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# Drugnet Europe

Newsletter of the European Monitoring Centre for Drugs and Drug Addiction

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## Building on strengths to face a challenging future

The EMCDDA 2004–2006 work programme aims to build on past achievements by focusing on improving data quality; adapting to the changing EU political landscape; making full use of all available information to show the value of an EU-level perspective and a harmonised approach; and evaluating the effectiveness of responses to the drug problem by Member States and acceding countries.

Ten years on, the considerable investment by Member States and at EU level is paying increasing dividends in providing a 'common language' describing key aspects of the EU drug situation. The EMCDDA's work has led to a deeper understanding of specific drug problems and highlighted the challenge presented by drugs. The EMCDDA increasingly concentrates on providing evidence for policy-making.

The key objectives for 2004–2006 focus on two priorities:

- Monitoring the drug phenomenon – a fundamental and continuous activity;
- Thematic analysis of the drug phenomenon – focusing on issues arising from ongoing work, emerging trends or important policy issues.

One interesting development is the restructuring of the agency's *Annual report*. In the interests of efficiency, a full report of the EU drug situation will be published once every three years. This will be supplemented by: a streamlined annual report on new developments and important topical issues; an annual statistical bulletin online to ensure up-to-date information is always available; thematic, topic-based analyses; and country situation summaries.

The most significant challenges faced by the EMCDDA over the next three years are seen as:

- Enlargement of the EU – particularly managing a greatly expanded knowledge base of drugs.



Photo: Digital Vision

- Keeping up with developments in rapid identification and warning systems.
- Transition to a new EU drugs strategy and a new action plan that do not coincide with the start of the 2004–2006 work programme.
- Possible changes to the EMCDDA's remit and operation arising from amendments, currently in progress, to the agency's founding Regulation.
- Making best use of limited resources, especially in the light of the substantial impact of European Union enlargement.

The outcomes of these challenges can be predicted to a great extent and a flexible and phased working framework has been developed to meet them.

The immediate challenge comes on 1 May 2004 when the EU enlarges, bringing the number of countries the EMCDDA works with to 25 Member States, Norway and three further candidate countries. The Reitox Academy will play a key role in bringing together people and expertise and helping the less experienced to catch up.

A key element for the efficient management of an expanded data set will be the development of a computer-based information storage and retrieval system for qualitative and quantitative information in different formats, facilitating a more comprehensive analysis of the European drug problem.

For more on the 2004–2006 work programme see: <http://www.emcdda.eu.int/about/workprog.shtml>

January–March

# 2004

## Drug situation

### Prevalence estimation: cutting-edge work needs further investment

The latest EU-wide expert meeting on estimation of the prevalence and incidence of problem drug use took place in Lisbon on 20–21 November 2003, and for the first time participants included representatives from all of the new EU countries. Discussions concentrated on (1) how to further refine the current EMCDDA definition of problem drug use (1), which is a relatively wide 'umbrella definition' that includes several subgroups of problem users; (2) how to obtain more and better estimates of the prevalence and incidence of problematic stimulant use; and (3) the urgent need for more and repeated local estimates as a necessary ingredient of improved national estimates. It was acknowledged that the multivariate indicator method (MIM) can provide powerful syntheses at national level but cannot be used in the absence of multiple high-quality local estimates (preferably obtained by capture–recapture based on three or more data sets). New incidence estimates from Austria, Italy and Spain presented at the meeting suggest that there is important variation over time in the initiation rates of new opiate users, providing further evidence for the epidemic nature of problem drug use. Although the number and quality of prevalence and incidence estimates have increased greatly in recent years, and have provided important evidence for increased problem drug use in several countries (1), there is still great scope for further improvement in this area. Several experts reported that they lacked the resources and data necessary to carry out high-quality work, pointing to the need for renewed investment in this indicator at both national and EU level.

