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Drugnet Europe

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Male and female drug use: Is the gap narrowing?

Gender differences in patterns of drug use were addressed in an EMCDDA technical paper marking International Women's Day on 8 March. According to the analysis, men in the EU are still more likely than women to use illicit drugs. But there are concerns around possible signs of a 'narrowing of the gap' between male and female drug use, and greater similarities in lifetime drug-taking experience, particularly among school students. The paper analyses data from three sources: ESPAD school surveys (1995, 1999, 2003); general population surveys; and drug treatment centres.

Questions raised in the paper include whether young females are increasingly likely to experiment with drugs in the same manner as their male counterparts and whether this points to a move towards more similar drug-taking patterns between the sexes in the future. If so, this could mean a 'considerable increase in overall prevalence levels' states the paper.

Commenting on the findings, Professor Salme Ahlström, Chairwoman of the EMCDDA Scientific Committee said: 'Young women in Europe may be increasingly vulnerable to using drugs and to consuming harmful levels of alcohol. We need to throw more light on why this may be so, in order to develop gender-sensitive prevention and treatment approaches that will engage young women and alter their behaviour. Such measures are essential if we are to avoid increased public health problems in the future'.

Factors likely to influence gender differences in drug use and treatment attendance are described in the paper and include: drug type; age group; and patterns of drug use. Also coming into play are broader factors affecting trends across Europe, such as drug availability, disposable income and lifestyle fashions.

On patterns of drug use, the analysis reveals that among all adults (15–64 years) 'predominance of males over females increases as the observation time frame is shortened from lifetime use, through recent use (last 12 months), to current use (last 30 days)'. Males are also more likely to report

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Young women in Europe may be increasingly vulnerable to using drugs and to consuming harmful levels of alcohol.

Drugnet Europe reaches 50 and enters new phase

Drugnet Europe has reached a landmark 50th edition. Launched in September 1996, the newsletter is one of the EMCDDA's central communication tools, regularly reporting the latest news from the agency, its Reitox network and institutional and international partners. Over the years, the publication has undergone a number of changes in design, content, style and frequency.

EU enlargement in May 2004 prompted the EMCDDA to produce a number of its publications in over 20 languages (e.g. *Annual report*, policy briefings). The cost of such linguistic expansion in some areas has meant cuts in others. For this reason, *Drugnet Europe* will appear in English only after issue No 50.

Nevertheless, in 2005, the newsletter will be expanding in other ways. To fully benefit from possibilities offered by the Internet, the EMCDDA will be developing a more complete online English version to complement the current printed and pdf versions. Further information on this new phase will be announced in forthcoming editions of the newsletter.

Readers who currently receive the Spanish, German, French and Portuguese versions, and who would like to receive the printed English version, are requested to subscribe via e-mail (info@emcdda.eu.int). Those wishing to receive web alerts concerning the pdf version can do so by registering on the EMCDDA website (<http://www.emcdda.eu.int/register>).

April–June

2005

Drug situation

Benzodiazepine use among clients in drug treatment



Photo: istockphoto.com

More women than men are primary benzodiazepine users

Benzodiazepines are among the most frequently prescribed tranquillisers in the world today. Illicit use of these drugs in the general population, and among those with drug problems, was the focus of the *II Jornadas Internacionales de Heroína* (2nd International symposium on heroin) organised from 10–12 March in Granada (Spain) by the Andalusian region's Department for Equality and Social

Wellbeing (*Consejería para la Igualdad y Bienestar Social, Junta de Andalucía*).

Results from the latest household general population survey carried out in Spain in 1999 show that the proportion of the adult population reporting to have used benzodiazepines without a prescription in the 12 months prior to interview was found to be 2%. If extrapolated to the broader EU level, this figure could suggest that there may be close to 6 million Europeans using unprescribed benzodiazepines today. Although it remains unclear how representative the Spanish data are of the broader EU picture, widespread use of these drugs does point to the need for further research.

Currently only a small proportion of Europeans seeking help for drug problems in specialised drug treatment centres do so for benzodiazepine use alone. In 2003, despite differences between countries, the overall proportion of clients in drug treatment who reported a primary benzodiazepine use problem did not

exceed 11%, a figure that has remained stable over the last 10 years.

