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Drugnet Europe

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In this issue...

- 2** Hepatitis C may cost countries billions of EURO in healthcare
- 3** Up to 90% of problem drug users suffer from personality disorders
- 4** Feature: Georges Estievenart named Honorary Director of the EMCDDA
- 5** Boosting scientific knowledge on new synthetic drugs
- 6** EMCDDA launches review of quality assurance procedures
- 7** Broader scope for EU action on new drugs
- 8** Scientific Committee welcomes new members

Many overdose deaths can be avoided

Drug overdose is one of the major causes of death among young people in Europe, yet many of these deaths can be avoided. This is the conclusion drawn in a new edition of the EMCDDA's *Drugs in focus* series entitled 'Overdose – a major cause of avoidable death among young people'.

According to the briefing, there were almost 100,000 reported overdose deaths between 1990 and 2002 in Western Europe (EU 15), with 8000 to 9000 deaths per year since 1996. But this figure probably under-estimates the full extent of the tragedy, as under-reporting is likely to occur in many countries. The majority of cases involve use of heroin and other opiates, often in combination with other substances.

Most overdose fatalities occur in men aged between 20 and 40, and victims are typically experienced rather than new drug injectors. Mortality is generally higher among male opiate users than females due to their higher levels of risk-taking.

Injecting drug users may be at particular risk of overdose when they mix heroin with other drugs, especially alcohol and benzodiazepines. They may also be at greater risk when they resume injecting after a period of abstinence when their tolerance is low (e.g. after time in prison or detoxification).

Across the EU, overdose deaths have decreased moderately or levelled off in recent years with clear decreases in some of the older EU Member States, following sharp rises through the 1980s and 1990s. The EMCDDA 2004 *Annual report* showed a small but significant 6% decrease in drug-related deaths from 8,838 in 2000 to 8,306 in 2001. This may be attributable to increased provision of treatment and harm-reduction measures combined with reductions in levels of drug injecting and heroin availability. But, the number of overdose deaths remains 'historically high'.

'That overdose is avoidable must become a central message and priority issue for drug services', says the briefing. 'Because many opiate overdoses happen in the presence of others, an opportunity exists for timely intervention.'

Continued on page 8



Drug overdose is one of the major causes of death among young people in Europe, yet many of these deaths can be avoided.

2005 programme and budget

The EMCDDA's working framework for 2005 received the seal of approval at the agency's Management Board meeting in Lisbon from 19–21 January, with the adoption of the 2005 work programme and a budget of € 12.8 million (1).

The 2005 programme will focus on three priorities:

- integrating fully the 10 new EU Member States into EMCDDA structures and activities (and supporting the participation of the candidate countries);
- developing the EMCDDA information management capacity through a more efficient system for data storage and retrieval; and
- improving the monitoring, reporting and dissemination of data through better tools, analysis and identification of client needs.

On behalf of the Management Board, Chairman Marcel Reimen paid tribute to the outgoing Director Georges Estievenart, naming him Honorary Director of the EMCDDA (see p. 4). Other highlights in the proceedings included a special visit from António Maria Costa, Executive Director of the United Nations Office on Drugs and Crime (UNODC), who underlined the importance of close collaboration between the two agencies, and Nuno Fernandes Thomaz, Portuguese Secretary of State for Maritime Affairs, who delivered a progress report on the new premises to be shared by the EMCDDA and the European Maritime Safety Agency (EMSA) in 2006.

(1) € 12m EC subsidy; € 300,000 EC funding for specific projects; € 515,625 contribution from Norway.

January–March

2005

Drug situation

Hepatitis C may cost countries billions of EURO in healthcare

Hepatitis C infections occurring in recent years in the European Union may cost countries billions of EURO in future healthcare, according to research released by the EMCDDA in December into the costs and impact of the disease.

New hepatitis C (HCV) infections occurring in 1999, for example, in six of the most affected countries – France, Germany, Italy, Portugal, Spain and the UK – are likely to incur healthcare costs of up to € 1.43 billion for the six countries over the next two decades. When projected to 25 EU Member States, total future HCV healthcare costs could rise substantially.