*Lucas Wiessing, Ludwig Kraus and Carla Rossi*

(1) For the EMCDDA definition and for the most recent data see <http://annualreport.emcdda.eu.int/en/home-en.html>



Photo: Photodisc

### Progress in the key indicator 'drug-related deaths'



Photo: Photodisc

The EMCDDA expert group on population statistics on drug-related deaths held its most recent annual meeting on 11 and 12 December last year. The aim of the meeting was to consolidate the implementation of this key indicator by reviewing progress in each country, assessing the quality of the annual summary data (Reitox tables) and developing technical training for full application of the drug-related death protocol for a forthcoming detailed data collection. In a dedicated session, a report on the progress of the EMCDDA project on prevention of drug-related deaths was presented and the link between epidemiology and interventions aimed at reducing drug-related deaths was examined.

The forthcoming data collection (detailed aggregated data) builds on previous projects (1) and aims to validate the key figures reported annually by countries, to analyse national application of ICD classifications and to allow further analysis at national and EU level.

Participants were informed of the activities by Eurostat (2) to improve mortality statistics

at EU level and of WHO work on revision of ICD-10 (3) (International Classification of Diseases, 10th Edition) rules for codification of drug-related deaths. These revised rules are expected to improve identification of acute drug-related deaths in general mortality registries, as they give priority to poisoning over dependence as underlying cause of death and, in the case of poisoning by multiple drugs, establish a priority list to identify the most dangerous substances (through the appropriate complementary 'T code').

In addition to the regular meeting, a workshop held on 10 December assessed progress in the drug-related deaths key indicator in acceding and candidate countries and provided training on application of the EMCDDA DRD Standard Protocol.

*Julian Vicente*

(1) CT.99.EP.– and CT.00.RTX.–, coordinated by the Trimbos Institute (Dutch Focal Point). These projects developed and tested guidelines (DRD Standard Protocol, version 3.0) for computing drug-related deaths statistics at national level using data from general mortality registries or special registries. See: [http://www.emcdda.eu.int/situation/themes/death\\_mortality.shtml](http://www.emcdda.eu.int/situation/themes/death_mortality.shtml)

(2) Mrs Heanue, from Irish Central Statistics Office and Chair of Eurostat Core Group and Technical Group on Causes of Death.

(3) Mr Johansson from Statistics Sweden and Chair of WHO Mortality Reference Group. The revised rules were approved by the Heads of the WHO Collaborating Centres for International Classifications in Health Care at their 2002 and 2003 meetings. See: [http://www2.fhs.usyd.edu.au/nchc/WHO%20URC/who\\_urc.html](http://www2.fhs.usyd.edu.au/nchc/WHO%20URC/who_urc.html)

### Toolkit on treatment demand indicator, a joint EMCDDA–UNODC project

EMCDDA and UNODC (1) have initiated a joint project for the preparation of a toolkit for the treatment demand indicator to be used throughout the world. Experts from Africa, America, Asia and Europe met in Vienna from 2 to 4 December 2003 to discuss objectives and the main focuses of the toolkit.

The toolkit will be targeted both at countries with an established reporting system and at less advanced nations and will focus on epidemiological and management, rather than clinical, needs. It is anticipated that the toolkit will be used at international, national, local and treatment centre level.

Despite differences between the existing reporting systems (2), common points were identified at the meeting, and it was established that the toolkit should include references to a common core of information and try to respond to basic common requirements for the implementation of a treatment demand data system (e.g. a flexible system, highly motivated professionals, specific guidance for local levels). The toolkit will include case studies and ethical issues will also be considered.

Continued on page 3

# Responses

## EDDRA 8<sup>th</sup> annual coordination meeting

National managers from EDDRA (Exchange of Drug Demand Reduction Action) throughout Europe meet on an annual basis to discuss developments. The eighth annual coordination meeting of the EDDRA was held in Lisbon on 4–5 December 2003. Representatives from the 15 Member States and Norway attended, along with, for the first time, representatives from the Czech Republic, Estonia, Latvia, Lithuania, Poland, Slovenia and Romania. In addition, the coordination meeting was preceded by an EDDRA training session attended by 19 participants.

