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Drugnet Europe

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

ISSN 0873-5379

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At least half of the EU prison population has a drug-use history

Addressing the needs of those with drug problems in prison is a critical challenge for both public-health and crime-reduction policy in the EU, states the latest edition in the EMCDDA policy briefing series *Drugs in focus*.

Entitled 'Treating drug users in prison – a critical area for health-promotion and crime-reduction policy', the document aims to focus the attention of EU policy-makers on the issues involved in this complex and sensitive area.

Estimates suggest that at least half of the EU's 356 000 prison population has a drug-use history and many of those entering prison have a severe drug problem. 'Prison does not necessarily stop the use of drugs', the paper maintains, 'neither does it necessarily address the therapeutic needs of problem drug users'.

Relatively high rates of HIV, hepatitis, tuberculosis and other infections associated with drug use are also found among the prison population. And for many prisoners, a return to problem drug use and regular offending on release is a far too common outcome.

A critical test for drug services targeted at prisoners is their ability to offer continued care at intake and on release. But, the briefing states, many prisoners with drug problems are poorly prepared for their release and are not given the opportunity to maintain contact with drug and social-support services.

A high proportion of those with the most serious drug use and addiction problems are to be found in prisons. Prison administrations therefore need to design responses that both cope with the challenges this presents and make the most of the opportunity to intervene in the cycle of drug addiction and crime.

This is reinforced by Georges Estievenart, EMCDDA Executive Director. He states: 'We know that drug use in prisons is a problem in Europe and we know that the costs to individuals and their communities of drug problems are considerable. The challenge for

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Photo: Fotobanco

At least half of the EU's 356 000 prison population has a drug-use history.

EMCDDA: Changes at the helm

The 25th EMCDDA Management Board meeting ended on 17 January, bidding farewell to its existing Chairman Mike Trace (UK) and welcoming its new Chairman Marcel Reimen (Luxembourg).

Mr Reimen, diplomat to the EU in Brussels, and Vice-Chairman of the Board since 1998, took over the Chair of the agency for the period 2003. On behalf of the Management Board and the EMCDDA, Mr Reimen commended the outgoing Chairman on his many accomplishments during his

Challenges in 2003 will include preparing for enlargement in 2004

mandate and wished him well. New elections for the Chair and Vice-Chair of the Board from 2004 will take place this July.

The new Chairman will form part of, and be supported by, the Bureau of the Management Board, composed of representatives of: the European Commission; European Parliament; and newly-elected national representatives of Belgium (W. Brunson); Spain (E. Garzón); and Portugal (F. Negrão).

Mr Reimen's challenges in 2003 will include preparing for enlargement in 2004 and for the next EMCDDA three-year work programme.

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March–April

2003

Drug situation

Making the most of grey matter: the value of grey literature

A recently published article in the UK ⁽¹⁾ extols the virtues of 'grey literature'. It defines it as 'any publication that has not been published in a peer-reviewed journal' and upholds its value in drugs research.

The greyest literature of all takes the form of research reports to funders. These often have an extremely limited circulation and locating them can be problematic. Many bibliographic databases (e.g. PsycInfo, Addiction Abstracts) do not include them. Others do, such as the EMCDDA's bibliography of

qualitative drugs research in the European Union (<http://qed.emcdda.eu.int/resources/bibliography/bibliography.shtml>).

This hard-to-find, non-peer-reviewed material can be extremely valuable to drug researchers. This was seen recently in the compilation of a literature review on the drug use of, and related service provision for, Black and Minority Ethnic (BME) communities in the UK ⁽²⁾. As few peer-reviewed publications deal with these issues, the project made a considerable effort to locate grey literature.

Most of the research reports discovered had used qualitative research methods and had often been conducted by those with unique access to the BME community under study. While some of this research may

have lacked academic rigour, on the whole it produced largely consistent, valuable snapshots of the situation, raising issues rarely addressed in academic journal papers. The literature review would not have been as comprehensive had grey literature been excluded.

Jane Fountain
Centre for Ethnicity and Health,
University of Central Lancashire, UK

⁽¹⁾ Fountain, J. (2002) 'Grey matter: unpublished research reports', *Social work in Europe*, 9 (1), pp 65–66. Also available in the QED network journal (<http://qed.emcdda.eu.int/journal/bulletin27.shtml>).