Treatment clients reporting benzodiazepines as their primary drug are similar in age to those reporting opiates as their primary drug (20–29 years). Both groups generally first experiment with these drugs before the age of 20 but they have different gender distributions. More women are present in the group of primary benzodiazepine users (male to female ratio = 1:1.2) compared with in the group of primary opiate users (male to female ratio = 3.8:1). On the whole, both groups use the drugs daily (82%) often taking them also as secondary substances in combination with alcohol and cannabis.

Treatment data show benzodiazepines to be more prominent as a secondary drug in combination with opiates, particularly heroin. Between 40% and 90% of heroin users also consume benzodiazepines.

Linda Montanari and Iñaki Markez

For further information on demand for drug treatment, see <http://www.emcdda.eu.int/?nnodeid=1420>

Analysing client profiles in drug treatment

The EMCDDA collects data on clients demanding treatment for drug use via a harmonised EU instrument known as the Treatment Demand Indicator (TDI). Data are collected from five sources: outpatient centres (OUT), inpatient centres, low-threshold agencies (LTA), treatment units in prisons and general practitioners.

The EMCDDA has recently carried out a comparison between clients in the OUT and LTA groups in four countries where data were available (Belgium, Greece, Ireland and Luxembourg). Data are gathered from a survey in 2000 of 4,944 clients seeking treatment in 138 OUT centres and 1,165 clients seeking treatment in 10 LTA units. Preliminary results reveal very different client profiles:

- LTA clients are usually older (mean age: 25 in OUT, 33 in LTA);
- The male/female ratio is higher in LTAs (3:1 in OUT, 4:1 in LTA);
- 93% of LTA clients seek help for primary opiate use (73% in OUT);
- 51% of LTA clients currently inject drugs (24% in OUT);
- 31% of LTA clients used to inject in the past (12% in OUT).

Although interesting differences emerge from the above analysis, data remain limited in both coverage and quality, highlighting the need to deepen analysis of treatment client profiles.

Linda Montanari

Towards a European public health portal

'Health-EU' is the working title of a European public health portal currently under development at the European Commission's Directorate-General for Health and Consumer Protection (DG-SANCO). The portal, which will be accessible via the Europa website (<http://europa.eu.int>), is designed to be the unique entry point to reliable information on public health in the EU.

The portal targets all European citizens but has a special focus on young people. Following a recent pre-test phase, the portal is provisionally structured according to the following clusters:

- My health (infants, children, young people, elderly, disabled, etc.);
- My lifestyle (nutrition, alcohol, tobacco, drugs, sex, sport, etc.);
- My environment (environmental health, food safety, road safety, etc.);
- Health problems (infectious diseases, cancer, mental health, etc.);
- Care for me (patient safety, vaccinations, tele-medicine, etc.);
- Health-EU (health policies, statistics, EU-health indicators, etc.).

The EMCDDA is participating in the technical development of the portal, which is scheduled to be up and running by late 2005. The agency will also be a main information provider on the subjects of drug use and related health consequences.

Norbert Frost

Responses

Monitoring service delivery in low-threshold services

Over the last decade, low-threshold services have played an increasingly important role in reaching out to hidden or high-risk groups of drug users (1). Obtaining more reliable and comparable information in this area across the EU has therefore become an important focus of EMCDDA study.

Following an EMCDDA expert group meeting in 2004 on tools, quality and coverage in monitoring low-threshold services, the agency has now embarked on a mapping exercise of the availability and quality of data produced by such services. A second expert meeting in June will aim to pave the way for more standardised EMCDDA data collection on service delivery in these settings.

This work will help the EMCDDA obtain a more solid basis for monitoring the implementation of the 2003 Council recommendation on the 'prevention and reduction of health-related harm associated with drug dependence' (see opposite). It will also complement other ongoing work in the area of treatment demand data.