Last year the annual coordination meeting concentrated on the internal evaluation of the database; this year the meeting had an external focus, highlighting marketing, quality and performance activities at a European and national level.

The first part of the meeting was devoted to updating the EDDRA project description, and it was agreed that the updated mission statement would be to 'improve the knowledge base on well designed and described, evaluated practice in drug demand reduction actions across Europe.' During the second part of the meeting participants discussed and agreed marketing, quality and performance action plans that will provide a basis for work in 2004 and beyond.

EDDRA currently involves 474 projects in the EU Member States and Norway. In January, a new analysis, Community-based Drug Prevention Programmes from EDDRA, was published, which presents the results of a qualitative analysis of 80 community-based prevention programmes in the EDDRA database.

For more information on EDDRA see: [http://www.emcdda.eu.int/responses/methods\\_tools/eddra.shtml](http://www.emcdda.eu.int/responses/methods_tools/eddra.shtml)

*Abigail David*

Continued from page 2

## Toolkit on treatment demand indicator

In the coming months, representatives of EMCDDA and UNODC will work together on preparing the toolkit with the support of international experts. The relevant documents related to the project will be available on the web page of the treatment demand indicator (see: [http://www.emcdda.eu.int/situation/themes/demand\\_treatment.shtml](http://www.emcdda.eu.int/situation/themes/demand_treatment.shtml))

*Linda Montanari, Stefano Berterame, Michael Donmall*

(<sup>1</sup>) UNODC: <http://www.unodc.org/unodc/index.html>

(<sup>2</sup>) MEM (CICAD – South America:

<http://www.cicad.oas.org/en/?CICAD%20-%20New.htm>),

NDRS (Australia: <http://ndarc.med.unsw.edu.au/ndarc.nsf/>),

SACENDU (South Africa –<http://www.sahealthinfo.org/admodule/sacendu.htm>), TDI (EMCDDA – Europe),

TEDS (SAMHSA – US: <http://www.samhsa.gov/>)

## Project update: EMCDDA consultant study on hepatitis C treatment guidelines for injecting drug users



Photo: Isabel Rocha

Scientific analysis of guidelines finalised

High rates of hepatitis C virus infection (HCV) among drug users are causing increasing concern among health care professionals. Despite the fact that 60–80% of people who contract the virus become chronically infected, of whom a considerable proportion (between 3% and 20%) develop end-stage liver disease, access of drug users to treatment for hepatitis C is thought to be low. To determine if and the extent to which treatment guidelines in use across the EU and Norway limit or promote the access of injecting drug users to treatment for liver disease is the main objective of a consultant study launched by the EMCDDA in July 2003 (see Drugnet 43).

Over the past six months, the consultant team, based at the Centre for Interdisciplinary Addiction Research at the University of Hamburg, Germany (<http://www.zis-hamburg.de>), has established contact with professional societies as well as experts from throughout Europe and gathered consensus documents, treatment guidelines and expert opinions from each country. At present, several aspects of the quality and content of the consensus papers and official treatment guidelines are being appraised by the expert team, applying a standardised qualitative evaluation instrument. The analysis of the guidelines will include an assessment of their scientific rigour and evidence base as well as their clarity, applicability and editorial independence.

The preliminary results show a wide variation in treatment requirements between or even within countries: in some countries, users must totally abstain from drugs for one or two years before treatment is initiated whereas in other countries occasional drug users are not prohibited from receiving treatment. Another, even more important, question to be addressed in the study is in how far the access of drug users to treatment is de facto influenced by such permissive or restrictive guidelines and which other variables might play a role.

The consultant group thanks all the experts and professional societies involved for their tremendous cooperation and support. The final report will be presented in summer 2004. However, those interested in interim results of the study are welcome to contact the consultants.