E-mail: jane@drugscope.org.uk

⁽²⁾ Available shortly from the UK National Treatment Agency, London.

E-mail: nta.enquiries@nta.gsi.gov.uk

Estimating the incidence of problem drug use

The term 'incidence' refers to the number of new cases of a disease occurring per time unit. This measure is particularly useful in evaluating the success of drug prevention measures.

The EMCDDA, in co-operation with the University Tor Vergata, Rome, has developed guidelines for estimating the incidence of problem drug use from treatment data. In recent EMCDDA projects, incidence has been estimated from treatment data using two methods: back-calculation and lag-correction. Estimates are available for Belgium and Italy as well as the cities of Amsterdam, Budapest, Lisbon, London and Rome. Work in 2003 will aim to increase the number and quality of incidence estimates and provide a more complete picture of time trends in new cases of problem drug use.

The Pompidou Group embarked on a similar project in 2001. Preliminary results were presented in Strasbourg in December for Cyprus, the Czech Republic, Malta, Poland, Slovenia and Switzerland. The project covers time trends analysis of socio-demographic data (1995–2000); patterns of drug use among clients in drug treatment; and incidence estimation. Final results will be available in June 2003. A joint EMCDDA–Pompidou Group publication on the analysis of incidence was also proposed at the meeting.

Lucas Wiessing and Linda Montanari



Photo: PhotoDisk

The greyest literature of all takes the form of research reports to funders. This hard-to-find, non-peer-reviewed material can be extremely valuable to drug researchers.

Drug availability and population surveys

The EMCDDA expert group on drug-availability questions within population surveys met at the agency on 31 January. The group is composed of experts from Denmark, Germany, Greece, France, Portugal, Sweden and the EMCDDA.

Talks began on the possibility of testing a draft module of drug-availability questions in population surveys in each of the countries. The participants then discussed secondary data analyses they had carried out on questions relating to drug availability and experience of drug use in their recent surveys.

For each of the concepts of 'drug availability' defined at the first meeting in May 2002 (see *Drugnet Europe* No 34), the group discussed the pros and cons of introducing specific elements into this new module for use in the European Model Questionnaire ⁽¹⁾.

A list of draft questions is currently being reviewed by the group and will be ready this spring for possible inclusion in national population surveys being carried out in 2003.

Efforts this year will be devoted to: testing these questions; analysing how they work and are interpreted; and looking at comparability across countries.

A joint analysis of the results should follow. The module will be revised in the light of these results in 2004 and submitted to the EU Reference group on population surveys for discussion and adoption.

Chloé Carpentier and Julian Vicente

⁽¹⁾ The European Model Questionnaire is a core component of the guidelines relating to one of the five EMCDDA key indicators (prevalence of drug use among the general population: 'population surveys').

Responses

Expert meeting: alternatives to prison

Are alternatives to prison for drug-use offenders effective in reducing crime? Can a treatment passed by a judge be successful? Drug courts, for or against? These were just some of the questions analysed at an expert meeting organised by the EMCDDA from 2–3 December on alternatives to prison for drug-use offenders.

The seminar aimed to identify examples of success and failure in applying alternatives to prison, via a detailed analysis of the different stages of the prosecution process (arrest, sentence, imprisonment).

Among participants' conclusions was the fact that drug courts have proven to be successful in reducing drug-related crime in regions where specialised treatment programmes for drug addiction are lacking (since they stimulate the development of treatment services as an alternative to punishment).

In Europe such courts only exist in Ireland and Scotland ⁽¹⁾. Elsewhere, it was shown that local initiatives carry out a similar role, with police, courts and drug treatment services joining forces in order to prevent drug users reoffending or to reduce drug addiction or associated harms. Drug treatment as an alternative to prison was also found to be effective in reducing clients' drug use and criminal activity and increasing their health and employment status.

