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Drugnet Europe

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EMCDDA releases 2003 *Annual reports*

On 22 October, the EMCDDA launched its 2003 *Annual reports* on drugs at the European Parliament in Strasbourg. This public launch to the media followed a presentation the previous day to the European Parliament's Committee on Citizens' Freedoms and Rights, Justice and Home Affairs, chaired by Jorge Salvador Hernández Mollar. Presenting the reports were EMCDDA Chairman Marcel Reimen, European Parliament representative on the EMCDDA Management Board Santiago de Torres and EMCDDA Executive Director Georges Estievenart.

This edition of *Drugnet Europe* brings you the highlights of the reports and shows you where to locate them (see opposite). It also devotes special attention to the theme of drugs and young people, with articles exploring: the reports' special features on this topic; a new EMCDDA policy briefing on drug use among the young and vulnerable; and the European conference on drugs and young people held in Malaga from 30–31 October (see pp. 3–5).

2003 *Annual report* on drugs in the EU and Norway: headlines

Despite 'some grounds for cautious optimism' about the drug situation in the EU and Norway, the EMCDDA warns against any complacency. New drug problems are emerging in some areas and there are no data to suggest a significant fall in drug use. Here are some of the report's highlights.

1 in 5 have used cannabis, and treatment demand grows: At least one in five (20%) adult Europeans have used cannabis at least once in their lifetime. Figures for young people between 15 and 34 years are generally even higher, ranging to up to 44%. Further investigation is needed into increasing references to cannabis in the records of specialised drug treatment services since 1996. It is now the most frequently reported substance after heroin, representing 12% of all treatment clients and 25% of new clients in the EU.

Amphetamines and ecstasy: Europe remains a key area for the production and use of amphetamines and ecstasy. After cannabis, these are the second most commonly used illicit drugs, with lifetime adult consumption ranging from 0.5–5%.

Continued on page 8



Some grounds for 'cautious optimism' but no room for complacency. New drug problems are emerging in some areas and there are no data to suggest a significant fall in drug use.

Latest on the drugs problem across Europe

Key issues on drugs in Europe are addressed in the 2003 EMCDDA *Annual reports*. Consult them for the latest drug facts, figures, analyses and trends, across Europe and by country, and for the latest social, legal and political responses.

The *Annual report 2003: the state of the drugs problem in the European Union and Norway* (available in the 11 EU languages + Norwegian) carries special issues on: drug and alcohol use among young people; social exclusion and reintegration; and public expenditure in the area of demand reduction (see opposite and p. 8).

2003 *Annual reports* Drug facts, figures and analyses: across Europe and by country

On the eve of EU enlargement, the *Annual report 2003: the state of the drugs problem in the acceding and candidate countries to the European Union* (available in English) offers special issues on: drug and alcohol use among young people; drug-related infectious diseases; and national drug strategies in the countries under review (see p. 2).

Expanded online versions of the reports are available on dedicated websites. These sites offer full downloadable PDF versions of the reports; news releases; and a wealth of additional material complementing the printed versions.

<http://annualreport.emcdda.eu.int>
<http://candidates.emcdda.eu.int>

November–December
2003

2003 Annual reports

Drugs in EU acceding and candidate countries

Problems growing but enlargement offers unique chance for concerted responses

The arrival of 10 new EU Member States in 2004 may well fan the flames of an already complex EU drugs problem, but enlargement will also offer countries the chance to play a full part in developing concerted and coordinated responses through increased cooperation. This is the message conveyed by the EMCDDA in its *Annual report 2003: the state of the drugs problem in the acceding and candidate countries to the European Union*.

Presenting the report in Strasbourg, Executive Director Georges Estievenart said: 'EU enlargement throws up an array of public concerns that cannot be ignored. Among these are increased drug trafficking, escalating drug use in the new Member States and the spread of infectious diseases. But enlargement also offers countries a unique opportunity to benefit from closer collaboration. This report hits a positive note on how progress can be achieved by new and old Member States' working together to respond to this shared problem through sound analysis and better-informed action.'

On the eve of EU enlargement, the report offers a comprehensive historical overview of drugs in the countries under review since the early 1990s. It also carries three selected issues on: drug and alcohol use among young people (see p. 3); drug-related infectious diseases; and national drug strategies (below).