Data presented estimate lifetime healthcare costs per infected person at € 14,140 to € 18,800 in France and ranging between € 13,100 and € 26,200 per person in the six countries.

The estimates are published in a scientific monograph *Hepatitis C and injecting drug use: impact, costs and policy options*.

The publication, a conglomeration of research on hepatitis C, drug use and public health methods, presents state-of-the-art knowledge and new analyses on the impact and costs of the disease among injecting drug users (IDUs) as a basis for future policy-making.

Since the introduction of screening of blood and blood products for the disease in 1990–91, drug injecting is now the most common route of infection, largely due to risk behaviour such as sharing of syringes and other injecting equipment.

According to EMCDDA data presented in the monograph, up to 90% of newly notified cases of HCV infection in EU countries are now IDUs. The EMCDDA 2004 *Annual report* cites HCV prevalence rates of between 17% and 95% in IDUs, depending on the country and study setting, underlining the need for prevention and treatment in this main at-risk population.

Hepatitis C affects an estimated 170 million people worldwide and at least a million, but possibly several million, people in Western



Photo: Comstock

Europe, who are at risk of developing liver cirrhosis or liver cancer. It is a highly infectious and potentially fatal blood-borne disease that attacks the liver and for which there is as yet no vaccine. Prevention is therefore urgently needed. Providing testing, prevention education and treatment now, says the monograph, is preferable to allowing infected people become chronically ill.

Also addressed in the monograph are the indirect costs of the disease, such as lost economic productivity, and intangible costs to the individual – such as pain, suffering, death and bereavement – which can impact severely on lives but are difficult to quantify. The monograph states that ‘an exclusive focus on direct healthcare costs, excluding other costs to society or the individual, is likely to underestimate the cost-effectiveness ratio of an intervention’.

For further background material on hepatitis C from the EMCDDA, and to download the monograph in pdf format see <http://www.emcdda.eu.int/?nodeid=428>

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Assessing the availability of illicit drugs through population surveys

The availability of illicit drugs is a key factor in understanding drug use, patterns of use and related consequences. To gain an insight into how access to drugs can influence drug demand, the EMCDDA has been developing since 2002 indicators of drug availability at user level in the EU.

One of the key issues explored through surveys is the availability of drugs in the general population. As part of this work, an EMCDDA expert group, set up to develop a new module on drug availability in the European Model Questionnaire (EMQ) (1), held its fourth meeting from 29–30 November in Lisbon. Experts from Denmark, France, Greece, Lithuania, the Netherlands, Poland, Slovakia and Sweden attended the meeting.

Sample questions on the concepts of ‘perceived availability’ and ‘exposure to drugs’, defined by the group in May, were discussed and modified in the light of countries’ experiences. Meanwhile, new questions on the concept of ‘access’ were drawn up and will be pre-tested where possible.

The draft module on drug availability in population surveys is available on request in English from the EMCDDA. With the help of the expert group, the EMCDDA will complete the module and translate the questions into several EU languages.

Chloé Carpentier

(1) The EMQ is a list of common core items used to collect information in a standardised way via population surveys.

Responses

Up to 90% of problem drug users suffer from personality disorders

Between 50% and 90% of problem drug users are reported to suffer from personality disorders and around one-fifth (15–20%) from more serious psychotic complaints. Yet mental disorders related to addiction are far less recognised than other factors associated with drug use, such as infectious diseases and social problems. These issues are highlighted in the latest edition of *Drugs in focus* entitled 'Co-morbidity – drug use and mental disorders' (1).

The release of the briefing coincided with the opening on 12 January in Helsinki of a major World Health Organisation European Ministerial Conference on Mental Health: *Facing the challenges, building solutions*. The EMCDDA and the WHO have been collaborating over the last year to raise awareness of the hidden problem of co-morbidity in Europe.

Recent studies have revealed suicide attempts in around 50% of co-morbid patients. But both drug treatment services and psychiatric teams regularly fail to spot patients with co-morbidity.

One explanation is that the condition is notoriously difficult to diagnose. Another obstacle is lack of training. Psychiatric and drug treatment professionals, while highly specialised in their own field (medicine, psychology, social work, etc.), are generally ill-equipped to cope with co-morbidity and the totality of clients' problems. As a result, patients are often shuttled between psychiatric and drug services ('revolving door' patients), which disrupts their treatment and increases drop-out rates.