Dagmar Hedrich



Over the last decade, low-threshold services have played an increasingly important role in reaching out to hidden or high-risk groups of drug users

(1) The term 'low-threshold' describes a setting that aims to facilitate drug users' access to social and health services. Agencies are placed in specific locations and offer opening hours adapted to clients' needs (e.g. night). Low-threshold agencies often deliver services through outreach workers. Services can include: street agencies; drop-in day-centres; field health-care stations; and emergency shelters. Within a comprehensive system of care, these agencies play an important role in reaching out to the more 'hidden' drug-using populations. For further information see <http://www.emcdda.eu.int/?nnodeID=5778>

Inventory of actions to prevent and reduce drug-related harm

The European Commission's Directorate-General for Health and Consumer Protection (DG-SANCO) is currently developing an inventory of services and facilities available in the EU Member States to prevent and reduce drug-related harm. The inventory, which is being assembled by contractor, the Trimbos Institute (Netherlands), builds on information submitted to the EMCDDA by its Reitox national focal points.

The project has its roots in the Council recommendation of 18 June 2003 on the 'prevention and reduction of health-related harm associated with drug dependence' (1). The text, the first EC recommendation in the field of public health concerning drugs, urges Member States to prioritise the prevention of drug dependence and reduction of related risks as a central public health objective. It reflects the importance attributed by the EU to evidence-based strategies to reduce drug-related morbidity and mortality.

The text recommends that countries make available a range of evaluated risk-reduction services and facilities within their overall drug prevention and treatment policies. The purpose of the inventory is to help catalogue and monitor these actions and review them in the light of latest evidence. The findings will feed a European Commission report in 2006 on further action to be taken at EU level.

Dagmar Hedrich

(1) http://europa.eu.int/smartapi/cgi/sga_doc?smartapi!celexapi!prod!CELEXnumdoc&lg=EN&numdoc=32003H0488&model=guichett

EDDRA hits milestone 500th entry

The EMCDDA's online information system, EDDRA, set up in 1997 to promote the scientific evaluation of drug prevention, treatment and harm-reduction programmes in the EU, has recently welcomed its milestone 500th project entry. EDDRA forms part of a broader strategy to develop an 'evaluation culture' in Europe through high-quality evaluation criteria and the routine assessment of results. It is now a well-established multilingual repository and data-collection tool on best practice in responding to drug use.

According to Margareta Nilson, EMCDDA Programme coordinator on responses to drugs: 'EDDRA's main strength has been its continued capacity to promote across Europe discussion on the quality of drug demand reduction responses'. Training sessions organised by the EMCDDA and its EDDRA partners have also sparked a steady improvement in the quality of project entries.

The milestone 500th entry, 'Searching family treasure', specifically targets families with children aged 6–12 years, which may be at risk of developing future drug problems. Run by a voluntary organisation in the north of Portugal, the project uses a treasure-trail scenario to improve family interaction. In particular, it offers parents and children training in skills to reduce risk factors (e.g. behavioural problems) and aims to tackle tell-tale signs of future drug use through the promotion of protective factors (e.g. parental involvement). Over half (58%) the parents who had received the training felt it had brought them closer to their children. Meanwhile all of the participating children reported to have noticed a change in parental behaviour. See Fact sheet at <http://www.emcdda.eu.int/?nnodeid=7480>

Abigail David

Bookshelf

2004 INCB *Annual report*



'Integrating supply and demand reduction strategies: moving beyond a balanced approach' is a central focus of the 2004 *Annual report* from the International Narcotics Control Board (INCB).

Launched in Vienna on 2 March, the report notes that supply and demand reduction programmes yield only limited results when working in isolation. Supply reduction activities should thus be integrated into, and coordinated with, demand reduction activities at local, regional and international levels.

A further concern highlighted in this year's report is the increase over the last year in illicit cyber sales of pharmaceuticals containing narcotic drugs and psychotropic substances. The report calls on national governments to 'clamp down' on unlicensed online pharmacies, stating that: 'Several billion of doses of medicine are sold illicitly on the Internet per year, posing potentially fatal health risks to customers'.

Publisher: United Nations (INCB)

Languages: Arabic, Chinese, English, French, Russian and Spanish.

Date: 2 March 2005

ISBN: 92-1-148198-8 • **Price:** US \$25

ISSN: 0257-3717

Ordering information: https://unp.un.org/howto_customer_service.aspx

Press packs:

http://www.incb.org/e/ind_pres.htm

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

New EU drugs strategy 2005–2012



The strategy aims to provide added value to national drug strategies in the EU while respecting the principles of subsidiarity and proportionality set out in the Treaties

An EU drugs strategy for the period 2005–2012 was endorsed by the European Council of 16–17 December 2004. This new strategy builds on the final evaluation of the 2000–2004 EU drugs strategy and action plan on drugs, in which the EMCDDA played a key role (1). The strategy aims to provide added value to national drug strategies in the EU while respecting the principles of subsidiarity and proportionality set out in the Treaties.