Nevertheless, the report says that a number of indicators suggest that the potential for serious future problems remains considerable. Increasing HIV prevalence among IDUs poses a potential threat for a spread of the virus to the wider population. This, adds the report, along with continuing high-risk behaviour, makes strengthening public health measures and promoting behavioural change a 'must', if HIV epidemics among IDUs and the general population are to be averted.

For all CEECs where estimates are available, data show that prevalence of the hepatitis C virus (HCV) among IDUs is generally much higher than that of HIV and is likely to result in considerable long-term public health costs. In Bulgaria, Estonia, Latvia and Lithuania, estimates among IDUs are 60% and more, broadly corresponding to the picture in the EU, where most figures range from 40–90%. In other countries – Czech Republic, Hungary, Slovakia and Slovenia – average figures are lower but still high, generally around 20–40%. Although all 10 CEECs have now implemented preventive and harm-reduction measures, provision and coverage are too limited in most of them.

National drug strategies in the future Member States

The report reveals that most of the 13 acceding and candidate countries have made major changes to their drug laws over the last decade. Where legal attitudes to drugs are concerned, some countries have tended to criminalise the possession of drugs for personal use and/or drug use *per se* since 1990. This contrasts with more recent drug law modifications in some EU countries, which have addressed this question quite differently.

The report observes that national drug strategies are now in place, or about to be adopted, in the 10 CEECs. This trend, echoing that in the European Union, shows that these countries are increasingly committing to the planning and implementation of drug-related activities. But this approach is reportedly often weakened by the lack of political will and resources allocated to drugs.

Finally the report stresses that reliable and relevant information is essential for 'underpinning the new drug strategies and policies that are under development in all acceding and candidate countries'. It also underlines the need for countries to invest in 'surveillance and reporting systems' necessary for a sound understanding of the drug phenomenon or tracking its evolution over time.

On this note, Chairman of the EMCDDA Management Board Marcel Reimen said: 'In the EU, national focal points and regional and local centres play a vital role in collecting and making sense of data needed for sound policy-making. It follows that, in the acceding and candidate countries, proper investment in such focal points is a prerequisite for rising to the drug challenge.'

For further highlights, see news release No 12 at:
http://www.emcdda.eu.int/infopoint/news_media/newsrelease.cfm



Increasing HIV prevalence among injecting drug users. Some east European countries are 'threatened by the most rapidly developing HIV epidemic in the world'

Infectious diseases: potential for serious future problems

The report warns that some east European countries are 'threatened by the most rapidly developing HIV epidemic in the world'. In particular it cites recent and sudden increases in HIV infection among injecting drug users (IDUs) in two of the Baltic States – Estonia and Latvia – where infection has spread at an 'alarming rate', with prevalence rates at up to 13% and 12% respectively in national samples of IDUs. 2001 data point to a 282% rise in newly diagnosed HIV infections among IDUs in Estonia and a 67% rise in Latvia.

In most other Central and East European Countries (CEECs) – Bulgaria, Czech Republic, Hungary, Romania, Slovakia and Slovenia – the figures are below 1%, lower than in the EU, where prevalence ranges from around 1% in Finland to 34% in Spain. In the third Baltic State, Lithuania, HIV prevalence remains below 5%. There are currently no explosive rises in HIV reported among IDUs in Central Europe.

2003 Annual reports

Special focus on young people

Rising concern about 'binge' drinking and intensive drug use among the young and vulnerable

Concern is rising across Europe about increased 'binge' drinking and intensive drug use by a small but significant number of vulnerable young people. And today's complex and changing patterns of substance use are a growing challenge for policy-makers. Young people now have access to a wider range of substances and more are using them combined with alcohol.

These issues are examined in this year's EMCDDA *Annual reports* on the drug situation in the 15 EU Member States and Norway and the 13 acceding and candidate countries to the EU. Both reports carry a special focus on young people and for the first time highlight the use of alcohol as well as illicit drugs.

Young people face big alcohol threat

Across the EU and the Central and East European Countries (CEECs), alcohol is the mind-altering substance used most by young people, and cannot be ignored when analysing the health and social burden of their substance use.

School surveys of EU 15 to 16-year-olds show that between 36% (Portugal) and 89% (Denmark) report having been drunk at some time in their lives. Increased 'binge' drinking – five or more drinks in a row in the previous 30 days – was reported in the late-1990s, particularly in Ireland (up from 47% to 57%) and Norway (37% to 50%).

