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Drugnet Europe

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EMCDDA releases 2004 Annual report

On 25 November, the EMCDDA launched its *2004 Annual report on the state of the drugs problem in the European Union and Norway* at the European Parliament in Brussels. This public launch to the media followed a presentation the previous day to the EP's Committee on Citizens' Freedoms and Rights, Justice and Home Affairs, chaired by Jean-Louis Bourlanges, and attended by national parliamentarians from across Europe. Presenting the report were EMCDDA Chairman Marcel Reimen and Director Georges Estievenart.

Commenting at the press launch, Georges Estievenart said: 'There are positive signs that progress has been made in reducing some of the worst consequences of drug use. The trend in drug-related deaths is now downwards after many years on the rise, heroin use has stabilised in many countries, and the HIV epidemic among injecting drug users may be slowing in some new EU Member States. At the same time, measures to reduce drug-related harm are intensifying and, across much of Europe, drug users have better access to treatment and care'.

'But', added Estievenart, 'there is a risk that some of these positive trends may be short-lived and real concerns surround potential drug epidemics, particularly in some of the new members of our Union. And we should not forget that drug use in general remains at historically high levels – many countries are reporting rising cocaine use and more people are using cannabis and ecstasy in parts of Europe, although here the picture is more mixed'.

This edition of *Drugnet Europe* brings you the highlights of the report (p.p. 1–3) and where to locate materials (p. 7). It also devotes special attention to the report's selected issues: cannabis problems in context (p. 2); evaluation of national drug strategies in Europe (p. 5) and co-morbidity (p. 5). This information is complemented by findings and analyses from the recent evaluation of the EU strategy and action plan on drugs (2000–2004) (p. 4).



Photo: Photodisc

Information now 'increasingly robust', says report

Information now available on the European drug situation is 'increasingly robust', says the *2004 Annual report*. The statement comes as the EMCDDA concludes its first 10 years of reporting and offers the first consolidated overview of the European drug phenomenon in 26 countries, from the Atlantic to the Russian border.

EMCDDA concludes 10 years of reporting

EMCDDA Director Georges Estievenart says: 'As our first 10 years draw to a close we now have a deeper and broader understanding of Europe's drug situation and responses to it. Sustained data collection over time has allowed us to pinpoint overall signs of stabilisation or fluctuations in trends but has also opened our eyes to more specific concerns in sub-groups, regions and localities...Overall our investments in monitoring are now paying dividends, enabling us to talk with confidence about both similarities and differences in drug problems evolving across our Union'.

The Director was speaking at the end of his decade of service at the EMCDDA during which time he oversaw the agency's work to develop, in collaboration with Member States, data-collection tools and indicators aimed at providing countries with a 'common language' with which to describe the drug phenomenon. During his mandate the agency also facilitated the creation of national drug monitoring centres across Europe, which now play a vital role in collecting and interpreting data needed for sound policy-making.

See news release No 10 at <http://www.emcdda.eu.int/?nodeid=875>

October–December

2004

2004 Annual report

Signs of heavy cannabis use among teenagers

Cannabis remains the most commonly used illegal drug in the EU with roughly one in five (20%) adult Europeans having tried it at least once in their lifetime. Cannabis prevalence rates are generally highest for young people (15–34 years), ranging from less than 15% in Estonia, Portugal and Sweden to 35% or over in Denmark, Spain, France and the UK. Surveys show that roughly 5–20% of young Europeans have used the drug in the last 12 months.

Young male students are more than twice as likely to be 'heavy users' as girls



Most people who use cannabis do so only occasionally and for limited periods of time. But the report shows that around 15% of 15 year-old school students in the EU who have used cannabis in the last year are 'heavy' users – using a definition of 40 or more times per year. Young male students are more than twice as likely to be 'heavy users' as girls. Among males, the proportion of 'heavy users' ranges from 1% in Latvia, Lithuania, Malta, Finland and Sweden to 5–10% in Belgium, Germany, Spain, France, Ireland, Slovenia and the UK. This compares with a 0–4.6% range for female students.

Increase in numbers demanding treatment for cocaine use

More Europeans are seeking treatment for cocaine-related problems, says the report. In the Netherlands and Spain, cocaine is now the second most commonly reported drug in specialist treatment centres after heroin, representing over a third (35%) and a quarter (26%) of all demands respectively. In most countries, treatment is demanded for the use of cocaine powder rather than smokeable crack but there are exceptions (e.g. in the Netherlands, where around two-thirds of cocaine treatment demands are crack related).

