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# Drugnet Europe

Newsletter of the European Monitoring Centre for Drugs and Drug Addiction

ISSN 0873-5379

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## E-POD: a case study of hallucinogenic mushrooms

In June, the EMCDDA will be publishing on its website the results of a case study on what is known about hallucinogenic mushroom use in the EU, including levels of availability, the possible risks of use, and developments in response to the situation. Identifying and monitoring emerging trends in drug use demands a different approach from the 'key indicators' method (1) used for monitoring the main types of drug use. For this reason, the EMCDDA is in the process of developing a pilot project, E-POD (European Perspectives on Drugs), to explore the capacity in EU Member States to detect, track and understand emerging drug trends using methods that depend on the triangulation of a wide range of different sources to assess the veracity of accumulated information.

For the case study, it was decided to collect and analyse information on hallucinogenic mushrooms in the EU within a limited timeframe (between July 2005 and October 2005) taking into account mega-lifestyle trends as well as the economic interests of those involved in the marketing of hallucinogenic mushrooms.

The case study highlights the conditions in the EU that have contributed to an emerging trend in the use of hallucinogenic mushrooms as well as the conditions that may have served as barriers to the diffusion of the trend.

The E-POD project follows the European Trend project and utilises data made available by the early warning system on new drugs and the Reitox network. It will contribute to the implementation of the EU drugs action plan (2005–2008) objective: to 'develop clear information on emerging trends and patterns of drug use and drug markets' (2), provide better understanding of the drugs phenomenon and thereby help with the development of responses.

*Jennifer Hillebrand, Deborah Olszewski and Roumen Sedefov*

(1) For more information on key indicators see <http://www.emcdda.europa.eu/?nnodeid=1365>

(2) EU drugs action plan (2005–2008) <http://www.emcdda.europa.eu/?nnodeid=10360>



Photo: wikimedia commons / Patrick Ullrich

*The case study highlights the conditions in the EU that have contributed to an emerging trend in the use of hallucinogenic mushrooms.*

## German drug coordinator visits the EMCDDA

Sabine Bätzing, member of the German Parliament, was nominated national drug coordinator in November 2005. She paid a visit to the EMCDDA on 28 February and 1 March 2006, accompanied by Werner Sipp, representative of the Horizontal Drugs Group of the Council and member of the EMCDDA's legal correspondents network, Susanne Wackers of the EMCDDA Management Board, and Ingo Michels, Head of the National Drug Coordinator's Office.

They were welcomed by the Chairman of the Management Board and the Director. Ms Bätzing was given an insight into the Centre's activities and met key actors in Portugal's drug coordination: Maria de Belém, member of the Portuguese Parliament and Chair of its Health Committee; João Goulão, National Drug Coordinator and member of the Management Board; Manuel Cardoso, alternate member of the Management Board; Luís Patrício, of the treatment centre 'Taipas' and the Scientific Committee of the EMCDDA; and Maria Moreira, Head of services of the Portuguese Monitoring Centre for Drugs and Drug Addiction at the Portuguese focal point.

*Monika Blum*

April–June

# 2006

# Drug situation

## 'Methamphetamine abuse health consequences' UNODC conference



**Drug authorities are worried about the risks associated with methamphetamine use, in particular its possible role in HIV transmission**

A consultative meeting focusing on the health consequences of methamphetamine use, particularly HIV/AIDS, was held in Vienna from 9–10 March 2006. Organised by UNODC (UN Office on Drugs and Crime), the impetus for the event came from the USA, where drug authorities are worried about the risks associated with methamphetamine use, in particular its possible role in HIV transmission due to the association between using this drug and unsafe sexual practices. The meeting's main objectives were to report on the current situation in the different parts of the world and to identify the relevant policy responses and measures needed to tackle methamphetamine-related health issues.

On the first day of the meeting, representatives from various international organisations presented data on the extent and patterns of use of methamphetamine and other amphetamine-type stimulants (including ecstasy) (1) in several parts of the world. An increase in use as well as in problems related to methamphetamine was reported from the USA, Asia and the Pacific (e.g. Australia, the Philippines and Thailand). Although in Europe methamphetamine is not uncommon in Russian cities, its use within the EU is not widespread. Nonetheless it is the cause of problems of significant extent in the Czech Republic and more recently in Slovakia, and there are some qualitative data to suggest that methamphetamine use may be starting to increase in other EU countries (see the 2006 EMCDDA annual report, available later this year).