Alcohol use is widespread in the CEECs, where laws intended to protect young people are often poorly enforced. In almost all 10 countries, nearly two-thirds of 15 to 16-year-olds admit to having been drunk at least once in their life. Those described as 'experienced drinkers' – having drunk alcohol 40 times or more in their lifetime – rose in at least six of these countries between 1995 and 1999. For example from 22% to 41% in the Czech Republic and 18% to 26% in Poland.

Young people's disapproval of drunkenness varies considerably across the EU – generally highest in the south of Europe and lowest in the north. Some 80% of young Italians disapprove, compared with 32% in Denmark. In the CEECs, disapproval of getting drunk once a week ranges from less than 49% in the Czech Republic to 70% and over in Estonia, Hungary, Latvia, Lithuania and Slovenia.

Boys tend to use drugs and alcohol more than girls. But the gap is narrowing. Girls are more likely to take unprescribed tranquillisers and sedatives or alcohol together with 'pills'.

Inhalant and solvent dangers often overlooked

One problem often overlooked but with a big impact on public health, warns the report, is young people's use of inhalants and solvents.

After alcohol and cannabis, these are the substances most commonly used by 15 to 16-year-olds in the EU. Highest use is reported in

Ireland (22%), UK (15%), Greece (14%) and France (11%). It is at its lowest in Portugal (3%). Some 1 700 deaths related to such substances were recorded among young people in the UK alone between 1983 and 2000. In some CEECs, anecdotal evidence suggests considerable problems with inhalant use.



Young people now have access to a wider range of substances and more are using them combined with alcohol

Changing patterns of cannabis use

Cannabis remains the illicit drug most frequently used by young people in Europe, but figures vary widely. In some EU Member States and the Czech Republic, around a third of 15 to 16-year-olds have tried the drug at least once, with Denmark recording 24%, the Netherlands 28%, Spain 30%, Ireland 32%, and the UK, France and the Czech Republic 35%. In other countries, figures are much lower – Portugal (8%), Sweden (8%), Greece (9%) and Finland (10%).

The likelihood of young people experimenting with cannabis rises sharply with age. Figures for 2001 show that use among boys in France tripled between age 13 (13.8%) and 18 (55.7%).

They also show that boys are more prone to intensive cannabis use than girls. For example 13.3% of French boys and 3.6% of girls used the drug intensively.

Responses

It is increasingly recognised that drug and alcohol problems are intertwined and that patterns of drug taking among young people have diversified. As well as investing in general drug prevention work in schools and communities, EU countries are beginning to promote projects targeting those most vulnerable to drug and alcohol problems. Such projects aim to prevent substance use problems by strengthening self-esteem and problem-solving abilities and by helping people deal effectively with risks, such as living in a drug-using environment. Such initiatives are still rare in the CEECs.

For further highlights on drugs and young people, including use of ecstasy, amphetamines, cocaine and heroin, see news release No 13: http://www.emcdda.eu.int/infopoint/news_media/newsrelease.cfm

Bookshelf

Drugs and the law



Drugs and the law is a recent addition to the *Issues* series, published by Independence Educational Publishers (UK) to provide students and professionals with up-to-date information on contemporary social issues. This volume looks at the latest trends in drug use and explores the complex field of legislation on drugs.

Chapter 1 includes practical information on drug use and prevention including: a drug identification guide; drug prevention advice for the family; and the basics of risk reduction. It also features a section from the EMCDDA on 'Drug use in Europe and its consequences'. Chapter 2 concentrates on drugs and the law and analyses proposals to reclassify cannabis in the UK and the pros and cons of the legalisation debate. The information contained in the publication derives from a wide variety of sources including: government reports and statistics; newspaper reports and features; surveys; websites; and lobby groups.

Series editor: Craig Donnellan
Publisher: Independence Educational Publishers, Cambridge, UK
Language: English
Date: May 2003
ISBN: 1-86168-238-7
Price: GBP 6.95
Ordering information:
issues@independence.co.uk
<http://www.independence.co.uk>

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

Drug use among vulnerable young people

There is an urgent need to investigate and monitor drug use and vulnerability factors among young people who may be at significantly greater risk of developing chronic drug problems. This warning comes in the latest edition in the EMCDDA's policy briefing series *Drugs in focus*.

Entitled 'Drug use amongst vulnerable young people – Prevention strategies need to target young people most at risk', the document aims to focus the attention of EU policy-makers on the issues involved in this sensitive area. The policy briefing was launched to coincide with the European conference on drug use and young people, held from 30–31 October in Malaga, Spain (see p. 5).