Drug treatment services and psychiatric teams regularly fail to spot patients with co-morbidity

Commenting on the issue, EMCDDA Chairman Marcel Reijnen said: 'Cooperation and coordination between services at all points in the treatment chain is essential for the successful treatment of co-morbidity and for ensuring a continuum of care and aftercare. Treatment is effective if highly structured and customised via individual case-management. This is both time-consuming and demanding on human and organisational resources, but in the end is cost-effective'.

Drugs in focus, No 14 'Co-morbidity – drug use and mental disorders'. Available in 21 languages from <http://www.emcdda.eu.int>

WHO European Ministerial Conference on Mental Health

A Mental Health Declaration and Action Plan for Europe, outlining priorities and action for the next decade, were adopted at the first European Ministerial Conference on Mental Health in Helsinki from 12–15 January, organised by the World Health Organisation.

Together the documents underline the importance of: fostering awareness of mental well-being in society; tackling stigma of those with mental health problems; and designing comprehensive mental health systems that cover promotion, prevention, treatment, rehabilitation, recovery and care. Among the specific initiatives listed in the action plan are: the inclusion of mental health in public health policies and services; creating healthy educational and work environments; and preventing suicide in high-risk groups.

Mental ill health reduces quality of life and generates high costs for society, yet the issue has been greatly neglected in public health policy to date. Drug-related problems are closely linked to those of mental health, since most drug users suffer from mental disorders and the mentally ill frequently use drugs. The EMCDDA presented its recent work at the conference on co-morbidity (see opposite) and pointed out the challenges for effective prevention, diagnosis, treatment and social rehabilitation. The conference, which welcomed 400 participants from 52 countries, was organised in cooperation with the Finnish Ministry of Health, the European Commission and the Council of Europe.

Margareta Nilson

For further details on the conference see <http://www.euro.who.int/mentalhealth2005>

First EDDRA entry from new EU Member State

EDDRA has recently received its first entry from a new EU Member State: the Czech Republic. The Karlov Therapeutic Community, located in Southern Bohemia, is a specialised facility providing residential treatment to young people (15–25 years) and mothers with young children. It offers a wide range of services including: individual counselling and psychotherapy; family therapy; relapse prevention; and group counselling. With a total of 25 beds, it is one of the largest therapeutic communities in the country.

The community forms part of a broader system of care – run by national NGO SANANIM – comprising inpatient and outpatient treatment; aftercare; substitution treatment; low-threshold services; a street work programme and a drug information centre.

Treatment for drug users in the Czech Republic is organised according to the national 'Standards of professional competency of services'. This standard helps define services as well as ensure quality in individual treatment programmes and the country's wider treatment continuum (treatment, aftercare). The National Drug Commission is expected to approve these standards in 2005.

Abigail David

(1) Co-morbidity is defined by the WHO as the 'co-occurrence in the same individual of a psychoactive use disorder and another psychiatric disorder'.

Bookshelf

Drugs and drug dependence: linking research, policy and practice



How can research, policy and practice be best linked to meet the challenges of today's increasingly complex drug phenomenon? How can research be made more relevant to policy-making and implementing responses? How can communication be established between individuals with different perspectives and assumptions on the drug problem and how to approach it?

These are among the questions tackled in this publication by leading European drugs expert, Richard Hartnoll. The publication is based on a conference paper prepared for the Pompidou Group of the Council of Europe in the light of its new mandate as platform for the exchange and transfer of knowledge between the three areas (see *Drugnet Europe* No 46, p. 5).

Among others, Hartnoll calls for a strengthening of policy-relevant research on drugs in Europe via investment in a long-term research strategy.

Publisher: Council of Europe
Author: Richard Hartnoll
Languages: English, French
Date: September 2004
ISBN: 92-871-5490-2 (EN)
92-871-5489-9 (FR)
Price: € 12

Ordering information: publishing@coe.int
<http://book.coe.int>

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

Georges Estievenart named Honorary Director of the EMCDDA

Georges Estievenart was presented with the title of Honorary Director of the EMCDDA on 19 January following a decade of service at the agency's helm. The title was bestowed on him unanimously by the EMCDDA Management Board as he completed his term of office.