Surveys in EU countries show that between 1% and 10% of young Europeans (15–34 years) report using cocaine at some point in their life, around half of them having done so recently. Surveys also show recent cocaine use (last 12 months) has risen to some extent among young people in Denmark, Germany, Spain and the UK, with local increases recorded in Greece, Ireland, Italy and Austria. On the whole, recent use is reported by less than 1% of all adults (15–64 years) in the EU, but in Spain and the UK, rates are over 2%, similar to US figures. In urban areas and specific sub-groups, levels of use can be much higher: some surveys in dance settings have revealed lifetime prevalence rates of 40–60%.

Cannabis treatment figures rising in many EU countries

Specialised drug treatment centres in many EU countries report increasing contact with cannabis users. Overall, after heroin, cannabis has become the next most frequently recorded primary drug for which users are seeking help.

New figures collected from outpatient drug treatment centres in the EU, show that around 12% of all treatment clients and 30% of new clients are now recorded as using cannabis as their main problem drug. The number of cannabis users recorded in the treatment system has risen steadily since the mid-1990s, when only 9% of new treatment demands were recorded as being cannabis related (1996 data).

The percentage of new clients seeking treatment for cannabis use is highest in Germany (48%) and lowest in Lithuania (almost zero). In Denmark, France, Finland and Sweden the figure is at least a third, and in the Czech Republic, the Netherlands, Spain and Slovenia more than 20%. Overall, increases in demand for cannabis treatment is less evident in the new EU Member States, although rises have been noted in some countries.

For more, see 2004 Annual report 'Selected issue': 'Cannabis problems in context'. See news release No 9 at <http://www.emcdda.eu.int/?nnodeid=875>

Ecstasy now rivalling amphetamines as Europe's No 2 drug

New data show that in some countries – Czech Republic, Germany, Ireland, the Netherlands, Portugal and the UK – ecstasy may be catching up or overtaking amphetamines as Europe's No 2 drug after cannabis. Overall available data show that European trends in the recent use of ecstasy are still upwards, while trends for recent amphetamine use are more mixed in the majority of countries.



Between 0.5% and 7% of adults (15–64 years) have tried ecstasy in their life, compared to 0.5–6% for amphetamines – lifetime prevalence of amphetamines in the UK is as high as 12%. About two-thirds of the EU Member States report recent ecstasy use to be more common than that of amphetamines among young people aged 15–34 years. Between 5% and 13% of young men aged 15–24 in the Czech Republic, Spain, Ireland, Latvia, the Netherlands and the UK report using ecstasy in the last year. But on the whole, rates of ecstasy and amphetamine use in school survey data (15–16-year-olds) appear to be more stable, or even slightly declining in some countries.

For more, see news release No 8 ('Highlights') and No 9 ('Selected issues') at <http://www.emcdda.eu.int/?nnodeid=875>

2004 Annual report

HIV declining in some countries but the risk of epidemic spread remains high

Deep concern surrounds the continuing HIV epidemic in some of the new EU Member States and their bordering countries. Estonia, Latvia, Russia and the Ukraine are the countries with the fastest growing HIV epidemic in the world – although there are signs it may have already peaked in Estonia and Latvia. In Western Europe, the epidemic seems to have stabilised or to be declining among injecting drug users (IDUs), but several ‘old’ EU countries are also showing signs of increased risk behaviour, either at local level or in specific sub-groups.

Meanwhile, the prevalence of antibodies to the hepatitis B virus (HBV) (up to 85%) and the hepatitis C virus (HCV) (up to 95%) among IDUs is still extremely high, underlining the need for treatment and prevention. Prevalence of tuberculosis among IDUs in EU countries remains low – with the possible exception of some of the Baltic countries – but high rates of infection are found in some countries bordering the Union, highlighting the need for improved surveillance.