The briefing says that, while experimentation with drugs is increasingly widespread in Europe, levels of drug use and the risks of developing drug-related problems are much higher among vulnerable groups. But, it adds, groups of young people vulnerable to developing drug problems – and settings where young people are most at risk – are rarely identified explicitly in national drug prevention strategies. Recent European policy documents recommend that this be redressed and also call for targeted evidence-based action to reduce risks.

A small but significant minority who experiment with drugs do become intensive drug users and develop serious drug-related health problems



Young people who experiment with drugs or use them recreationally – at parties for example – do not develop serious drug problems. For these young people the greatest risks of harm are associated with having an accident, getting into a fight or into trouble with the police, or having unprotected sex while under the influence of alcohol or illegal drugs. However, a small but significant minority of young people who experiment with drugs do become intensive drug users and develop serious drug-related health problems.

Research has identified a range of risk factors for developing drug problems. Some are associated with the characteristics of the individual while others are linked to family or neighbourhood characteristics.

The publication considers ways of complementing universal drug prevention strategies with selective interventions targeting those most at risk (!). Universal, school-based prevention programmes are in place in most European countries, says the briefing. However, these do not address the specific needs of young people most vulnerable to becoming problem drug users. Within Europe there are examples of good practice in relation to selective prevention for vulnerable groups, but provision is patchy. Some Member States have established selective prevention projects directed at intervening early in socially-deprived families and neighbourhoods where the risks of developing drug-related problems are higher.

The briefing concludes that rigorous evaluation of the outcome of selective prevention programmes is vital to ensure that projects achieve their objectives and that there are no unforeseen negative consequences.

Issue No 10 of *Drugs in focus* can be downloaded in the 11 EU languages plus Norwegian from:
<http://www.emcdda.eu.int/infopoint/publications/focus.shtml>

For more on drugs and young people see news releases Nos 13, 14, 15 and 16:
http://www.emcdda.eu.int/infopoint/news_media/newsrelease.cfm

(!) Universal prevention refers to strategies that address an entire school population or community with the aim of preventing or delaying drug use. Selective prevention refers to strategies that target specific groups at greater risk of developing drug-related problems than others.

Partners

European conference on drug use and young people: conclusions

There is no simple or universal solution to young people's use of drugs and alcohol. Instead, policy responses must be tailored to a range of specific challenges presented by this sensitive issue. This was among the key conclusions of the European conference on drug use and young people, held in Malaga from 30–31 October (see *Drugnet Europe* No 43).

The event was organised by the European Parliament (EP) in collaboration with the EMCDDA; the Spanish Government Delegation for the National Plan on Drugs; the Regional Government of Andalusia; and the Malaga Town Council.

It was the first time an EP delegation had met information-providers and experts in the drugs field to help identify information needs and priorities for formulating and assessing drug policies targeting young people at European level. Some 130 policy-makers, scientists and experts in the drugs field attended the event.

The conference reached seven specific conclusions which can be downloaded from <http://www.emcdda.eu.int/infopoint/events/events.shtml>

Among these was the conclusion that more comprehensive action is required to better monitor drug-use patterns and trends which young people develop as they become adults. This is especially relevant given that the years after school are those when drug use is most common and where data are currently limited.

Understanding how young people view drugs and how drug information is exchanged, was also considered important as it offers a key insight into how to target prevention and what new communication tools are likely to be required to do this.



On this note, delegates agreed that there is a need to consider how to use the Internet to *discourage* rather than *promote* drug use.

The conference also underlined the need for adequate drug coordination mechanisms to achieve drug policy objectives, and for a strong European strategy on drugs in the enlarged EU. Calls were also made for the EU to be granted its own competence on drugs, taking advantage of ongoing discussions on the draft text of the Constitution in the context of the Intergovernmental Conference.

Closing the conference, Jorge Salvador Hernández Mollar, Chairman of the EP Committee on Citizens' Freedoms and Rights, Justice and Home Affairs, declared: 'More than anything this conference has demonstrated the value of an open discussion on this complex issue. It has provided the rare opportunity to bring together people who share a common objective, but who have a wealth of experience and perspectives to bring to the debate'.