Confirming the EU's integrated, multidisciplinary and balanced approach to drugs, combining demand and supply reduction, the strategy focuses on these two policy fields as well as on two cross-cutting themes: 'International cooperation' and 'Research, information and evaluation'. It also emphasises the importance of making optimal use of existing legal and information instruments and the need to ensure adequate consultation with a broad group of partners (e.g. scientific centres, drug professionals, representative NGOs, civil society and local communities).

The eight-year strategy will provide the umbrella for two consecutive four-year EU action plans on drugs. As was the case under the previous strategy, evaluation will be a top priority.

In this light, the strategy foresees:

- annual progress reviews by the European Commission on the state of implementation of activities set out in the action plans;
- an impact assessment in 2008 (with a view to proposing a second action plan for the period 2009–2012);
- a final overall evaluation of the EU drugs strategy and action plans in 2012.

On 15 February 2005, following consultation with the EMCDDA, Europol and other partners, the Commission adopted, and sent for debate to the European Parliament and the Council, a proposal for an EU action plan on drugs (2005–2008). This action plan covers the four political priority domains of the new strategy (demand reduction, supply reduction, international cooperation and research, information and evaluation). The proposed text is set out in the form of a table detailing the actions and their associated timetables, actors and potential assessment tools or indicators.

The Council is expected to endorse this action plan in its final form by mid 2005.

Philippe Roux

(1) [COM (2004) 707 final]. See also *Drugs in focus* No 12 'Evaluation of the European Union's strategy and action plan (2000–2004)' <http://www.emcdda.eu.int/?nnodeID=439> and <http://snapshot.emcdda.eu.int>

Enlargement

Enlargement, still high on agenda

Enlargement remains an important topic on the EMCDDA agenda with three new countries about to join the agency, and others already knocking at the door. Bulgaria, Romania and Turkey have now concluded their negotiations with the European Commission for EMCDDA membership and are expected to join the Centre in the coming months. In this light, the Commission has asked the EMCDDA to re-assess the countries' drug information systems, following analyses undertaken in 2001–2002.

Meanwhile Croatia, which applied for EMCDDA membership on 17 January, hopes to begin negotiations with the Commission in the course of the year. Again at the Commission's request, the EMCDDA has recently conducted an assessment of the country's capacity to build an integrated national drug information system.

The EMCDDA is one of five EU agencies selected to open their doors to participation from the Western Balkan countries (1). The Former Yugoslav Republic of Macedonia (FYROM) has already expressed an interest in such participation, and signs of interest could come from elsewhere in the region, such as Albania and Bosnia-Herzegovina, which participated in EMCDDA activities under the Phare project on drug information systems (1997–2002).

A new European Commission Phare project to prepare Bulgaria and Romania for EMCDDA membership was approved in November 2004 and begins in April 2005 for an 18-month period.

Alexis Goosdeel

(1) COM (2003) 748 see http://europa.eu.int/eur-lex/lex/LexUriServ/site/en/com/2003/com2003_0748en01.pdf

Partners

Commission on Narcotic Drugs highlights challenges of HIV/AIDS

The Commission on Narcotic Drugs (CND), the central UN policy-making body dealing with drug-related issues, held its 48th session in Vienna from 7–14 March and highlighted the challenges posed by HIV/AIDS and other blood-borne diseases.

Dr Peter Piot, Executive Director of UNAIDS, led a thematic debate on this issue, during which many countries reported progress in reducing HIV prevalence among drug users and exchanged their experiences. The role of prevention, treatment, HIV screening and counselling were discussed in this context.

The EMCDDA contributed to the discussions with a briefing paper on HIV prevention and the implementation of needle-exchange programmes in the European Union. On behalf of the EU, the Luxembourg Presidency provided an overview of the European experience regarding HIV prevention and acknowledged guidance provided in this area by the UN 'Declaration on the Guiding Principles of Drug Demand Reduction'. In particular, it expressed support for bringing untreated drug users into contact with drug services and reducing the adverse consequences of drug use in the individual and society.

