Drugs (http://eldd.emcdda.org).