Prevention shows signs of improvement

Drug prevention is improving in a number of EU countries thanks to better quality control and monitoring (Czech Republic, Spain, Ireland, Lithuania, Portugal, Slovenia, Sweden and the UK). In Greece, Portugal and Sweden prevention policies are increasingly based on modern concepts and clearer structures, with school-based prevention better defined and delivered than in the past. But on the whole, the evidence base for prevention in the EU remains weak and there is a need for more investment in prevention programmes. This is particularly true for ‘selective prevention’, which targets those most vulnerable, and remains under-developed in many countries.

Constant growth in treatment

There has been a constant growth in all types of drug treatment at aggregated EU level since the mid 1990s. Substitution treatment has become the most commonly available form of specialised drug treatment for opiate users in the EU. Latest figures show that whereas an estimated 320,000 individuals were treated with opiate substitutes in the former 15 EU Member States in 1999, this figure had risen to over 410,000 by 2003. But overall, demand still exceeds supply in some countries. Substitution treatment is less widely available in the new EU countries (except in Malta and Slovenia).

The changing face of problem drug use



The EMCDDA estimates that there are now between 850,000 and 1.3 million current injectors in the EU

Patterns of problem drug use continue to evolve, says the report. In some countries where problem drug users were traditionally chronic opiate addicts, today increasing numbers of polydrug or stimulant users are found. Examples include Germany and the Netherlands, which report a growing percentage of crack users among their problem drug users and Spain and Italy, which report rising numbers of problem cocaine users.

Less than 1% of the European adult population (15–64 years) can be defined as problem drug users, totalling between 1.2 and 2.1 million problem drug users in the enlarged EU. Data show a rise in problem drug use in some countries since the 1990s – Belgium, Denmark, Germany, Italy, Luxembourg, Finland, the UK and Norway – and indicators in Estonia suggest ‘strong increases’.

Heroin use is now relatively stable in many EU countries and the number of new users has fallen since the 1990s. But this may not be true for the new EU Member States where data are more limited. Less than half of opiate users new to treatment in the EU report injecting, and in Spain, the Netherlands and Portugal, a relatively small proportion of heroin users appear to do so. But in the Czech Republic, Slovenia and Finland injecting is more commonly reported and in Germany, Ireland, Finland and the new EU Member States, evidence suggests it may still be increasing. The EMCDDA estimates that there are now between 850,000 and 1.3 million current injectors in the EU.

Modest, but significant, decline in drug-related deaths

According to the report, the number of drug-related deaths has shown a modest decline in recent years across the EU. Drug-related deaths fell from 8,838 in 2000 to 8,306 in 2001 representing a small but significant 6% decrease. France and Spain report a decreasing trend since the mid-1990s and Germany, Greece, Ireland, Italy, Portugal and Norway report a more marked decline after 2000.

This positive development is likely to be due to reductions in drug injecting in some countries and increased access to substitution treatment and prevention services (e.g. peer interventions in drug emergencies and educational materials on overdose risks). But numbers of overdose deaths are still historically high, and this downward trend may not be sustained. There are signs that drug-related deaths may soon rise in the new EU Member States.

Bookshelf

Drug use and cultural contexts: Beyond 'the West'



Throughout the 20th and into the 21st century, considerable research, policy and media attention has focused on drug use in Europe, the USA and other advanced 'Western' societies. However, the place of drugs in other cultural contexts has received far less attention. This publication argues that both academics and policy-makers now need to broaden their horizons.

Drug use in differing contexts and among diverse groups can question many strongly held assumptions about both drugs and drug use, say the authors. Extreme levels of intoxication with hallucinogens, regularly condemned in the West as essentially harmful to society, for example, are often utilised by other societies in ritual and religious fashion to enhance social cohesiveness. The authors suggest that drug-related problems that do emerge are as much about the influence of Western politics, economics and definitions as they are about the dangers inherent within the use of any particular drug.

Authors: Ross Coomber and Nigel South

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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

'Snapshots' shed light on EU targets

When European leaders endorsed the EU drug strategy (2000–2004) they committed themselves to six targets addressing the drug phenomenon. On 26 October as the European Commission presented its Communication on the evaluation of the EU strategy and action plan on drugs in Luxembourg (1), the EMCDDA and Europol presented two 'snapshots' of the drug situation at the plan's start and close (1999, 2004).

The snapshots were designed to help the Commission trace trends between the two study points and shed light on the progress of the EU targets.