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Consultants: Jens Reimer ([reimer@uke.uni-hamburg.de](mailto:reimer@uke.uni-hamburg.de)), Bernd Schulte ([b.schulte@uke.uni-hamburg.de](mailto:b.schulte@uke.uni-hamburg.de)), Markus Backmund ([markus.backmund@kms.mhn.de](mailto:markus.backmund@kms.mhn.de))

## Bookshelf

### Problematic use of cannabis (*L'usage problématique de cannabis*)

This study looks at the problematic use of cannabis in France. The debate on cannabis continues to evolve as knowledge about the product grows. This publication is based on the most recent data and scientific literature and its contributors are well-known experts in the field. It aims to contribute to the debate by putting the issue of problematic use of cannabis into perspective. It is presented by Crips-Île-de-France (regional centre for the prevention of AIDS) and the national information and documentation network, Toxibase.

**Publisher:** Toxibase – Crips Île-de-France  
**Language:** French • **Date:** February 2004  
**ISBN:** Crips Île-de-France 1242-1693, Toxibase 1240-1693

**Ordering information:**  
Crips <http://www.crips.org> Toxibase  
<http://www.toxibase.org>

### European manual on the early information function for emerging drug phenomena

This manual presents the main results of a European project the purpose of which was to develop a common model for an early information function for drug phenomena. This function should allow early changes in drug uses or new drugs to be identified and answered more quickly than by using standard monitoring systems. The project involved the participation of 6 institutions where focal points are situated and received funding from the European Commission.

**Publisher:** OFDT  
**Language:** English and French  
**Date:** November 2003  
**ISBN:** 2-11-093495-6 • **Price:** free  
**Ordering information:** OFDT (<http://www.ofdt.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

### European report on drug consumption rooms

In 2002/3, the EMCDDA carried out a review of studies on supervised drug consumption rooms, analysing their historical background, operational frameworks and outcomes, the results of which are now published in a report.

Drug consumption rooms are official services where confirmed drug users are allowed to consume drugs in hygienic conditions and without fear of arrest. They mostly operate in big cities and were established because of serious health and public order problems associated with drug use, especially drug injecting in public places. They aim to reach and address the problems of specific, high-risk populations of drug users, especially injectors and those who consume in public spaces, as well as those who are not yet ready to engage in a treatment process. Besides supervision of drug consumption, they offer other survival-orientated services, including basic medical care, food, drinks, and often also clothes and shelter for the homeless. Currently, there are about 60 consumption rooms in 36 European cities and two pilot projects of medically supervised injecting centres in Australia and Canada.

The EMCDDA report on drug consumption rooms describes what consumption rooms are and why and how they came about as well as who they target, what specific objectives they have, how they function and what their limitations are. It summarises available evidence on the expected benefits and risks of such facilities, addressing questions such as:

**Report reviews more than 15 recent studies covering the effects of consumption rooms on health and public order**



Do consumption rooms reduce morbidity and mortality among drug users? Do they increase the uptake of health and social care including drug treatment? And do they contribute to reductions in public drug use and neighbourhood nuisance? What evidence is there that consumption rooms encourage increased drug use, initiate new users or conflict with treatment goals? What do the neighbours and the police say about the rooms? Do they increase public order problems by attracting drug users and drug dealers from other areas? And what about crime in their area?

The report can be downloaded from the EMCDDA website:  
[http://www.emcdda.eu.int/responses/themes/consumption\\_rooms.cfm](http://www.emcdda.eu.int/responses/themes/consumption_rooms.cfm)

*Dagmar Hedrich*

### 2004 work programme priorities

Four transversal priorities underpin the 2004 work programme:

- 1 Incorporate the acceding and the candidate countries into EMCDDA activities.
- 2 Consolidate the conditions for monitoring and analysis, with special attention to the implementation of the new Reitox reporting system.
- 3 Define and set up a computer-based data storage and retrieval system for qualitative and quantitative information in different formats.
- 4 Streamline the reporting on the drug phenomenon, reshaping the EMCDDA *Annual report* and the other EMCDDA outputs, promoting an integrated approach.

The budget allocated to the EMCDDA for 2004 is 12.24 million euros (EU 25).