Among the projects analysed at the seminar were: *Gavo* (Netherlands); *La cura vale la pena* (Italy); and *Pathfinder* (Norway) ⁽²⁾. Drugs courts in Europe and North America were also examined. One common denominator found was the interest of key players (police, judges, lawyers, treatment staff) in working together to reduce public nuisance caused by problem drug users who repeatedly commit petty crime. A report on the meeting is available from: Petra.Paula.Merino@emcdda.eu.int

Petra Paula Merino

⁽¹⁾ <http://www.scotland.gov.uk/library5/social/gdca-00.asp>

⁽²⁾ <http://www.trimbos.nl/ukfsheet/fc4uk.html>
<http://www.lacuravalelapena.supereva.it>
<http://tyrili.no/pdf/Pathfinder-programme.pdf>



Photo: FotoBanco

Drug courts have proven to be successful in reducing drug-related crime in regions where specialised treatment programmes for drug addiction are lacking

EDDRA: Parents associations in Denmark

The European School Survey Project on Alcohol and other Drugs (ESPAD) revealed in 1995 that Danish 15–16 year olds consumed alcohol and carried out binge-drinking more frequently than their peers in other European countries.

In response, the Danish County of Fyn set up parents association programmes in 15 schools in 2000. A core group of parents was trained in drug prevention techniques and were sent out to train other parents of sixth to eighth grade teenagers. Although the project is still underway, a recent interim evaluation shows the training sessions to be very useful and the active involvement of parents in drug prevention an asset to be explored and exploited in the future.

For more on the project see: <http://eddra.emcdda.eu.int>

Ulrik Solberg

Measuring addiction in Europe

'Measuring "addiction" in Europe: Clinical, sociological, cultural and policy aspects of the Addiction Severity Index (ASI) ⁽¹⁾ and other international instruments' was the title of a meeting held in Stockholm from 21–23 January. The event was organised by Stockholm University's Centre for Social Research on Alcohol and Drugs (SoRAD); the Nordic Council for Alcohol and Drug Research (NAD); and the EMCDDA. Some 50 researchers from Europe, Asia and the Americas participated.

As Prof. Robin Room of SoRAD pointed out in his introduction, gathering information on clients as they enter alcohol or drug treatment has a long history, dating back to the 1880s in New York. Firstly, collecting intake data on clients (e.g. How many cases pass through? What are their characteristics?) is a form of monitoring the treatment agency or system itself. (The EMCDDA has developed a Treatment Demand Indicator to measure such intake data EU-wide). But data can also be collected for clinical purposes to help determine the type of services clients need and how they are progressing. A third reason for collecting data is for evaluation and scientific purposes.

The ASI has been widely used for all these purposes and the meeting discussed its usefulness in different settings as well as possible improvements. A European version, EurASI, was developed with the funding of the European Commission Research Programme in the mid-1990s and now exists in several EU languages. While implementing a common European instrument on addiction severity is undoubtedly a 'plus' for comparative research, individual objectives will always need to be taken into account when selecting or modifying a data-collection instrument.

Margareta Nilson

⁽¹⁾ The EMCDDA Evaluation Instruments Bank (http://eibdata.emcdda.eu.int/eib_users.shtml) already includes some language versions of the ASI and more will soon be added.

Bookshelf

Les États face au Sida en Europe



Some 20 years have now passed since AIDS first arrived in Europe from the US. Today the epidemic threatens many world regions, particularly Africa and Asia. But in western Europe a social catastrophe has been avoided. This book (*States against AIDS in Europe*) explains why, by analysing and comparing the public policies of Germany, France, Italy and the UK in all AIDS-related fields, from sexuality to drug addiction. One of the chapters is dedicated to reducing risks among drug users.

The book relates how, departing from very different approaches to do with their culture and national institutions, these countries found certain points of convergence and built on them. As a result, the management of health risks, which had long been marginalised in national health policy, become one of the priorities of the EU. AIDS paved the way.

Author: Monika Steffen

Published by: Presse Universitaires de Grenoble

Language: French

Date: 2001

Price: 14 €

ISBN: 2-7061-0891-6

Ordering information: Presses Universitaires de Grenoble (PUG),

1041, rue des Résidences BP 47,
38040 Grenoble Cedex 9, France.

Tel. ++ 33 4 76 82 56 51/52.

Fax ++ 33 4 76 82 78 35.

<http://www.pug.fr>

E-mail: pug@pug.fr

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

Encouraging responsible journalism on drugs – exploding myths

Inaccurate reporting of drug issues has recently been tackled through a new online 'Media guide to drugs' published in the UK by DrugScope (1).