'These "before" and "after" pictures allow us to make some important observations on the general nature and direction of trends in this dynamic, evolving European drug situation' said EMCDDA Chairman Marcel Reimen. 'Not only do they help answer questions such as "Has prevalence of drug use among young people increased?" or "Is treatment more available?", but they also provide us with valuable information with which to determine future strategic actions on drugs in the EU'.

'These "before" and "after" pictures allow us to make some important observations on the general nature and direction of trends in this dynamic, evolving European drug situation'

Marcel Reimen, EMCDDA Chairman



The snapshot report states that the overall analysis of data reveals both positive and negative conclusions and evidence on the extent to which the EU targets have been achieved is mixed. However, data suggest that both the strategy and its action plan have been a catalyst for increased and better-coordinated actions on drugs at European level and a useful vehicle for the future coordination and evaluation of European responses to drugs.

Key observations in the report include:

- Levels of heroin use and injecting appear to have stabilised following epidemic rises in the 1980s to mid 1990s and less people are starting these behaviours (EU 15). Generally there has been a levelling off in the upward trend in drug use prevalence observed in the 1990s, although levels remain historically high and specific analyses by country, sub-group or drug type show both rises and falls. But there is concern around rising levels of polydrug use and signs of new problems linked to the intensive use of cannabis, cocaine and other stimulants (Target 1).
- A small but statistically significant reduction in drug-related deaths was recorded between 2000 and 2001, possibly due to a stabilisation in heroin use and interventions directly targeting risk behaviour. This trend seemed to continue in 2002, although deaths remained at historically high levels (Target 2).
- An increase in treatment availability was noted during the snapshot period in most countries as well as an overall rise in the number of reported treatment demands. The report states that there is evidence suggesting that service provision has not only expanded (primarily substitution treatment) but also diversified (Target 3).

On the same day the EMCDDA also released 10 Thematic papers drawn up in 2003 to assist the European Commission in the evaluation process. For the full Snapshot report and 10 Thematic papers see <http://snapshot.emcdda.eu.int>

(1) 'Communication from the Commission to the Council and the European Parliament on the results of the final evaluation of the EU strategy and action plan on drugs (2000–2004)' (<http://europa.eu.int>)

2004 Annual report

Drug policies 'more accountable than ever before'

National drug policies in the EU are now 'more accountable than ever before' says the *2004 Annual report*. Twenty-two countries (including Norway) have adopted national drug strategies and many have made evaluation a priority in measuring performance and financial management.

In a special feature on the evaluation of national drug strategies, the report states that the majority of countries now evaluate how they implement actions, while some – Spain, France, Ireland and Portugal – go a step further by trying to assess the effectiveness of their policy on the drug problem itself (impact assessment). Such political will for more evidence-based policy is in itself an important achievement. But, in practice, there are no reported signs of countries fully assessing the impact of their efforts on the drug phenomenon.

Despite gaps in knowledge, the report affirms: 'The spread of a culture of monitoring and assessment has added to the knowledge of the drugs problem in the EU and the scene is set for more informed decisions... Many projects and specific interventions in the field of drugs already contain an element of evaluation and, if extended to all major drug policy interventions, this will gradually contribute to the measurement of the effectiveness of European national drug strategies'.

For more, see *2004 Annual report* 'Selected issue': Evaluation of national drugs strategies in Europe. See news release No 9 at <http://www.emcdda.eu.int/?nnodeid=875>

Most drug users in treatment suffer from psychiatric health problems

Drug use often occurs with a wide range of other complaints such as infectious diseases (HIV, HCV) and social problems. But far less recognised are the mental health problems related to addiction, which can complicate treatment delivery.

According to the report 'a large and probably growing number' of drug users in treatment today are affected by psychiatric 'co-morbidity' – the combination of substance abuse and psychiatric problems. Between 50% and 90% of these users are reported to suffer from personality disorders and around one-fifth from more serious psychiatric complaints.

But both drug treatment services and psychiatric teams regularly fail to spot patients with co-morbidity. This is because the condition is notoriously difficult to diagnose. Drug addiction and disruptive behaviour often mask genuine personality disorders and psychiatric syndromes are often mistaken for substance-induced states. Lack of training is also an obstacle – psychiatric and drug treatment professionals are often untrained in the other's field and thus ill-equipped to cope with co-morbidity and the totality of clients' problems. As a result, clients are often shuttled between services ('revolving door' syndrome), which can disrupt treatment and lead to high drop-out rates and frustration for both client and carer.