For more on the 2004 work programme see: [http://www.emcdda.eu.int/about/work\\_programme/04.shtml](http://www.emcdda.eu.int/about/work_programme/04.shtml)

# Enlargement

## Preparing for enlargement: integration and visibility



The EMCDDA and the acceding countries are currently entering into the final phase of their preparations for EU enlargement, which will take place on 1 May this year. In the framework of its PHARE-funded project, the EMCDDA is increasingly integrating experts from the new countries into all its working groups and activities, while addressing their training needs through the Reitox Academy training programme. Priority in the coming months will be given to increasing the visibility of the acceding countries, by giving emphasis to data and reports from these countries as well as improving our knowledge of the current drugs situation. This effort will be supported by the production of new country situation summaries and new web pages and by the production of a new set of digital maps.

*Alexis Goosdeel*

# Partners

## The V CICAD meeting on demand reduction

Representatives from CICAD (Inter-American Drug Abuse Control Committee) headquarters and the CICAD demand reduction area from 34 American states met in Buenos Aires from 22 to 24 October 2003 to discuss the strategy in the demand reduction field for the next period. Representatives from WHO, UNODC, the European Commission and the EMCDDA were also invited to attend and share their experience.

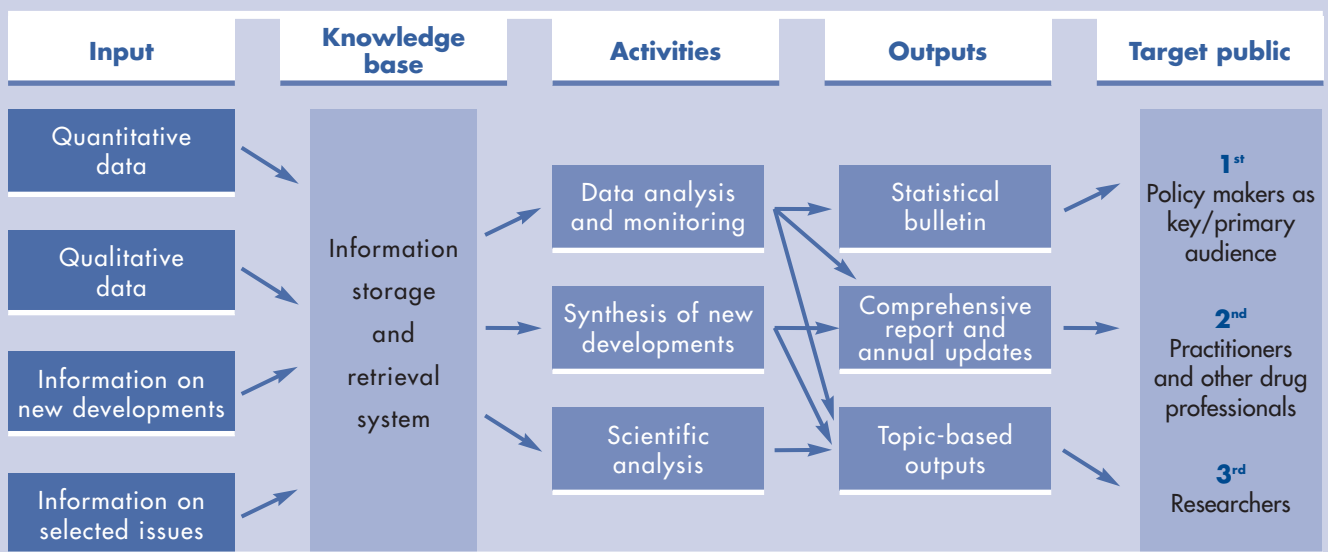
The objective of the meeting was to provide concrete recommendations for the next general CICAD meeting, starting with a discussion of on-going activities (e.g. nursing school and training, MEM, Ibero-American network). Among them, MEM, the multilateral evaluation mechanism based on around 70 indicators, has a central role in drug monitoring and reporting; treatment demand data will be included among the indicators, but this has still to be implemented.