In the USA, studies have identified a link between methamphetamine use and unsafe sexual practices among men having sex with men (MSM), leading to the risk of HIV transmission. In another study, treatment of methamphetamine dependence was associated with a reduction in high-risk sexual behaviours, even in the absence of any specific intervention aimed at reducing such behaviour.

The second day of the meeting examined interventions designed to decrease methamphetamine use and HIV transmission, mainly treatment, risk/harm reduction and prevention. Experts pointed out that methamphetamine users have a greater need for specialised psychiatric care than other drug users due to frequent psychotic symptoms accompanying use.

Unfortunately, there is currently no effective medication for treating dependence on methamphetamine and other comparable stimulants. However, promising clinical trials with bupropion and methylphenidate are under way in Europe and the USA.

*Danica Klempova and Dominique Lopez*

## Collecting data on long-term drug users in treatment

Treatment experts from Austria, Bulgaria, the Czech Republic, France, Latvia, Hungary, Malta, the Netherlands and Poland met on 30 January 2006 at the EMCDDA in Lisbon to discuss data collection on people in long-term drug treatment. Currently the EMCDDA collects data on newly registered treatment cases within the reporting year through the treatment demand indicator (TDI) (1). A further selection is made of clients requesting help for drug problems for the first time in their life.

The TDI provides a picture about the incidence of new drug problems as they become visible at treatment centres, but it does not give insight into the total treatment demand, especially concerning chronic clients. Addiction can be a chronic condition and long-term clients consequently form a substantial part of the total treatment demand. For example, in 2004 in the Netherlands (where data on treatment prevalence is collected), there were a total of 30,000 persons in treatment; of these 10,000 were new demands for treatment and thus included in the TDI but the remaining 20,000 (longer-term clients) were not.

In order to provide information on all cases in treatment, a pilot data collection has been started with ten volunteer countries (2). During the meeting, the experts agreed on basic definitions and methodological aspects, as well as on the organisation of the data collection process. In particular the discussion focused on issues related to a definition for data collection on treatment prevalence, differences in the data collection in the national reporting systems, problems of control with double-counting and aggregated data, and on registration of a date for start and end of treatment.

Prevalence data will refer to people in treatment in 2005 for the first time in life, for the first time during the year and in treatment from previous years. Information will be collected only on a few basic variables: number of clients, primary drug at entrance into treatment, age and gender. The volunteer countries will start the pilot data collection in May in order to provide the first feedback in September and present the results during the TDI expert meeting on 25–26 September 2006. The initiative might be extended to other European countries, depending on the results of the pilot test.

*Linda Montanari*

(1) The TDI is an EMCDDA–Pompidou Group indicator of the number and characteristics of people entering treatment for their drug use. For further details see <http://www.emcdda.europa.eu/?nnodeid=1420>

(2) The 9 countries participating in the meeting plus Greece.

(1) for a more precise definition see [http://www.unodc.org/unodc/report\\_1998-10-01\\_1\\_page027.html](http://www.unodc.org/unodc/report_1998-10-01_1_page027.html)

# Responses

## Italian drugs law revised

Italian drugs legislation has been substantially reformed by the Law of 21 February 2006 and the upcoming Ministry of Health Decree. The new law reduces the lists of controlled drugs from six to two, with no distinction between 'hard' and 'soft' non-medicinal drugs. A maximum quantity of each substance for personal consumption has once again been established in the decree. Possession of greater quantities is assumed to be for the purposes of dealing, unless proven otherwise.

A first offence of drug use or possession can elicit a warning, but subsequent administrative sanctions include suspension of driving licence, gun licence or passport. New sanctions for habitual offenders causing public alarm include regular reporting to police, curfews, bans from specific premises or locations, and driving bans.

The user is now given the right to choose the type and location of treatment. Certification of drug addiction, previously the exclusive prerogative of public services, will be delegated to accredited private therapeutic services. Convicted drug addicts who receive a sentence of up to 6 years (previously the limit was 4 years) can serve their term in community service or follow a recovery programme. If they refuse, the judge can now sentence them to 'publicly useful work' instead of prison.