For further highlights, see news release No 16 at: http://www.emcdda.eu.int/infopoint/news_media/newsrelease.cfm

Drugs-Lex

Clarifying cannabis legislation in the UK

On account of often confusing messages conveyed by the media, the UK Government and the Association of Chief Police Officers (ACPO) have released information aimed at clarifying the proposed reclassification of cannabis under UK law.

Legislation has recently been submitted to the UK Parliament aiming specifically to reclassify cannabis as a Class C rather than a Class B drug. This legislation would give cannabis the same legal status as illegally obtained steroids or certain prescription drugs (e.g. tranquillisers) and would reduce the maximum penalty for possession of cannabis from 5 to 2 years' imprisonment. It would also allow the police to use their discretion not to arrest an individual for cannabis possession.

If approved, this reclassification will come into force on 29 January 2004 throughout the UK.

At the same time, a broader Criminal Justice Bill is likely to become an Act of Parliament, and thus UK law, in November this year. It includes clauses that would raise the penalty for supplying Class C drugs from 5 to 14 years. It would also make possessing a Class C drug an arrestable offence. In this way, the penalties for supplying cannabis, and the police power to arrest a person for cannabis possession, are effectively no weaker. The key difference lies in the element of discretion.

In order for police officers to apply this discretion consistently, the ACPO have issued a set of guidelines (see <http://eldd.emcdda.eu.int>).

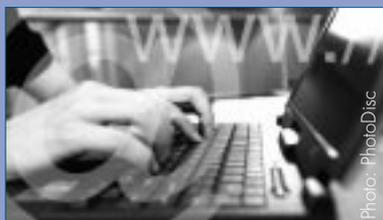
These state that in most cases there will be a presumption against arrest, with the majority of cannabis possession offences resulting in a warning and confiscation. However, the guidelines consider arrests to be appropriate in cases where cannabis is being smoked in public, where public order is at risk, or where possession occurs in, or near, areas frequented by children (schools, youth clubs, play areas). Repeated lawbreakers will also be arrested, as will anyone under the age of 18 found to be in possession of the drug.

The reason for the proposed change in law is the UK Government's wish to free up valuable police time to tackle serious drug crime, prioritising the risks of Class A drugs.

Brendan Hughes

Spotlight

Irish focal point hosts ELISAD annual conference



Ireland's National Documentation Centre on Drug Use, based at the Irish focal point, played host to the 15th annual conference of the European Association of Libraries and Information Services on Alcohol and Other Drugs (ELISAD) from 25–26 September in Dublin. The theme of the conference was 'Supporting research: the challenge for information specialists'.

The event, which was attended by delegates from 18 countries, explored the role of information specialists in drug-related research. In particular, it examined how sound information and evidence can contribute to framing policies for the prevention, treatment and estimation of drug use.

On the agenda were sessions on: the role of research in developing drug policy; the importance of qualitative research in the drugs field; and the part that systematic reviews can play in developing knowledge on drugs and drug addiction. Workshops dealt with the themes of research methodology in the drugs field and using electronic libraries in research.

Delegates at the conference also discussed the current state of ELISAD's Internet Gateway project. The Gateway currently contains information on over 1,000 websites dealing with drugs and addiction. The next phase of the project will involve contributions from several new countries including: Hungary, Poland, Slovakia and Slovenia.

Brian Galvin, Health Research Board, Ireland

For further details see <http://www.elisad.org>

EMCDDA update

Expert meeting on drug-related infectious diseases

Experts from all current and future EU Member States met in Lisbon from 20–21 October for a meeting on drug-related infectious diseases. The general aim of the meeting was to investigate ways to improve the surveillance of blood-borne infections (hepatitis B and C, HIV) among injecting drug users (IDUs). IDUs are the main risk group for new hepatitis C infections and a major risk group for new hepatitis B and HIV infections. As such they pose a continuous threat to the wider population.

Three complementary approaches were discussed at the meeting to improve current data availability, comparability and quality:

- to make better use of the drug treatment system for surveillance purposes and for improving coverage of screening and access to antiviral treatment (this entails developing a set of core behavioural items and good practice guidelines);
- to investigate the feasibility of collecting HCV test results from public health laboratories at EU level, using a very minimal core data set, and if possible, with recognition of first positive tests;
- to develop an EU consensus protocol, or 'toolkit', for new seroprevalence and incidence studies, and for providing a framework for combined data analyses of existing studies.

Despite limited resources, the EMCDDA, in collaboration with its partners, aims to develop these three areas through working groups composed of the meeting participants and other interested experts.