The report highlights the need for a highly structured, integrated and case-management approach, which is tailored to the individual and sustained. But it says: 'In most countries there are only a few specialised integrated programmes or units for co-morbidity patients and the availability is far from meeting demand'.

For more, see *2004 Annual report* 'Selected issue': Comorbidity. See news release No 9 at <http://www.emcdda.eu.int/?nnodeid=875>



Photo: PhotoAlto

Reitox Academy Turkish NFP hosts drug information seminar

'Building national focal points and national drug information networks' was the theme of a Reitox Academy training seminar hosted recently by the Turkish national focal point, the International Academy against Drugs and Organised Crime (TADOC).

The four-day seminar, which opened in Ankara on 28 September, was organised by the EMCDDA at the request of the European Commission's EuropeAid Cooperation Office (http://www.europa.eu.int/comm/europeaid/index_en.htm). The event was prepared in close cooperation with the United Nations Development Programme (UNDP), which is responsible for implementing three

drug-related projects (1) under the Commission's programme for Technical Assistance to the Community of Independent States (TACIS). The Spanish, German and Greek focal points, which are involved in an EU-financed 'Twinning Project' with Turkey to set up a national focal point, also played a key role in the organisation.

The aim of the seminar was to provide national experts from Belarus, Ukraine and Moldova (BUMAD) and Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan (CADAP) with technical information concerning the establishment of a national drug information network and Reitox focal point. Sessions were

dedicated among others to: implementing the EMCDDA's key epidemiological indicators; preparing and writing national reports; and negotiating partnerships. Representatives from Armenia, Azerbaijan and Georgia (SCAD) who participated in a similar Reitox Academy training programme in July 2003, presented activities developed and results achieved following the previous course.

Alexis Goosdeel

(1) BUMAD – Belarus, Ukraine and Moldova Anti-Drugs Project; CADAP – Central Asian Drug Assistance Project; and SCAD – Southern Caucasus Anti-Drugs Project. The three programmes are funded by the European Commission.

Spotlight

Support for Polish drug information system

Poland is divided into 16 regions which play a significant role in responding to the country's drug problem. A key element in the Polish drug information system then is a network of regional coordinators overseen by the national focal point. Among others, this network provides input to the national data-collection system, which in turn feeds information to the EMCDDA. Set up in 2002, the network is operational but requires consolidation and further development.

Responding to these needs, the EMCDDA and the Polish national focal point organised a training seminar for regional experts in Crakow earlier this year supported by the Phare-EMCDDA project. This was followed by a Polish study visit to the EMCDDA on 13–15 September.

The main purpose of the visit was to provide Polish regional experts with a detailed picture of monitoring and responding to the drugs problem at European level (organisation, working methods and results) and to give participants an opportunity to discuss the role of regional level experts in data collection, analysis and dissemination. As such, the visit was considered to be an important step in the development and continuation of the Polish drug information system.

The study visit also gave the visitors the chance to share the country's experience in establishing a national focal point and drug information network with the Croatian delegation visiting the EMCDDA at the same time (see article opposite).

Piotr Jabłoński – Director of the National Bureau for Drug Prevention

Janusz Sierosławski – Head of the Polish national focal point

(¹) The participation of the Polish regional experts in the seminar was supported by regional authorities (8 regional experts gained such support). Experts attended from the following regions: Kujawsko-Pomorskie, Lubelskie, łódzkie, Mazowieckie, Opolskie, Pomorskie, Warmińsko-Mazurskie and Wielkopolskie.

Reitox

Candidate countries take steps to participate in work of EMCDDA

Bulgaria, Romania and Turkey, three candidate countries to the European Union, have all initialled agreements with the European Commission this year, which will allow them to fully participate in the work of the EMCDDA. Bulgaria did so on 9 September following Turkey (26 August) and Romania (5 April). It is expected that the agreements will be officially signed and will enter into force in the first half of 2005, following their ratification by the countries' national parliaments.

Alexis Goosdeel

Closer ties with Croatia

A delegation from the Croatian Office for Combating Narcotic Drug Abuse paid its first official visit to the EMCDDA from 13–15 September. The visit followed an informal meeting between the organisations in Ljubljana last September at the premises of the European Commission's delegation in Slovenia.