The EMCDDA presentation described experience of the treatment demand indicator (methodology and main results) in Europe and how it could develop further collaboration between Europe and the USA.

The main result of the meeting was the presentation by the CICAD working group on demand reduction of 'A practical guide for organisation of a comprehensive drug dependence treatment system'; the full meeting report is available at:  
<http://www.cicad.oas.org/en/?CICAD%20-%20New.htm>

*Linda Montanari and Alain Wallon*

## Streamlined data processing and reporting



The new EMCDDA data reporting system aims to lower the burden of work through better structured guidelines that avoid overlap and include staggered reporting cycles. The underlying principle is that the same piece of information should only be requested once. This is dependent on a highly organised knowledge base.

## Spotlight

### Drug-specific further education: curricula for five occupational groups



In recent years, demand for drug-specific further education has intensified in Austria. Against this background, ÖBIG, the Austrian Health Institute, was commissioned by the Federal Ministry of Health and Women to develop a plan to meet this need, including curricula for particular professions. Based on the health measures defined in the Narcotic Substances Act as well as the requirements for substitution treatment, the following five groups were selected: physicians, psychologists, psychotherapists, public health officers and social workers.

The plan was developed in close cooperation with experts from the relevant professions. It consists of six framework curricula – one trans-occupational curriculum and five mono-professional curricula which are based on the common one – plus recommendations for implementation. As an interdisciplinary approach is particularly important in the drugs field, special focus was given to those competencies and requirements that are of relevance to all five occupational groups. In addition, the plan recommends that the focus of implementation is on multiprofessional education in order to support information exchange between the different occupations and the creation of a common understanding. A report on this project is available (in German) and can be downloaded from the ÖBIG website.

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Tel: +43 1 51 56 11 60; fax: +43 1 513 84 72;  
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http://www.oebig.at

## Reitox

### 2004 *Annual report* will include existing and future Member States

At the end of 2003, the Reitox focal points submitted their annual national reports on the drug situation and data tables to the EMCDDA. The national information comprises all available drug-related information in each country, ranging from drug use among the general population to national drug strategies. Thus, these reports represent the most accurate picture of what is known about drug use, its consequences and responses in the Member States and constitute an important tool to inform the public, generate discussions and support evidenced-based decision-making. However, the multiple data sources included in these reports, and the variable quality of the data, make it difficult to paint an accurate overall picture of the drug phenomenon at national level; in addition, the authors of the national reports must face the difficulties of interpreting trends and presenting a complex phenomenon in a comprehensible manner.

The EMCDDA's challenge in 2004 will be to compile an *Annual report* on the drug situation in the EU based on a much larger body of information that includes data from the 10 new Member States. To enable it to process all incoming data adequately and to obtain a clear picture of the drug situation in the enlarged EU, the EMCDDA is shifting its emphasis to improvement of national data collection by further developing quality assurance of national data and data collection strategies.

Jennifer Hillebrand

## New synthetic drugs

### Four new synthetic drugs under EU control

The Council of the European Union has adopted a Decision (1) defining four new synthetic drugs as substances to be placed under control measures and criminal penalties in the EU Member States. The Decision, taken within the framework of the 1997 Joint action on new synthetic drugs, stems from concerns about the health and social risks presented by these drugs, as determined in risk assessment reports (2) produced by the Scientific Committee of the EMCDDA, together with experts nominated by the Member States and representatives of the European Commission, Europol and the EMEA (European Agency for the Evaluation of Medicinal Products).



All four drugs, 2C-1 (2,5-dimethoxy-4-iodophenethylamine), 2C-T2 (2,5-dimethoxy-4-ethylthiophenethylamine), 2C-T7 (2,5-dimethoxy-4-(n)-propylthiophenethylamine) and TMA-2 (2,4,5-trimethoxyamphetamine), are amphetamine derivatives and have hallucinogenic and stimulant properties. Although there have been no reported cases within the EU of

death or poisoning due to these drugs, they are believed to carry similar risks to other hallucinogenic drugs that are already listed under Schedules I or II of the 1971 UN Convention on psychotropic substances.