Mr Estievenart took up the post of Director of the agency in July 1994 and led it from its inception to the authoritative information centre it has become today. During this time he oversaw, with Member States, 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. Also developed during this time were standard reporting tools and methodologies, which provide countries with a 'common language' with which to describe the drug phenomenon.



Photo: EMCDDA

'For more than two decades Georges Estievenart played a proactive role in the shaping of the EU strategies on drugs and promoting the importance of evidence-based information as the key to effective decision-making.'

'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,' said Mr Estievenart at the end of 2004. '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'.

Georges Estievenart's influence on EU drug policy began long before the days of the EMCDDA. In 1986, he drafted a Council Decision which set out for the first time the Community's position on drugs, ahead of its participation in the 1987 UN International Conference on Drug Abuse and Illicit Drug Trafficking. He initiated a second Council Decision in 1987 on the Community's mandate regarding the diversion of chemical and pharmaceutical precursors. Together these pivotal documents led to the Community signing the 1988 UN Convention Against the Illicit Traffic in Narcotic Drugs and Psychotropic Substances, an act that made it a fully-fledged international partner in the fight against drugs.

In 1989, the European Committee to Combat Drugs (CELAD), set up at the initiative of President François Mitterrand, triggered for the first time a cross-national and cross-disciplinary dialogue on drugs in Europe. It led to the first European action plan to combat drugs and a decision to set up a European drugs monitoring centre. Then Head of Unit on Drugs at the European Commission, Mr Estievenart was tasked with studying the feasibility of creating such an agency. In 1993, the Council unanimously adopted a regulation establishing the EMCDDA. Estievenart was appointed Director the following year.

For more than two decades Georges Estievenart played a proactive role in the shaping of the EU strategies on drugs and promoting the importance of evidence-based information as the key to effective decision-making. Thanks to him, and to his staff in Lisbon, we now have a better understanding of the European drug phenomenon and its evolution due to information that is more objective, reliable and comparable.

Continued on page 6

Reitox Academy I

Improving data collection on drug availability and drug-related crime



Photo: Matten-Bild

Data on drug availability and drug-related crime are routinely reported in the European Union, but a lack of standard reporting tools means that data comparability remains poor.

To address this issue, experts from 15 EU Member States, Norway, Romania and Turkey met in Lisbon from 13–15 October for a

workshop on data collection and analysis in these areas.

The workshop offered experts the chance to exchange expertise and review reporting methods on a wide range of subjects from drug law offences and seizures, to drug purity and potency, tablet composition and the price of drugs at street level. It also provided participants with an insight into best practice and critical areas for data improvement.

The experts agreed to rationalise and improve data-collection tools and proposed modifications to the standard reporting tables used by the EMCDDA and its Reitox network to collate comparable data.

In particular, they proposed revisions to the table on drug seizures, which were subsequently approved by the EMCDDA and Reitox network in November for implementation from 2005. Revisions to a further four tables (arrests, purity, tablet composition, street price) will be discussed in the course of 2005 for implementation in 2006.

Chloé Carpentier

For a report, please contact: Chloe.Carpentier@emcdda.eu.int

Reitox Academy II

Boosting scientific knowledge on new synthetic drugs

Identifying new synthetic drugs as soon as they appear on the European market is a crucial task bestowed on the EMCDDA and Europol by the 1997 Joint action (see p. 7). In this context, the EMCDDA coordinates a network of national experts who operate an early-warning system (EWS) to detect new synthetic substances appearing in the Member States.

In a move to boost the scientific knowledge of the network, the EMCDDA organised a Reitox Academy training course in Vilnius (Lithuania) from 25–26 October.

The aim of the course was to provide participants with high-level technical training on new synthetic drugs from various perspectives.

French neurobiologist and Vice-Chairman of the EMCDDA Scientific Committee, Dr Jean-Pol Tassin, described how these drugs act on nerve cells and affect psychic and physical balance. British forensic scientist, Dr Les King, outlined the main groups of synthetic drugs and their chemical structures and Austrian toxicologist, Prof. Rainer Schmid, examined the added value of toxicological information.