Lucas Wiessing

For the EMCDDA draft guidelines and previous (2001) expert meeting report see: http://www.emcdda.eu.int/situation/themes/infectious_diseases.shtml

Progress in drug population surveys in the EU



Good-quality population surveys on drugs are a key source of information for assessing the drug situation and planning and evaluating national drug strategies.

Recent positive developments in this area have been the launching of comparable national population surveys in some Member States, and the repeating of surveys in others, in order to help gain an insight into the prevalence, incidence and patterns of drug use in Europe (1).

The first drug prevalence survey of households in Ireland and Northern Ireland (2) was carried out recently in line with criteria set by the EMCDDA's key indicator on population surveys (3), developed in collaboration with a European network of national experts. The Austrian Ministry of Health and Women launched a tender in September for a nationwide population survey on drugs also following EMCDDA standards.

These two countries follow in the footsteps of Italy and Portugal, which recently conducted their first national population surveys on drugs in line with the same EMCDDA standards. The increased number of countries now conducting comparable population surveys means that we now have at our disposal an ever more comprehensive picture of the European drug situation.

Julián Vicente

(1) See 2003 EMCDDA Annual report <http://annualreport.emcdda.eu.int/en/page015-en.html>

(2) Drug use in Ireland and Northern Ireland, Bulletin 1, October 2003, funded by the National Advisory Committee on Drugs (Ireland) and the Drug and Alcohol Information and Research Unit (Northern Ireland).

(3) See EMCDDA guidelines in http://www.emcdda.eu.int/situation/themes/drug_use_general_population.shtml

Products and services

New publications

EMCDDA presentation brochure



In preparation for its next three-year work programme (2004–2006), the EMCDDA has recently published an 18-page presentation brochure outlining its main areas of activity. The brochure, also available online, describes the agency's main areas of expertise as well as its founding mandate and objectives.

Available in the 11 official languages of the European Union plus Norwegian.

ISBN 92-9168-173-3; Catalogue No: TD-52-03-433-END
See <http://www.emcdda.eu.int/infopoint/publications.shtml>

Monograph No 7

EMCDDA Monographs are comprehensive scientific publications containing thematic papers prepared in the context of the Centre's research studies and seminars. Topics cover a wide range of issues relating to science, policy, theory and method.



The latest release in the series is entitled *Hepatitis C and injecting drug use: impact, costs and policy options*. The monograph explores issues such as the epidemiology, consequences and economic costs of drug-related hepatitis C infection and analyses a range of policy options in this area.

Available in English

ISBN 92-9168-168-7; Catalogue No: TD-47-02-179-ENC
See <http://www.emcdda.eu.int/infopoint/publications/monographs.shtml>
Price (excluding VAT) € 20
For information on sales points:
http://publications.eu.int/general/en/salesagents_en.htm

Coming soon

Drugs in focus No 11

'Hepatitis C among injecting drug users', EMCDDA *Drugs in focus* series (policy briefings), No 11 (November–December 2003).

This briefing will be downloadable in 12 languages from:
<http://www.emcdda.eu.int/infopoint/publications/focus.shtml>

Risk assessments

EMCDDA Risk assessments record the results of the Centre's work under the terms of the Joint action on new synthetic drugs, adopted by the Council of the EU in 1997. The reports examine the health and social risks of individual synthetic drugs on the basis of research carried out by the Centre and its partners. Two new titles in the series will be released at the end of 2003. These relate to four drugs which have recently undergone a formal risk-assessment procedure. The first volume will focus on 2C-1, 2C-T-2 and 2C-F-7 and the second on TMA-2.

See http://www.emcdda.eu.int/infopoint/publications/risk_assessments.shtml

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>

Resources

Useful materials and events on the drugs issue



'EU Bookshop' at 2003 Frankfurt Book Fair

Every year, the EU institutions and decentralised agencies meet at a common stand at the Frankfurt Book Fair under the auspices of the EU's official publisher, the Publications Office.

A central activity organised at the EU stand this year was the official presentation of the online 'EU Bookshop', launched by Viviane Reding, European Commissioner for Education, Culture and Youth.

This new service (<http://bookshop.eu.int>) aims to offer EU citizens, and people all over the world, access to the thousands of books, brochures, reports and studies published every year by the EU institutions, agencies and other bodies. Currently existing in the 11 EU languages, the service will be available in 20 languages following EU enlargement in May 2004. Forthcoming features will include a complete catalogue and archive of all EU titles published since the 1950s.