Following the publication of the decision in the Official Journal of the European Union, and in line with their national laws, EU Member States have up to three months to introduce measures to control the four drugs, in compliance with their obligations under the 1971 UN Convention on psychotropic substances.

Continued on page 7

# Products and services

## Publications



### *General report of activities 2003*

The *General report of activities 2003* is now available online. This annual publication provides a detailed progress report of the EMCDDA's activities over a 12-month period. The report gives an account of the progress and outputs for each thematic project against the objectives set out in the 2003 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>

## Drugnet Europe – four issues this year

For budgetary reasons, there will be four issues of Drugnet this year instead of the usual six. We will continue to produce the newsletter in five languages – ES, DE, EN, FR and PT. During 2004, we are exploring the possibility of introducing an online news service to supplement the printed publication. We will keep you updated as our thoughts develop.

## Coming soon *Drugs in focus* No 12

'Evaluation of the EU strategy and action plan (2000–2004)'

To be launched to coincide with the conference 'EU strategy on drugs – the way forward' which will be held in Dublin on 10 and 11 May 2004.

This briefing will be downloadable in 21 languages from: <http://www.emcdda.eu.int/infopoint/publications/focus.shtml>

## Web developments

New look coming soon to the EMCDDA websites. The EMCDDA has just taken delivery of a new content management tool which has been under development for the past year. This tool will greatly facilitate the web authoring and publishing process. Handling various language versions of the pages becomes easier too. We are busy transferring the EMCDDA sites into this new system. We expect to roll out the new-look, newly structured public website by June 2004.

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>

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## Four new synthetic drugs under EU control

This Council decision confirms the effectiveness of the early-warning and risk assessment mechanism provided under the 1997 Joint action. Since 1998, nine synthetic drugs have been submitted to risk assessment, of which six have been the subject of a Council decision to put them under control measures and criminal penalties in the EU Member States.

The EC is currently consulting the Council and European Parliament on proposals for a new Council decision to extend and reinforce the Joint action's authority.

*Alain Wallon and Roumen Sedefov*

(<sup>1</sup>) The text of the Council decision can be downloaded at:  
[http://europa.eu.int/eurllex/pri/en/oj/dat/2003/L\\_321/L\\_32120031206en00640065.pdf](http://europa.eu.int/eurllex/pri/en/oj/dat/2003/L_321/L_32120031206en00640065.pdf)

(<sup>2</sup>) The risk assessment reports can be downloaded at:  
[http://www.emcdda.eu.int/policy\\_law/joint\\_action\\_nsd/risk\\_assessment.shtml](http://www.emcdda.eu.int/policy_law/joint_action_nsd/risk_assessment.shtml)

## Resources

### Useful materials and events on the drugs issue



## Elisad Gateway

After two years of collaborative research involving 12 institutions, and supported by the EC, the European Association of Libraries and Information Services (Elisad) has introduced a new online information service. The Elisad Gateway provides access to a wide range of websites, from 32 European countries, providing information on addictions, drugs and alcohol.

The Elisad Gateway constitutes a unique web resource for health professionals in Europe, bridging gaps in information transfer and institutional networking resulting from language differences and a lack of appropriate communication structures. The Gateway provides access to information, in English, about the activities, publications and interactive web resources provided by relevant institutions in the area of drug addiction. Central topics include substance use, prevention, treatment, policy, research and culture. The catalogue content can be searched using more than 350 thematic keywords. In addition, users can construct their own searches to generate specific results.