Around 20 resolutions were adopted by the CND on a wide variety of issues including: assistance for countries affected by the transit of illicit drugs; international cooperation in drug demand reduction; alternative development; and support for Afghanistan to ensure the effective execution of the February 2005 Afghan counter-narcotic implementation plan (1).

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(1) This marked the establishment of the new Afghan Anti-Narcotics Ministry.

Drugs-Lex

Overview of legal approaches to drug use and possession in the EU

'The use of illicit drugs in the EU – Legislative approaches', is the title of an EMCDDA study launched on 11 February. The paper offers an overview of legal provisions on the use and possession of drugs for personal use in the EU Member States.

The first part of the study focuses on the international legal framework governing drug use and possession, namely the United Nations Conventions (1961, 1971 and 1988). The study explains that while the three Conventions govern international drug control, it is the responsibility of the signatory countries to translate them into domestic law. All 25 EU countries have ratified and implemented the UN Conventions.

The Conventions invite signatory countries to limit the use of drugs to medical or scientific purposes. Yet the study shows how they afford countries discretion in determining penalties to be applied to possession for personal use only. Monitoring how countries apply the UN Conventions is the job of the International Narcotics Control Board. Among others, the study describes the position of the Board on recent changes in drug law in Western Europe.

The second part of the study offers a summary of the various legal approaches to the personal use of drugs at national level. These range from tolerance of the

use of certain drugs to penal sanctions for any use of any substance.

The study concludes that, in many countries, personal use of illicit drugs is now considered a relatively minor offence, incompatible with custodial sanctions. However, it says that this should not be interpreted as a 'relaxation' or a 'softening' of drug laws in the EU. Countries that have modified their laws stress that their intention is not to regulate use or legalise it, but to modify and adapt the State's response to conduct that remains illegal.

Danilo Ballotta

The paper is available at <http://www.emcdda.eu.int/?nodeid=7079>

Spotlight

Regional comparison of drug use in the Czech Republic

The Czech national focal point has published a study entitled *Regional comparison of drug use and its consequences in the Czech Republic in 2002*.

In an analysis of the country's overall drug situation, the study describes regional disparities in drug use and consequences of use from a socio-economic, demographic and institutional perspective. The study also analyses the link between environmental risk factors (e.g. poor demographic, socio-economic conditions) and the level of risk behaviour (e.g. criminality, drug use) in society. This it does through correlation, factor and cluster analyses based on data from 14 administrative regions.

The key findings of the study are as follows:

- Drug use and criminality tend to be concentrated in regions with a higher average income, especially cities with a greater level of anonymity.
- Lifetime prevalence of drug use among young people correlates with the indicators of problem drug use and treatment demand.
- Services for drug users are concentrated in regions with a higher extent of drug use and drug availability and a greater demand for services.
- Allocation of financial means for prevention and treatment services is differentiated within the Czech Republic; grants are allocated according to the needs of individual regions.

According to the focal point, differences identified between regions should be taken into account in social and drug policies at national and regional level.

Pavla Lejcková

For the full version in Czech see <http://www.drogy-info.cz/article/articleview/1311/1/13>

For a one-page summary in English and a 23-page abridged version in English see <http://www.drogy-info.cz/index.php/article/articleview/1480/1/48>

Reitox

Making the most of national data

Making the most of national data, improving outputs, and streamlining EMCDDA and Reitox tasks, were top of the agenda at the latest heads of focal point meeting hosted by the EMCDDA from 23–25 February. The purpose of the discussion was to look at ways to avoid duplication of effort and make optimal use of information provided by the national centres, in a climate of belt-tightening at national and EMCDDA level.

The EMCDDA presented an overview of how it currently uses national data across a wide variety of its products (e.g. *Annual report*, policy briefings, statistical bulletin, scientific monographs). As a follow-up to the discussion, an expert meeting will be held in Lisbon from 18–20 May to further assess this re-use of information.

Other agenda items included analysis of two new data-collection tools relating to 'alternatives to prison' and 'policy and institutional framework issues'. It was proposed that these tools be introduced into the data-collection process in 2006.