The scope for using undercover drug deals as part of drug trafficking investigations has been expanded; the new law allows not only the purchase but also the receipt, substitution and concealment of drugs, the use of undercover identity to contact web sites and subjects, and the temporary use of personal property and real estate.

*Brendan Hughes*

Further information is available on the European legal database on drugs use (ELDD) website at <http://eldd.emcdda.europa.eu/>

## Civil society and drugs in Europe conference

At the end of January an important conference entitled 'Civil society and drugs in Europe' took place in Brussels, organised by the Directorate-General for Justice, Freedom and Security of the European Commission. The objective of this forum was an exchange of views on the involvement of civil society in the planning and implementation of EU drugs policy. Over 140 participants representing European NGO networks, including voluntary organisations in 16 Member States, four accession and candidate countries, and Norway, spent a day and a half sharing ideas on the best ways for improving communication with civil society on drugs issues. The main conclusions emerging from the four working groups concentrated on the need for a permanent structure to enable EU institutions and civil society to communicate in such a way that grass-roots experience can be fed into EU policy-making on drugs. The discussions also revealed the lack of a common definition of the concept of civil society, the diversity of views regarding how civil society can best be represented, the complicated administrative funding procedures and the lack of funds available at present. Taking these conclusions into consideration, the European Commission will soon issue a green paper on ways to effectively cooperate with civil society in the field of drugs.

*Cécile Martel*

For more details refer to: [http://www.ec.europa.eu/comm/justice\\_home/news/information\\_dossiers/drugs\\_conference\\_06/index\\_en.htm](http://www.ec.europa.eu/comm/justice_home/news/information_dossiers/drugs_conference_06/index_en.htm)

## Higher suicide rates among prisoners

Imprisonment and drug abuse are risk factors for suicide. The suicidal individual in preventative incarceration is typically young, non-violent and with a history of drug abuse. The suicide rate during preventative imprisonment is nine times that in the general population according to Bonner ('Correctional suicide prevention in the year 2000 and beyond'). Recent data are presented in the EMCDDA report *EU inventory of social and health policies, measures and actions concerning drug users in prison in the recently incorporated Member States*. Although comparison was difficult because data were scarce, the suicide rate among prisoners is significantly higher than that in the general population. However, the data must be interpreted with caution, because the age and gender distribution of the prison population studied differed considerably from that of the general population.

*Petra Paula Merino*



Photo: istockphoto.com

**One of the conclusions of the forum was on the need for a permanent structure to enable EU institutions and civil society to communicate in such a way that grass-roots experience can be fed into EU policy-making on drugs**

## Bookshelf

### Measuring the harm from illegal drugs using the Drug Harm Index



The success of the UK government in delivering the aims of its drug strategy for the period 06/2005–08/2007 is measured by a target which requires the government to 'reduce the harm caused by illegal drugs including substantially increasing the number of drug misusing offenders entering treatment through the criminal justice system'. This document from the UK Home Office provides a detailed description of the DHI (Drug Harm Index) that was developed to capture the harms generated by the problematic use of any illegal drug, by combining robust national indicators into a single-figure time-series index. The harms that are considered include drug-related crime, community perceptions of drug problems, drug nuisance, and the various health consequences that arise from drug abuse (HIV, overdose, deaths, etc.). Their relative importance is determined by the economic and social costs they create.

**Authors:** Ziggy MacDonald, Louise Tinsley, James Collingwood, Pip Jamieson, Stephen Pudney

**Publisher:** UK Home Office

**Language:** English

**Date:** March 2005

**ISBN:** 1 84473 618 0

**Price:** Free of charge

**Ordering information:** available for download at:

<http://www.homeoffice.gov.uk/rds/pdfs05/rdsolr2405.pdf>

*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.*

## Partners

### 49<sup>th</sup> session of the Commission on Narcotic Drugs

EMCDDA Director Wolfgang Götz led the Agency's delegation to the 49<sup>th</sup> session of the Commission on Narcotics Drugs which took place in Vienna from 13–17 March 2006. Besides the main thematic debate devoted to alternative development, various resolutions were adopted. Worthy of mention is one on the future evaluation of UNGASS (UN General Assembly Special Session) resolutions, presented by the EU Member States. This resolution calls on the UNODC (UN Office on Drugs and Crime) to make contact with national and regional experts from all geographical regions, as well as experts from relevant international organisations in the field of drug control, in support of the global assessment by the Member States on the implementation of the political declarations and measures adopted by the General Assembly at its 20<sup>th</sup> special session.