Never before did such an extensive resource exist, allowing citizens to retrieve and order EU publications. As such, the EU Bookshop represents an important step forward in boosting transparency and increasing access to EU policies and activities.

The EU services must now reflect on how best to adapt conventional distribution channels to new, more cost-effective practices in order to disseminate data and information rapidly to designated target audiences. The EMCDDA and its partners must also identify the most appropriate means to successfully meet this challenge.

María Cruz Cristóbal

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Calendar 2003

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16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

EMCDDA meetings

- 3 November: Presentation of the 2004–2006 EMCDDA work programme and discussion on 2003 EMCDDA *Annual reports* at the European Parliament Committee for Citizens' Freedoms and Rights, Justice and Home Affairs, Brussels.
- 3–8 November: Analysis workshop on mortality cohorts of drug users, EMCDDA, Biostatistics Unit of the Medical Research Council (Cambridge) and the Department of Epidemiology, Rome E Health Authority, Cambridge.
- 11–13 November: 28th meeting of the Heads of the Reitox focal points, Cagliari.
- 20–21 November: EU expert meeting on prevalence of problem drug use, Lisbon.
- 24–25 November: EMCDDA Scientific Committee meeting, Lisbon.
- 26 November: EMCDDA Bureau meeting, Lisbon.
- 27–28 November: Conference on 'Treatment monitoring and the EU action plan on drugs (2000–2004)', Lisbon.
- 2 December: EMCDDA expert meeting on 'How to monitor drug policies?', Lisbon.
- 3–5 December: EDDRA training and managers meeting, Lisbon.
- 8 December: Reitox early-warning system workshop, Lisbon.
- 11–12 December: EU expert meeting on drug-related deaths indicator, Lisbon.

EU meetings

- 6 November: Horizontal working party on drugs, Brussels.
- 13–14 November: Conference 'Drugs, prevention and treatment: the European orientation', Italian Presidency, Cagliari.
- 20–21 Nov: National drug coordinators meeting, Rome.
- 4 December: Horizontal working party on drugs, Brussels.

2003 Annual report on drugs in the EU and Norway: headlines

Continued from page 1

Although ecstasy use continues to be highly prevalent among Europe's urban youth – and very high in some groups, such as partygoers – a marked increase is not seen generally in the wider population.

Cocaine – widespread EU concern: Almost all countries express new concerns about rising cocaine use. Surveys suggest it is rising in the UK and, to a lesser extent, in Denmark, Germany, Spain and the Netherlands. Data show that lifetime experience ranges from 1–9% of those aged 15 to 34. Use is concentrated in major cities.

Half of countries report rise in problem drug use: Results should be regarded with caution, but available data suggest a rise since the mid-1990s in at least half of the 16 reporting countries. About 60% of estimated problem drug users are active injectors (some 600 000 to 900 000).

Disease prevention still critically important: HIV prevalence among injecting drug users (IDUs) varies considerably EU-wide: from around 1% in the UK to over 30% in Spain. In a number of countries, local rates of over 25% are found in a variety of settings. Prevention remains critically important to protect the sexual and injecting partners of infected IDUs.

Substitution treatment up one third: The last five years have seen a 34% increase in the availability of substitution treatment in the EU and Norway. Some 400 000 people now receive substitution treatment in the 16 countries. Over 60% (around 250,000) of these treatment places are found in Spain, France and Italy.

Harm reduction now widely established: The prevention and reduction of drug-related harm has become an integral part of the response to drugs across Europe. For example syringe exchange programmes are now well established and widely available in the EU and Norway, although coverage is limited in Greece and Sweden.

Social exclusion and reintegration: More than 50% of all clients in treatment in the EU have had only limited schooling and high drop-out and school exclusion rates are frequent. Homelessness among drug addicts is estimated to be up to 29%.

Public expenditure: The report estimates that direct public expenditure in the field of drug demand reduction in 1999 in the 15 EU Member States and Norway amounted to at least of € 2.3 billion, although the actual figure could be considerably higher. When comparing drug demand reduction expenditure in prevention and treatment, prevention receives a much smaller percentage of the funds. Policy-makers are now showing a greater interest in public spending reviews, both as a basis for decision-making and for measuring performance.

For further highlights, see news release No 11 at:
http://www.emcdda.eu.int/infopoint/news_media/newsrelease.cfm