Finally, the participants discussed the consequences of a recent Management Board decision to reduce the number of annual Reitox meetings from three to two. In the light of this decision, it was decided to lengthen the duration of the remaining two meetings if agenda items demanded.

The next Reitox heads of focal point meeting will take place in Lisbon from 16–18 November.

Frédéric Denecker

Early-warning system

EMCDDA issues alert on cocaine/atropine intoxications

At the end of 2004 and the beginning of 2005, a number of intoxications were reported in Belgium, France, Italy and the Netherlands involving the use of cocaine adulterated with relatively high doses of atropine. Atropine is a naturally occurring alkaloid of the *atropa belladonna* plant, which, if taken in high doses, can prove fatal.

Once it became clear that the phenomenon was not confined to one country and that intoxications might increase, the EMCDDA issued alerts on 14 December and 1 March to the partners in its Reitox early-warning system (EWS) on new synthetic drugs (1). In these alerts, the agency advised its partners to inform their networks and health authorities on the symptoms of cocaine/atropine intoxication in order to facilitate early diagnosis.

As a result of these EMCDDA alerts, several Member States have since released warnings to relevant professionals. The exercise has again shown the EWS to be a highly operational, flexible and well-equipped mechanism to detect and respond rapidly to emerging drug phenomena and potential public health threats.

Roumen Sedefov

(1) The early-warning system was set up to detect and monitor new synthetic drugs appearing on the European drug scene. It is the first phase of the three-step Joint action on new synthetic drugs [OJ L 167, 25.06.1997]. <http://europa.eu.int/scadplus/leg/en/lvb/l33025.htm>. See *Drugnet Europe* No 49 on forthcoming new mechanism replacing the Joint action.



Products and services

New brochure on EU agencies

Sixteen decentralised European Union agencies have recently come together to produce a new edition of the presentation brochure *European agencies working across Europe for you*. The brochure opens with a brief introduction on the role of the agencies, which is followed by one-page presentations of each of the bodies. Also included is a map of their locations.



The brochure will be available in 23 languages via the online EU Bookshop (<http://bookshop.eu.int>) and Europe Direct (http://europa.eu.int/comm/relays/ed_en.htm), a network of information centres in the 25 EU Member States. Further information on the agencies is available at http://europa.eu.int/agencies/index_en.htm

In addition to the current 16 agencies, five more are soon to be operational. These are: the European

Railway Agency; European Network and Information Security Agency; European Centre for Disease Prevention and Control; European Chemicals Agency; and a European Fisheries Agency.

Male and female drug use: Is the gap narrowing?

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intensive drug use than females – in some countries male school students are twice, three times and, in one country, even four times as prevalent as females in the 'frequent cannabis use' group (40 or more times in a lifetime).

Findings in the report show that women outnumber males in the use of hypnotic and sedative drugs. In surveys of school students (15–16 years) in the EU, more females reported using tranquillisers and sedatives without a doctor's prescription than males, except in Cyprus, Ireland, the UK and Norway.

Data provided by drug treatment services in the EU show that male clients still far outnumber female clients. Only around 20% of clients in treatment are women.

The EMCDDA will be addressing the topic of gender in its 2006 *Annual report*. The new paper forms part of the preparatory process, aiming to stimulate debate among researchers on the influence of gender on drug use trends across Europe.

'Differences in patterns of drug use between women and men' is available at <http://www.emcdda.eu.int>

Data on general population surveys and treatment can be consulted at <http://statistics.emcdda.eu.int>

The results of the 2003 ESPAD survey, covering 35 countries (22 EU), were released in December 2004, see <http://www.espad.org/index.html>

CND highlights challenges of HIV/AIDS

Continued from page 5

Discussions on resolutions relating to HIV/AIDS exposed differences between countries on what constituted the most appropriate measures to address HIV among drug users. The focus was the extent to which HIV risk-reduction strategies were compatible with the CND's overall goal of reducing the use of drugs and the issue of 'abstinence versus maintenance'.

Danilo Ballotta

Resources

Useful materials and events on the drugs issue



Evidence for action on needle and syringe programmes

The World Health Organisation (WHO) has recently published a comprehensive review on the effectiveness of sterile needle and syringe programming (NSP) in reducing HIV/AIDS among injecting drug users.