Another important resolution, presented by Brazil and co-sponsored by the EU Member States, was on HIV/AIDS and the right to health. Other resolutions adopted by the Commission were on support for the Afghan drug control strategy, chemicals under control, demand and supply of opiates and police cooperation.

The EMCDDA representatives held bilateral fringe meetings with third-party delegations, such as the one from Australia, whose representative later visited the EMCDDA headquarters in Lisbon.

*Ignacio Vázquez Molini*

### CICAD-OAS conference on assistance to drug users in prison

Representatives from all Central American States met in Antigua, Guatemala, from 26 February to 3 March 2006 at a conference on treatment interventions for drug users in prison organised by the Inter-American Drug Control Commission/Organisation of American States (CICAD/OAS). The aim of the meeting was to inform about best practice in assisting drug users in prison and to develop national action plans on interventions for drug users in prison.

The main drugs used in prisons in Central America are marijuana and cocaine/crack. Injecting drug use is not common and assistance for drug users in prison focuses on abstinence-oriented treatment programmes and drug-free units. Resources for these are limited. That is why one of the first steps identified by participants was awareness raising and data collection to obtain political and financial support to improve services in prison. Data collection on the level of drug use in prisons is also at an initial stage in Central America and will be important for planning and implementing services for drug users in prison. The EMCDDA contributed to the conference with an overview on interventions implemented in the EU and examples found in EDDRA (Exchange on Drug Demand Reduction Action) as well as sharing its experiences of collecting data in this area.

*Jennifer Hillebrand*

# Feature

## Drug testing at work

Following discussion of the legal aspects of workplace drug testing at the legal correspondents meeting in September 2005, a new topic overview has been published on the European legal database on drugs (ELDD). This outlines international, European and national legislations on the subject. Workplace drug testing is a complex topic that is rarely regulated directly; much of the legal framework comes from interpretations of a combination of various laws, including those on labour codes, privacy, data protection, and health and safety at work. Nevertheless, new laws have recently been passed by Ireland, Finland and Norway to regulate the issue. Ireland reported that the legislation was welcomed by all parties, as it brought legal clarity to procedures that were already implemented by employers.

The topic overview highlights the following patterns/differences in national legislations:

- A high degree of harmonisation on some basic principles: the European Convention on Human Rights and the EU directives on data protection, and health and safety at work appear to have been implemented in almost all countries' laws. Some countries' national data protection authorities have made clear statements on workplace testing.
- A clearly qualified level of risk/response: many countries state that testing can take place when there is a health, safety or security risk, or when it is 'necessary', 'proportionate', 'justified' or 'reasonable', or when there is suspicion of drug taking.
- Emphasis on the health aspects, rather than the possible illegality, of drug taking: in many countries the workplace doctor can reveal to the employer only whether an employee is 'fit for work', rather than the full results of the test. There are statements that testing should form part of an overall health policy and testing should be for influence (as opposed to detecting any traces of drugs). The employer has a legal duty to provide a safe place of work.



**Workplace drug testing is a complex topic that is rarely regulated directly**

- The employment aspects: countries vary considerably in their emphasis on testing before or during employment. Testing is permitted for job applicants in some countries in certain situations; changes in contracts to include a clause agreeing to testing should be negotiated with unions or workers' associations; employees should give prior informed consent; and in some countries it is considered that a contractual clause declaring an employee's agreement to testing cannot legally be considered as voluntary consent.
- Sanctions: some countries specifically penalise unjustified testing with criminal fines, either as a breach of workers' privacy or as a breach of privacy generally. The EU directive on data protection leaves it to the Member States to define any sanctions for breach of data protection legislation.

The topic overview is available at <http://eldd.emcdda.europa.eu/?nnodeid=5036>

*Brendan Hughes*

## Drugs-Lex

### New Czech Penal Code rejected

In March 2006 the Czech Lower House of Parliament did not approve the draft of the new Penal Code in the second vote, after it had been rejected by the Senate (Upper House) in February 2006. Therefore, the proposed significant changes to the drug laws failed to make it onto the statute books. These included the differentiation between cannabis and other drugs regarding penalties for possession for personal use and the decriminalisation (i.e. reduction from a criminal offence to a misdemeanour) of the cultivation of

cannabis and magic mushrooms in small amounts for personal use.