The new guide encourages responsible journalism on drugs and is conceived as a key resource for reporters in this field. Among others, it explodes myths that are commonly repeated as fact. For example, it shows that:

- there are no recorded examples of heroin ever being cut with ground glass;
- cannabis is far from being a 'harmless' drug; and
- there is no such thing as a soft drug.

The aim is to help journalists filter fact from fiction and improve the standard of drug information available to the public through the media. It is not meant to censure journalists but rather to facilitate their work, improve the nature of the public debate on drugs and ensure that young people trust the messages they are given.

Myths around illicit drug use have been allowed to grow and have propagated themselves into a set of commonly held beliefs and misconceptions. Instead the problems of drug use should be addressed from a solid basis of balanced information.



Photo: Diário de Notícias

Myths around illicit drug use have been allowed to grow and have propagated themselves into a set of commonly held beliefs and misconceptions

This guide aims to make journalists aware of the areas where reporting has been consistently problematic and help them avoid similar mistakes in the future. The media have a key role to play in informing people of the dangers of drugs and have a responsibility not to mislead by offering incorrect information which can actually make matters worse.

The media have a key role to play in informing people of the dangers of drugs and have a responsibility not to mislead by offering incorrect information which can actually make matters worse



Photo: FotoBanco

The guide stresses the importance of 'getting it right'. It states that the disproportionate coverage given to ecstasy deaths in the UK has led to some people switching from ecstasy to cocaine, detracting from the long-term risks of ecstasy and ignoring the risks of cocaine. The guide hopes that exploding myths, based on spurious evidence, will produce a stronger basis for addressing the drugs problem in a more effective way in the future.

In addition to guidance on drug-related issues, this online tool also contains drug terms and further resources, such as picture libraries and statistics. There is also a brief section referring to problematic styles of reporting.

(1) The guide is funded by the Wellcome Trust under its 'Medicine in Society' grant award.

The initiative is designed to improve public understanding of science in general and of neuro-scientific issues in particular. The media guide is available via the DrugScope website <http://www.drugscope.co.uk>

Enlargement

New study on drug strategies and national coordination

The EMCDDA has recently launched a study on the characteristics of drug strategies and national coordination mechanisms in the candidate countries to the EU. In line with the EU action plan on drugs (2000–2004), the study will provide the enlarged EU with reliable information on which to base a broader reflection on these issues.

The study will offer a descriptive and comparative review of national drug strategies, action plans and coordination mechanisms adopted in the candidate countries. It will thus complement information already available for the EU Member States, as set out in the 2002 EMCDDA report 'Strategies and coordination in the field of drugs in the European Union – a descriptive review' (http://www.emcdda.eu.int/policy_law/national/strategies/strategies.shtml). The study will also examine the objectives and key elements of the strategies and attempt to identify trends in drug policy formulation and implementation. Specific attention will be paid to how the countries coordinate the multi-faceted issue of drugs.

Roumen Sedefov and Danilo Ballotta

Partners

INCB launches latest *Annual report*

There is a danger of the worldwide legal market in opiates for pain relief getting out of control with supply currently exceeding demand, says the International Narcotics Control Board (INCB) in its 2002 *Annual report*. The report, launched in Vienna on 27 February, warns that cultivation and production levels are far in excess of medical consumption and there is an increased risk that stocks could be diverted into the illegal drugs market.

The Board says that new countries should not start producing licit opiates because there is already too much being cultivated and produced elsewhere. Governments already permitting licit opiate cultivation are encouraged to reduce amounts produced. The Board stresses the important role of the traditional supplier countries of opiate raw material, such as India and Turkey.

The world's licit opiate market, which supplies essential pain-relieving drugs, is about the same size as the illegal heroin and opium market, with around 400 tonnes in morphine equivalent of opiates being produced annually. Only a limited number of countries grow licit opiates and it has been successfully regulated until now to ensure that sufficient quantities are produced for medical purposes worldwide and that drugs are not diverted.