Participants from over 20 countries attended the course, which was organised with the support of the Lithuanian focal point. The event took place at the Lithuanian Parliament and was opened by Lithuanian Minister of Health Dr. J. Olekas and Director of the Lithuanian Drug Control Department, Dr A. Astrauskiene.

Roumen Sedefov

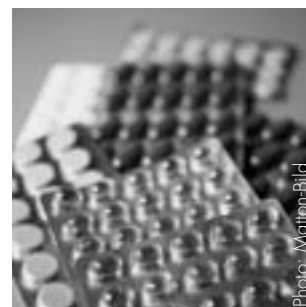


Photo: Matten-Bild

Drugs-Lex

Portuguese drug strategy and action plan evaluated

Treatment for drug use is now more widely available in Portugal than five years ago, drug-related deaths and HIV prevalence have fallen and drug trafficking arrests are decreasing. But less positively, people are now first experimenting with drugs at an earlier age and deaths are increasingly linked to substances other than opiates.

These were some of the findings presented on 15 December in the final external evaluation of the 1999 Portuguese national drugs strategy and the 2001–2004 action plan, conducted by the National Institute for Public Administration (*Instituto Nacional de Administração/INA*). The evaluation was complemented by an internal

evaluation by the *Instituto da Droga e da Toxicoddependência/IDT* (Portuguese Reitox focal point) and a public evaluation based on an on-line survey. This comprehensive approach is a first, not only in Portugal, but also in the EU.

The evaluation identified 250 courses of action and adopted a comprehensive model to understand their impact. In particular it looked at:

- *consistency* (how many promised initiatives were carried out);
- *efficiency* (how resources were allocated and used); and
- *effectiveness* (how many targets set by the strategy were achieved).

Finally, a survey was conducted among the beneficiaries of a network of treatment centres to assess the quality of services provided. This survey, the first of its kind in Portugal, resulted in a favourable opinion.

The new Portuguese drug strategy for the period 2005–2012 will be proposed in the near future.

Danilo Ballotta

For more on the Portuguese evaluation, see:

Conclusões da Avaliação da Estratégia Nacional de Luta Contra a Droga 1999–2004

<http://www.drogas.pt/id.asp?id=p2p69p544>

Spotlight

2004 Annual report – the national dimension

Every year, the EMCDDA *Annual report* is presented to the European Parliament's Committee on Citizens' Freedoms and Rights, Justice and Home Affairs before its public launch to the European media. Over the years the two promotions have brought strong recognition to the work of the EMCDDA.

In 2004, the EMCDDA Management Board reflected on strategies to increase the impact of the EMCDDA *Annual report* further by expanding the existing promotional formula. Proposals included boosting the national component of the initiatives by inviting national parliamentarians to the presentation of the report and promoting the product through national events.

In line with this strategy, national parliamentarians from across Europe attended the presentation of the 2004 *Annual report* at the European Parliament on the eve of the official press launch. For the first time they were able to intervene on content alongside members of the above Committee.

Following, or coinciding with, the press launch on 25 November, seven EU Member States organised national presentations of the *Annual report*. Three of these (Cyprus, Lithuania and Malta) placed their own drug situation in the European context by simultaneously launching their national reports and presenting the work of the national focal point.

The events enjoyed a high profile. In Cyprus, the occasion was patronised by the Minister of Health and, in Malta, by the Minister for the Family and Social Solidarity. Meanwhile, in Greece, the proceedings were chaired by the national drug coordinator and, in Poland, by the Chairman of the Council for Counteracting Drug Addiction. In Portugal, the presentation took place during the 1st National Congress of the *Instituto da Droga e da Toxicoddependência* and, in Hungary, at a conference of the Coordination Committee on Drug Affairs and the Youth and Sports Committee.

Gonçalo Felgueiras

Reitox

EMCDDA launches review of quality assurance procedures

Enlargement of the European Union by 10 countries in May 2004 brought with it a substantial increase in the number of national datasets submitted to the EMCDDA. In autumn 2004, to adapt to these changes, the agency launched a review of its quality assurance approach to data collection in 2005.