The report summarises the published literature and scientifically evaluates the results and effectiveness of studies on needle and syringe programmes. It examines the value of needle and syringe decontamination strategies and the sale and distribution of syringes through pharmacies and vending machines. It also addresses needle and syringe disposal and legislation regarding injecting paraphernalia.

The report concludes, among others, that increasing the availability and utilisation of sterile injecting equipment by injecting drug users reduces HIV infection substantially.

WHO (2004), *Effectiveness of sterile needle and syringe programming in reducing HIV/AIDS among injecting drug users*.

Evidence for Action Technical Papers, Geneva: World Health Organisation
ISBN 92-4-159164-1.

The publication can be ordered from the WHO HIV Department hiv-aids@who.int or downloaded from <http://www.who.int/hiv/pub/idu/pubidu/en>

For related publications see Resources *Drugnet Europe* No 48 or <http://www.who.int/hiv/pub/idu/iduadvocacyguide/en/> <http://www.who.int/hiv/pub/advocacy/idupolicybriefs/en/>

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

- 12–13 May: EMCDDA-WHO-ENDIPP meeting on health in prisons, Lisbon.
- 18 May: EMCDDA Bureau, Brussels.
- 18–20 May: Reitox expert meeting on national reporting, Lisbon.
- 23–24 May: EMCDDA Scientific Committee, Lisbon.
- 25 May: Technical working group meeting on gender issues in treatment demand, Lisbon.
- 1–3 June: Reitox Academy training course on relations with the media, Budapest.
- 2–3 June: Data collection at low-threshold services, Lisbon.
- 16–17 June: 5th annual Reitox workshop on the Joint action early-warning system, Lisbon.
- 27–28 June: Annual expert group meeting on the key indicator on population surveys, Lisbon.
- 30 June–2 July: 3rd Latin conference on the reduction of drug-related harm, Barcelona (<http://claf3.org>).

External meetings

- 21–22 April: 3rd meeting of the expert forum on criminal justice, Pompidou Group, Strasbourg.
- 6–8 June: Annual meeting of the co-operation group of drug control services at European airports, Pompidou Group, Budapest.
- 26 June: International day against drug abuse and illicit drug trafficking, Lisbon.

EU meetings

- 20–21 April: Horizontal working party on drugs, Brussels.
- 11 May: Horizontal working party on drugs, Brussels.
- 22 June: Horizontal working party on drugs, Brussels.

Visits

European Parliament



Photo: matombild

On 1 February, the European Parliament's Committee on Citizens' Freedoms and Rights, Justice and Home Affairs, held an exchange of views on the recasting of the EMCDDA founding regulation (rapporteur: Ms Frederika

Brepoels). In the wake of this exchange, a delegation from the Committee paid a fact-finding visit to the EMCDDA on 3 March, headed by Ms Brepoels and Mr Johannes Blokland. The purpose of the visit was to gain an insight into the ongoing work and future challenges of the agency in the light of the above recasting and the new EU action plan on drugs (2005–2008).

The delegation was welcomed by EMCDDA Chairman Mr Marcel Reimen and by Head of Unit at the European Commission's Directorate-General for Justice, Freedom and Security, Mr Carel Edwards (Co-ordination of anti-drugs policy). EMCDDA staff followed on with presentations on the 2005 work programme and perspectives for 2006.

Ms Brepoels thanked the EMCDDA for its fruitful collaboration. The recasting of the regulation is taking place under a co-decision procedure.

(http://europa.eu.int/institutions/decision-making/index_en.htm#codecision).

European Commission

Mr Jonathan Faull, Director-General for Justice, Freedom and Security at the European Commission, visited the EMCDDA on 29 March where he held an exchange of views with the agency's staff members on ongoing projects and future challenges.

Mr Faull informed staff of his satisfaction with the quality of the EMCDDA's work in providing objective, reliable and comparable drug data and analyses, which had brought the agency a high degree of credibility and respect. He also referred to the excellent collaboration between the agency and the European Commission.

In the context of the recasting of the EMCDDA founding regulation (see above), Mr Faull explained that the Directorate-General for Justice, Freedom and Security was preparing a proposal to be discussed by the European Parliament and Council.

Joëlle Vanderauwera