The Elisad Gateway is now available at [www.elisad.org](http://www.elisad.org) or [www.elisad.uni-bremen.de](http://www.elisad.uni-bremen.de)

### Contacts

**Archido:** <http://www.archido.de>

**Drugscope:** <http://www.drugscope.org.uk>

**Elisad:** <http://www.elisad.org>

**Toxibase:** <http://www.toxibase.org>

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## Calendar 2004

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

- 29–30 March: Reitox Academy on 'EU action plan on drugs 2000–2004: EMCDDA contribution to evaluation and policy analysis', Lisbon
- 26 April: Scientific Committee
- 28–30 April: Reitox Academy on 'Data interpretation and reporting', Lisbon
- 20–21 May: Small expert meeting on the EMCDDA definition of problem drug use
- 25 May: Expert meeting on drug availability in population surveys
- 26 May: Bureau meeting
- 27–28 May: European expert meeting on population surveys

### Phare meetings

- 15–17 March: Reitox National Conference Poland, Warsaw and Krakow
- 24–26 March: Reitox Academy National Workshop on Treatment Demand, Sofia

### External meetings

- 15–22 March: 47<sup>th</sup> Session of the Commission on Narcotic Drugs
- 25–27 March: 7<sup>th</sup> European conference on drug and HIV services in prisons, CEENDSP, Prague
- 6–7 April: Strategic conference on drug research, Strasbourg
- 10–11 May: 'EU strategy on drugs – the way forward', Dublin
- 24–25 May: First international conference hepatitis C, Drogenarbeit und humane Drogenpolitik ([www.akzept.org](http://www.akzept.org)), Deutsche AIDS-Hilfe e.V.
- 31 May – 4 June: 30<sup>th</sup> Annual alcohol epidemiology symposium of the Kettill Bruun Society for Social and Epidemiological Research on Alcohol, Helsinki
- 3–5 June: 'Times are changing' conference on dealing with mobility and drug use in the new European landscape. Organiser: AC-Company, cofinanced by Phare (Further info: [www.accompany.org/conference-prague/index\\_conference.html](http://www.accompany.org/conference-prague/index_conference.html))

### EU meetings

- 22 April: Horizontal working party on drugs, Brussels

## Statutory bodies Management Board

The 27<sup>th</sup> meeting of the Management Board of the EMCDDA took place in Lisbon on 14–16 January 2004. Items on the agenda included the institutional role of the EMCDDA within the EU and the constraints imposed on it, modification of the EMCDDA regulation, the impact and visibility of the 2003 *Annual reports*, the election of members of the Bureau and the Budgetary Committee for 2004 and the profile and procedure for nomination of the new director.

The institutional role of the EMCDDA and the constraints under which it operates were discussed at great length. Overall, it was found that problems set out in the paper are encountered by the decentralised agencies in general. It was agreed that the first step in resolving such issues should be to arrange a concertation meeting between the EMCDDA and the European Commission. The Communication of the Commission on coordination on drugs in the European Union was discussed, and its content was generally acknowledged to be comprehensive; however, some Board members found it regrettable that it included almost no reference to the EMCDDA.

With regard to the EMCDDA's founding regulation, a large majority of Board members were in favour that each Member State be represented on the Scientific Committee and also that the European Parliament be represented on the Board, Members of the Parliament having been of great value to the Board.

Concerning the impact and visibility of the *Annual reports*, it was decided that it would be useful to produce a presentation which could be used at national events in the Member States. The *Annual report* will be presented beforehand to the European Parliament and a press conference will be given. It was also decided that the report should be presented to the most influential policy-makers in the area of drugs, i.e. Ministers of Health, Justice and Internal Affairs.

The Management Board elected Mr Brunson (B) and Mr Lawrence (UK) to the Bureau and Mr Gillard (B) and Mr Pietsch (AT) to the Budgetary Committee. At its next meeting in July (by which time the acceding countries will be full members), the Management Board will elect a third member to both the Bureau and the Budgetary Committee.

In addition, the Board adopted the 2003 *General report of activities*, the 2004–2006 work programme, the 2004 work programme and the 2004 budget. It was decided that the draft budget for 2005 should be drawn up on the basis of an EU subsidy of 12.9 million euros.

The next meeting of the Board will take place in Lisbon on 7–9 July 2004.

*Kathleen Hernalsteen*