This Croatian anti-drugs body is currently preparing a proposal from the National Commission for Combating Narcotic Drug Abuse to the Croatian Government regarding the country's possible application for EMCDDA membership. More formal co-operation between Croatia and the EMCDDA is expected to be established in 2005, following the opening of negotiations for Croatia's membership to the EU.

Alexis Goosdeel

For more see http://europa.eu.int/comm/external_relations/see/croatia/index.htm

Standardised information on responses to drugs

The EMCDDA continues to develop and assess Structured Questionnaires (SQs) in the field of responses to the drug problem, which aim to provide standardised information on the organisation, implementation and quality assurance of interventions and services in this area. In recent months, representatives of the Reitox focal points and EMCDDA staff have discussed and presented SQs on the following topics: prevention of drug-related deaths; school-based prevention; community prevention; drug-related treatment; and social reintegration. Preparations are now underway to develop SQs on alternatives to prison and services for the reduction of drug-related harm (low-threshold services). These are intended to be included in reporting guidelines in 2006 and 2007.

Margareta Nilson

Partners

New premises for EMCDDA and EMSA



Photo: Atlântico Press

The EMCDDA and the European Maritime Safety Agency (EMSA) signed a Memorandum of Understanding with the Portuguese Government on 28 July regarding the establishment of new premises in Lisbon. The agreement foresees the construction of three buildings in central Lisbon on the banks of the Tagus: two separate buildings housing the two agencies and a common space with conference facilities and other services. The buildings are scheduled for completion in 2006.

Gonçalo Felgueiras

Products and services

New publications

2004 Annual report

To mark the launch of its *2004 Annual report* on 25 November, the EMCDDA released a comprehensive, multilingual information package offering the latest findings on the drug phenomenon across Europe.



2004 Annual report on the state of the drugs problem in the European Union and Norway – This year the report offers data from the 25 EU Member States and Norway and is available in 20 languages (19 EU plus Norwegian). For the first time the publication carries chapters dedicated to individual drugs, which are complemented by further chapters on four transversal subjects: drug policy and law; crime and prison issues; prevention and treatment. ‘Selected issues’ in 2004 are: evaluation of national drugs strategies in Europe, cannabis problems in context and co-morbidity.

2004 Annual report online – Expanded online versions and downloadable PDF files of the report are available on a dedicated website in 20 languages (<http://annualreport.emcdda.eu.int>). This site offers downloadable *National reports* from the Reitox network, news releases and a wealth of additional tables, graphics and statistics complementing and further illustrating the report’s content. To ease traffic on the main website, the EMCDDA also provides access to materials via an alternative website (<http://emcdda.kpnqwest.pt>).

Statistical bulletin – For the first time the EMCDDA complements the report with an online Statistical bulletin offering a wide-range of statistical tables, charts and analysis of the European drug situation. Developed as a research tool, and underpinning the *Annual report*, it enables users to access and extract data according to their needs (<http://statistics.emcdda.eu.int>).

Country situation summaries – Summaries for all 25 EU Member States and Norway were made available to coincide with the launch of the report. Their main purpose is to provide brief synopses of up-to-date national data and trends (<http://profiles.emcdda.eu.int>).

News releases – Four news releases covering all aspects of the report in 20 languages are available on the *News and media services* section of the EMCDDA website (<http://www.emcdda.eu.int/?nnodeid=875>).

PowerPoint presentations – The EMCDDA prepared PowerPoint presentations in various EU languages summarising the report’s key findings (<http://www.emcdda.eu.int>).

News conference and national launches – A news conference, attended by journalists from across the EU, was organised by the EMCDDA at the European Parliament on 25 November. National launches of the report were organised in a number of Member States including: Cyprus, Greece, Hungary, Lithuania, Malta, Poland and Portugal.

Other new EMCDDA titles

- ‘Overdose – a major cause of avoidable death among young people’, *Drugs in focus* (policy briefing), No 13. Downloadable in 21 languages from the EMCDDA website (<http://www.emcdda.eu.int>) under Publications/*Drugs in focus*.
- *EMCDDA online* – a new promotional brochure dedicated to the agency’s online products. Downloadable in English from the EMCDDA website (<http://www.emcdda.eu.int>) under Publications/*Brochures and catalogues*.