Despite the worldwide surplus of licit opiates for pain relief, these are often unavailable in many developing countries. Medical consumption of morphine has increased in the developed world and 10 countries account for 80% of morphine consumed worldwide. The Board has raised its concerns about the lack of availability in some countries and is calling on governments and the World Health Organisation to reduce the barriers to better availability of licit opiates in developing countries. See <http://www.incb.org>

Drugs-Lex

Legal aspects of substitution treatment in the EU

How international and national legislation on substitution treatment is enforced in the EU is the focus of a recent EMCDDA study carried out by the Catholic University of Leuven (Belgium). The study, which examines nine European countries⁽¹⁾, also looks at the impact of such legislation on the status, design and organisation of substitution treatment programmes and how they are accepted by the community as a whole.

The study reveals the ambiguity still surrounding the issue in some Member States as well as countries' differing views on the ultimate objective of substitution treatment. Whereas in some, the aim is reducing drug-related harm, in others it is achieving total abstinence. Laws and regulations concerning the prescription and distribution of treatment, entry criteria to services and the overall organisation of programmes, are therefore influenced

by how countries view this ultimate treatment goal.

The findings reveal a change in drug policy across Europe in recent years towards a broader acceptance of substitution treatment, although the issue is still controversial. In most of the countries studied, law-enforcement and medical professionals were seen to have become increasingly supportive of the practice as a means of improving the general health and social well-being of drug users and reducing the risks of infectious diseases and drug-related crime. However, opposition remains and consensus is still elusive.

The 1961 UN Single Convention on Narcotic Drugs put forward the concept of 'drug-free treatment', aimed at detoxifying the individual and reducing drug abuse. It was not until

later that therapeutic measures were introduced to treat problem drug users with alternative substances (e.g. methadone or other antagonists) for maintenance or abstinence purposes. Methadone treatment was introduced on a small scale in some European countries in the 1960s and 1970s, becoming widespread over the subsequent two decades⁽²⁾.

Prof. Dr Joris Casselman, Karolien Meuwissen, Danilo Ballotta

The study is available at: http://www.emcdda.eu.int/multimedia/project_reports/policy_law/substitution_legal.pdf

⁽¹⁾ Belgium, Greece, Spain, France, Ireland, Italy, Austria, Finland and Norway.

⁽²⁾ See also: *Reviewing current practice in drug substitution treatment in the European Union*, EMCDDA Insights series, No 3, 2000.

'Key role of substitution in drug treatment', *Drugs in focus*, EMCDDA policy briefings, No 1, January–February 2002.

Spotlight



First national documentation centre on drug use opens in Ireland

Ireland's first national documentation centre on drug use recently opened its doors at the Drug Misuse Research Division (DMRD) of the Health Research Board, Ireland's national focal point. The state-of-the-art information centre is funded by the Department of Community, Rural and *Gaeltacht* (Irish-speaking regions) Affairs.

In its national drugs strategy (2001–2008), the Irish government designates the DMRD as the central point to which all research data and information on drug use in Ireland should be channelled. In response, the DMRD set up the documentation centre to house this data, which can be accessed by policy-makers, researchers and other interested parties.

The documentation centre has two main elements: an electronic library containing the full text of research reports, government publications and other documents (see <http://www.hrb.ie/ndc>) and a public library containing a large collection of books, reports and specialist journals. The centre will build on the existing resources of the DMRD and capitalise on its role as Reitox national focal point.

Hamish Sinclair

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Reitox

60% of French population 'well informed' on drugs

The perceptions of the French population on the drug phenomenon have recently been explored in a 'Survey on representations, opinions and perceptions on psychotropic substances' (*Enquête sur les représentations, opinions et perceptions sur les psychotropes/EROPP*). The survey, carried out by the French national focal point (*Observatoire français des drogues et des toxicomanies*), examines public opinion on illicit and licit drugs (alcohol and tobacco) as well as related public actions.

The survey shows that six out of 10 French citizens consider themselves to be on the whole 'well informed' on drugs and support the main thrust of French public health policy in this area. They are also aware, and largely in favour of, substitution treatment and the open sale of syringes.