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The review will include: an evaluation of the EMCDDA's past quality assurance procedures; a modification of existing tools; and the development of new mechanisms to identify strengths and weaknesses in the collection of reliable and comparable information. It will also take account of current scientific research in the field of quality assurance and evaluation, explore methods to evaluate qualitative information and review how network partners can make optimal use of the assessment results.

The EMCDDA quality assurance project dates back to 1999 when the Management Board requested regular assessment of the quality of data submitted to the agency.

The project enables the Centre to verify that EU standards are being followed and that quality criteria are observed. Expert meetings and Reitox Academies help promote the importance of quality assurance and improve existing instruments.

Jennifer Hillebrand

The latest meeting of the Reitox Heads of focal point (3–5 November) approved the implementation of five new data-collection instruments. Data provided through these tools will be subject to quality assessment in 2005. Also endorsed were general reporting guidelines for 2005 and specific guidelines for the *Annual report* selected issues.

Feature

Continued from page 4

In his final years at the EMCDDA, Mr Estievenart was committed to facilitating the participation of the new Member States in the work of the Centre, an undertaking which gained him much recognition in these countries. He also invested in building closer relations with the European Parliament, which brought a greater awareness of drug policy analysis and evaluation and improved cooperation on the drug debate.

On behalf of the EMCDDA Management Board and staff I would like to thank Georges for his 10 years of investment and achievement for which he should feel proud. His vision will surely continue through the work of the EMCDDA for many years to come.

Marcel Reimen

Chairman, EMCDDA Management Board

New legal instrument

Broader scope for EU action on new drugs



The 1997 Joint action on new synthetic drugs (1) is about to be replaced by a new mechanism that will cover a wider range of substances and promises faster and more transparent results.

The new draft 'Council decision on information exchange, risk assessment and control of new psychoactive substances', developed under the Italian, Irish and Dutch presidencies in 2003 and 2004, is scheduled for adoption in the coming weeks.

Whereas the Joint action related exclusively to new synthetic drugs, the new Council decision extends the scope to all new psychoactive substances (new narcotic and synthetic drugs alike) which might pose similar health and social risks as those already listed in the Schedules to the 1961 UN Single Convention on Narcotic Drugs and the 1971 UN Convention on Psychotropic Substances. As its name suggests, this new legal instrument maintains the three-step sequence of the Joint action (early-warning, risk assessment, possible control), but each phase now complies with a strict deadline to guarantee a rapid response.

One innovation of the new instrument is that it provides for the collection and exchange of information on medicinal products (although it cannot place them under control). Here the London-based European Agency for the Evaluation of Medicinal Products (EMA) is set to play a more active role by assessing with the Commission, and in close cooperation with the EMCDDA, the need for action on medicinal products.

The draft decision has its roots in the EU action plan on drugs (2000–2004) which called on the European Commission to launch an external evaluation of the 1997 Joint action. The results of this evaluation, presented in 2002, showed that the instrument had largely fulfilled the expectations of the Member States and the EU institutions – particularly as regards the early-warning system – but required reinforcement and re-orientation. In particular, the evaluation called for greater transparency and clarification of the Joint action's procedures and definitions and an assessment of its scope.

In order to implement this complex legal instrument successfully, the EMCDDA and Europol are now preparing to adapt the early-warning system and risk-assessment procedures to the new specifications. The involvement and commitment of the Reitox network and Europol national units will be crucial in the exercise and the needs and realities of the new Member States and the candidate countries will call for close analysis.

The new Council decision is expected to bring higher visibility to the work of the EMCDDA, particularly its Scientific Committee. Increased transparency of results will be ensured through a new annual report to the European Parliament, Commission and Council.

Alain Wallon and Roumen Sedefov

(1) Joint action of 16 June 1997 concerning the information exchange, risk assessment and the control of new synthetic drugs [Official Journal L 167, 25.06.1997].