Resources

Useful materials and events on the drugs issue



Advocacy Guide: HIV/AIDS prevention among injecting drug users

The World Health Organisation (WHO), the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the United Nations Office on Drugs and Crime (UNODC) have jointly developed this guide on the role of advocacy in establishing HIV/AIDS prevention and care programmes for injecting drug users (IDUs). The guide is based on a wealth of experience gained by individuals, institutions and non-governmental and international organisations. It builds on several publications on general advocacy as well as on specific advocacy programmes for HIV/AIDS.

<http://www.who.int/hiv/pub/advocacy/en>

Downloadable from: <http://www.who.int/hiv/pub/advocacy/en/advocacyguideen.pdf>

The three organisations have also published four policy briefings that summarise evidence for action on HIV/AIDS and injecting drug use. These are entitled:

- *Reduction of HIV transmission through outreach*
- *Provision of sterile injecting equipment to reduce HIV transmission*
- *Reduction of HIV transmission through drug-dependence treatment*
- *Reduction of HIV transmission in prisons*

Downloadable from: <http://www.who.int/hiv/pub/advocacy/idupolicybriefs/en>

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

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Calendar 2004

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

EMCDDA meetings

- 7–8 October: Working group meeting on assessing a new reporting system and guidelines for 2004 Reitox national reports, Lisbon.
- 13–15 October: EU meeting on crime and supply drug-related data/Reitox Academy, Lisbon.
- 18 October: EMCDDA legal correspondents meeting, Lisbon.
- 19–22 October: Reitox Academy workshop and EMCDDA expert meeting on drug-related infectious diseases, Lisbon.
- 25–26 October: Reitox Academy intensive course on new synthetic drugs, Vilnius.
- 3–5 November: 31st Reitox Heads of Focal Points' meeting, Lisbon.
- 14–15 November: EMCDDA–WHO meeting on health in prisons, Riga.
- 24 November: Presentation of *2004 Annual report*, European Parliament, Brussels.
- 25 November: Public press launch of *2004 Annual report*, Brussels.
- 25–26 November: EMCDDA expert meeting on estimating problem drug use, Lisbon.
- 29 November: EMCDDA expert meeting on cannabis supply reduction, Lisbon.
- 6–7 December: 22nd meeting of the EMCDDA Scientific Committee, Lisbon.
- 8 December: EMCDDA Bureau meeting, Lisbon.
- 9–10 December: 4th workshop of the early-warning system on new synthetic drugs, Lisbon.
- 9–10 December: Data collection at low-threshold services for drug users – tools, quality and coverage, Lisbon.

External meetings

- 14–16 October: European Society for Social Drug Research, 15th annual conference, Munich.
- 20–22 October: ELISAD conference, Florence.

EU meetings

- 24 November: Horizontal working party on drugs, Brussels.
- 7 December: Horizontal working party on drugs, Brussels.

Gender

Experts focus on gender differences among drug treatment clients



Fewer women than men seek treatment for cocaine, cannabis and opiate use while more do so for other drugs such as hypnotics or sedatives

Some 50 experts from the 25 EU Member States, Bulgaria, Romania, Norway and international organisations met in Lisbon from 22–23 September to discuss gender differences among those seeking treatment for drug problems. The EMCDDA presented a general European overview on the subject, which was complemented by country- or region-specific presentations from participants.

In general, it was noted that women tend to seek treatment for drug problems less than men, with a male–female ratio ranging from 5:1 in Greece to 2:1 in the Czech Republic (all drugs). This ratio varies according to the primary substance used, with fewer women than men seeking treatment for cocaine, cannabis and opiate use and more doing so for drugs such as hypnotics or sedatives.

The male–female ratio also varies according to characteristics such as age and education. For example it was found to be:

- lower among very young clients (3.6 men to 1 woman <20 years old);
- lower among those with high levels of education (3.1 men to 1 woman);
- lower among people living with children (1.3 men to 1 woman).

At present, data on treatment demand mainly relate to outpatient treatment centres, but there are signs that countries are broadening national data coverage and improving data quality.

Gender differences in drug use will be a specific subject for in-depth analysis by the EMCDDA over the coming year.

Linda Montanari

For more detailed information on the results of the expert meeting see: <http://www.emcdda.eu.int/?nnodeid=1420>