The results also show that heroin, ecstasy and cocaine are perceived as the most dangerous substances and are deemed dangerous from the point of experimentation by 87% (heroin), 79% (ecstasy) and 82% (cocaine) of those questioned. As far as cannabis is concerned, one French citizen in two considers it dangerous from the point of experimentation, seven out of 10 think that prohibiting its use is not an affront to individual freedom and the same number believes in the gateway theory (that cannabis use may lead to the use of harder drugs). At the same time, the number of supporters of the free sale of cannabis is increasing, both among those experimenting with the drug and those who are abstinent. From 1999 to 2002 the figures rose from 17% to 23%. The survey also considers that cannabis is less addictive than alcohol and tobacco.

Mathieu Chalumeau

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The survey (F. Beck, S. Legleye, P. Perreti-Wattel) is available in French at <http://www.drogues.gouv.fr>

An edition of OFDT's review *Tendances* dedicated to the survey can be consulted in English at <http://www.drogues.gouv.fr/uk/index.html>

Inventory of drug services in Greece

Accurate information on Greek drug-prevention, treatment and harm-reduction programmes is now available in an *Inventory of substance addiction prevention and treatment services in Greece* published by the country's Reitox focal point (on- and offline).

Now in its second edition, the inventory is designed to provide both professionals and lay public with concise information on the structural and functional characteristics of all national drug and alcohol specialised programmes (e.g. contact information, target groups, activities, services). The data presented was initially collected through the EDDRA project and via treatment unit forms (TUF) distributed by the focal point annually.

Programmes are categorised according to Greece's 13 health districts and also by service type (e.g. preventive, advisory, therapeutic, rehabilitative, etc). The inventory thus plays an important part in the country's referral procedure, by offering an overview of prevention and treatment options and allowing individuals to locate the most suitable and the nearest service to them. The internet database of the inventory, developed following the success of the printed version, is regularly updated. This is designed to help promote national drug-specialised programmes and facilitate access by the public. Searches can be carried out by region, type of service or keywords.

Vicky Yotsidi

E-mail: ektep@hol.gr • <http://www.ektep.gr>

Products and services

New publications

General report of activities 2002



The EMCDDA's *General report of activities 2002* is now available online. This annual publication offers a detailed progress report of the EMCDDA's activities over a 12-month period and describes project outputs and goals achieved under the 2002 work programme. The information provided is supplemented with hyperlinks to ongoing work and project results.

The report, available in English, is a useful resource for all those seeking comprehensive information on the Centre and its work.
<http://www.emcdda.eu.int/infopoint/publications/activities.shtml>

Corporate identity manual



The EMCDDA's new corporate identity manual, launched in January 2003 (see *Drugnet Europe* No 39) is now available in pdf format on the EMCDDA website.

The 120-page manual offers an introduction to the organisation's corporate image and sets out the agency's basic visual and verbal communication rules. Among others, it clarifies the thinking behind the identity and what it hopes to convey.

<http://www.emcdda.eu.int/infopoint/publications/corporate.shtml>

Coming soon

- 'EU enlargement and drugs — Challenges and perspectives', *Drugs in focus*, EMCDDA policy briefings, No 8, March–April 2003.

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

New on the EMCDDA website

The following project reports have recently been uploaded to the EMCDDA website:

- 'Study on the legal aspects of substitution treatment'
http://www.emcdda.eu.int/multimedia/project_reports/policy_law/substitution_legal.pdf
- 'Public spending on drugs in the European Union in the 1990s: retrospective research'
http://www.emcdda.eu.int/multimedia/project_reports/policy_law/public_expenditure.pdf

The EMCDDA 2003 work programme and budget, adopted by the Management Board in January, are also now available at the following links:

http://www.emcdda.eu.int/about/work_programme/03.shtml
http://www.emcdda.eu.int/multimedia/budget/2003_budget.pdf

Drug-related deaths

Drug-related deaths are regarded as a major public health problem in the Member States of the EU and the number of such deaths has often been used to measure the effectiveness of drug policy in a given country. 'Statistics on drug-related deaths in Europe' is a report compiled by the Swedish national focal point (*Statens folkhälsoinstitut*). It offers an insight into the processes leading to the classification of drug-related deaths and the difficulties in obtaining comparable data across the EU. The report is the result of an international conference organised by the NFP and involving experts from eight EU Member States. It aimed to improve the quality and comparability of data in this area.
http://www.fhi.se/shop/material_pdf/sta_drug.pdf

Resources

Useful materials and events on the drugs issue

CLAT 2 conference

The second Latin conference on the reduction of drug-related harm will take place from 22–24 May in Perpignan, France. The conference will bring together harm-reduction professionals working in the field of health and social affairs with drug users from the south of Europe.