ESPAD releases latest figures

The ESPAD school survey project has become a major European resource for information on drug and alcohol use among 15–16 year-old school students, and for mapping the evolution of trends over time. The results of the latest 2003 ESPAD survey, covering 35 countries (22 EU), were released on 14 December 2004. For further details, see <http://www.espad.org/index.html>

Resources

Useful materials and events on the drugs issue



Enjoying the nightlife in Europe. The role of moderation

This publication, from European network Irefrea, provides a comparative description of young drug users and non-users in recreational settings in Europe. Statistical and ethnographic data were collected from a sample of 1,777 young people interviewed in recreational environments across 10 European cities (Athens, Berlin, Bologna, Helsinki/Turku, Lisbon, Liverpool, Nice, Palma, Utrecht and Vienna). The analyses focus on key issues in the relationship between young people and drug consumption including: gender differences, risk perception, management of finances, leisure, free time, prospects, control of risk and sexuality.

Cultural mediators in a hegemonic nightlife

A sample of 674 social, professional and cultural mediators in the recreational nightlife scene in 10 European cities was studied for this Irefrea publication. The work looks at how these mediators help create styles and definitions of having fun, how they influence young people and what potential they hold for intervening in drug prevention.

Both publications are free and downloadable in English from <http://www.irefrea.org>

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

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Calendar 2005

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

- 19–21 January: EMCDDA Management Board, Lisbon.
23–25 February: Meeting of the Reitox Heads of focal point, Lisbon.
18 May: EMCDDA Bureau, Lisbon.
23–24 May: EMCDDA Scientific Committee, Lisbon.
6 July: EMCDDA Bureau, Lisbon.
6–8 July: EMCDDA Management Board, Lisbon.

External meetings

- 31 January–1 February: Meeting on health in prisons, WHO, German Scientific Institute of Medical Doctors (WIAD), German Central Institute for Mental Health (ZI), Bonn.
7–14 March: 48th session, Commission on Narcotic Drugs, Vienna.
14–15 March: Meeting of the Council of Europe Pompidou Group's Platform on Ethics, Paris.
20–24 March: International conference on the reduction of drug-related harm, Belfast (<http://www.ihrcebelfast.com>).
10–14 May: 'Drug addiction, treatment and prevention in a United Europe: Diversity and equality', 10th European conference on rehabilitation and drug policy, KETHEA/EFTC, Crete (<http://www.efc-europe.com>).
30 June–2 July: 3rd Latin conference on the reduction of drug-related harm, Barcelona (<http://www.clat3.org>).

EU meetings

- 23–24 February: Horizontal working party on drugs, Brussels.
5 April: EU drug coordinators meeting, Luxembourg.

Statutory bodies

Scientific Committee welcomes new members

Scientists from the new EU Member States joined the EMCDDA Scientific Committee on 6–7 December in the body's first meeting since enlargement in May 2004. The focus of the meeting was the Centre's 2005 work programme on which the Committee adopted a formal opinion.

The Committee delivered a positive appraisal of the new programme, considering it to mirror the strategic objectives of the ongoing three-year work programme (2004–2006). It also praised the programme's improved structure as well as its attention to quality assurance, training needs and the integration of the new Member States.

During the discussion, the Scientific Committee commended the integrated 2004 *Annual report* information package (on- and off-line report, statistical bulletin, data library) as a testimony of greater cooperation between programmes. The Committee also underlined the importance of the EMCDDA's technical expert meetings, which help keep the Centre's scientific activities both pertinent and current.

Finally, in the context of the new EU action plan on drugs (2005–2008), the Committee addressed an informal opinion to the European Commission on the importance of scientific evidence. It stressed that appropriate scientific approaches should be adopted to evaluate the new plan and that the capacity of existing information systems should be taken into account when defining objectives.

Roumen Sedefov

Many overdose deaths can be avoided

Continued from page 1

Many overdose deaths can be prevented by increasing the proportion of drug users in treatment and bringing untreated users into contact with drug services. Other measures include educating users in avoiding risks, recognising overdoses in their peers and responding appropriately.

Evidence strongly suggests that a significant reduction in drug overdose can only be achieved by implementing a broad range of interventions targeting different types of risk behaviour. In 2003, the Council of the European Union called on Member States to implement such a range of concrete services and facilities to reduce overdose deaths (1).

Dagmar Hedrich and Julián Vicente

(1) Council Recommendation of 18 June 2003 on the prevention and reduction of health-related harm associated with drug dependence *Official Journal* L 165, 03/07/2003.