E-mail: clat2@free.fr
http://www.clat2.com
(accessible in ES, FR, IT and PT)

AIDS publication

La cura delle persone con AIDS: interventi a contesti culturali (Curing people with AIDS: interventions and cultural responses), provides an overview of the AIDS problem in Italy. The book carries a chapter by the EMCDDA's late colleague, Roger Lewis, which explores the relationship between AIDS prevention and active research on HIV among drug injectors.

Contact: Umberto Nizzoli
E-mail: nizzoliu@ausl.re.it
ISBN: 88-7946-399-3

Evaluating drug treatment

The annual congress of the *Asociación Española de Neuropsiquiatría* (Association of Neuropsychiatry) will take place in Oviedo from 11–14 June. Among the items on the agenda will be the evaluation of treatment of drug users. The EMCDDA will participate in the event.

E-mail: paz@telecab.es
http://www.22congresoer.com

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

Drugnet Europe is a bimonthly newsletter published by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), Lisbon. The newsletter is published six times a year in Spanish, German, English, French and Portuguese. Original language: English. Any item may be reproduced provided the source is acknowledged.

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Calendar 2003

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15
16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

EMCDDA meetings

- 6–8 March: High-level conference on drugs, Greek Presidency in co-operation with the EMCDDA, Athens.
- 11 March: EMCDDA working group on coverage of treatment demand, Manchester.
- 14 March: EMCDDA Bureau and budgetary committee meetings, Lisbon.
- 31 March–1 April: Risk-assessment meeting, enlarged EMCDDA Scientific Committee, Lisbon.
- 7–8 April: 3rd Reitox national reporting working group, Paris.
- 10–11 April: EMCDDA expert meeting on mortality cohort studies, Rome.
- 5–6 May: 4th Reitox national reporting working group, Lisbon.
- 8 May: EMCDDA working group on the analysis of treatment demand data relating to cannabis, Munich.
- 12 May: 19th EMCDDA Scientific Committee meeting, Lisbon.

External meetings

- 27–28 March: 1st European congress on addictive disorders, Alicante.
- 4–5 April: 2nd meeting of the UNAIDS reference group on HIV prevention among injecting drug users, Chiang Mai.
- 6–10 April: 14th International conference on the reduction of drug-related harm, Chiang Mai.
- 8–15 April: UN Commission on Narcotic Drugs, Vienna.

EU meetings

- 11–12 March: Horizontal working party on drugs, Brussels.
- 1 April: Horizontal working party on drugs, Brussels.

Statutory bodies Management Board

Continued from page 1

The 2003 annual work programme also received a seal of approval at the meeting. This marks the end of the three-year work programme (2001–2003) and focuses on the consolidation of projects launched at its outset. Both programmes reflect the orientations of the reform plan adopted by the Board in September 2000 following an external evaluation of the agency in 1999.

A budget of 9.7 million € was also adopted at the meeting for 2003. Of this, 33% of resources are earmarked for monitoring the drug situation; 28% for monitoring responses; 15% for the Reitox network; 15% for monitoring strategies and their impact; and 9% for implementing the joint action on new synthetic drugs.

The full text of the work programme is now available at:
http://www.emcdda.eu.int/about/work_programme/03.shtml

In addition, the Board adopted:

- the *General report of activities 2002*;
- a new operating framework of the Reitox system;
- the recasting of the EMCDDA financial regulation.

In the context of the discussions on enlargement, the Board decided to invite the 10 accession countries to the next Management Board meeting as observers. The next meeting will take place from 2–4 July 2003 in Lisbon.

Kathleen Hernalsteen

At least half of the EU prison population has a drug-use history



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European drug policy is to ensure that our prisons work to make the situation better, not the contrary.'

The briefing concludes with six policy considerations on drug treatment in prisons.

To download the policy briefing in 12 languages see:
<http://www.emcdda.eu.int/infopoint/publications/focus.shtml>

For a news release see:
http://www.emcdda.eu.int/infopoint/news_media/newsrelease.cfm