The main reason for the rejection of the new code was connected not with the changes to the drug laws but with a section related to economic criminality that had been deleted. According to the Czech Constitution, it is not possible to change a draft in that phase of the approving process. Although some experts agreed that the section was not of major importance (only a few cases per year are

prosecuted according to it, and other sections could be used in relevant cases) the draft was not approved.

The draft to change the Code, which dates back to 1961, had been in preparation for over 14 years, and had been negotiated in the Parliament for almost 2 years. With elections now foreseen for June, it seems unlikely that a new Code will be approved before 2009.

*Brendan Hughes*

## Spotlight

### EMCDDA data tool 'Fonte' under way



To provide policy-makers and experts with an accurate and up to date picture of the drug situation, the EMCDDA, through its network of national focal points (NFPs), must collect and analyse a vast amount of data. With the aim of streamlining this process, the EMCDDA has recently launched a new project, Fonte, which will endeavour to make the collection, storage and use of data provided by the NFPs more efficient.

Fonte will be a web application through which data can be uploaded and stored directly in a central 'pool' of data/knowledge. By facilitating the collection and retrieval of data from a central 'pool', the EMCDDA and NFPs will be able to focus on carrying out scientific work and in-depth analyses, with the final aim of better informing policy-makers. The setting up of Fonte is thus key to developing and consolidating the EMCDDA as the central reference point for drugs information in Europe.

The name 'Fonte' comes from the Latin for 'source' and a good source (in this case not of water, but of data and knowledge) flows continuously, is easy to access and is always available. The application is to be developed in 2006, and 2007 will be devoted to training EMCDDA staff and NFPs in its use. Fonte is then expected to be put into use from September 2007 onwards. It is envisaged that historical data will be migrated to the new system to ensure that the 'pool' will contain data collected from previous years.

More information is available on the EMCDDA website at <http://www.emcdda.europa.eu/?nnodeid=15919>

Ulrik Solberg

## Reitox

### First general population survey on psychotropic substances in Armenia

A general population survey on the use of psychotropic substances (both legal and illegal) was conducted in Armenia in 2005. This is the first such representative study within the ex-Soviet countries that used the model questionnaire and methodology package developed by the EMCDDA. Using stratified sampling, 4,269 people were questioned (of the population of 3.2 million) and 3,892 responded.

Overall, 28.4% of respondents smoke tobacco, with a much higher rate among men than among women. In the capital, Yerevan, 55% of men smoke, compared with 62% in rural areas; the corresponding figures for women are 4.3% and 1%.

During the previous year, 51% of all respondents had consumed alcohol (28% of women and 78% of men). The lowest percentage of drinkers was in the 16–24 year age group. The highest proportion of female drinkers was in the 35–54 year age group and the highest proportion of male drinkers was in the 45–64 year age group.

During the last year, 9.7% of respondents had taken sedatives or tranquillisers; a relatively high proportion were in the age group 16–24 years (3.8%). Only one in four users had acquired them by prescription.

Drug use is a criminal offence in Armenia, and major inconsistencies due to cultural sensitivity were identified. Predicting this, the study implemented two types of question: 'Have you ever used drugs?' and 'Do you know somebody using drugs?'

Continued on page 8

## New psychoactive substances

### First annual report on Council Decision

One of the innovations of the Council Decision on new drugs <sup>(1)</sup> is that it allows for greater transparency in its implementation and asks that the EMCDDA and Europol report annually to the European Parliament, Council and Commission on the efficacy and achievements of the system.

In February 2006, in compliance with Article 10 of the Decision, the two responsible organisations jointly presented the first annual report on its implementation. It outlines the results and describes issues arising from the initial experiences. It is expected to assist the Commission in evaluating the implementation of the EU drugs action plan 2005–2008.

All substances officially notified through the early warning system in 2005 were synthetic drugs similar to those listed in Schedules I and II of the 1971 UN Convention on Psychotropic Substances. The report concludes that the information exchange system in operation is well placed to deal with types of substances hitherto reported within the framework of the decision. Hence, most notified substances do not pose substantial new challenges to the main implementing institutions.

The decision has been in effect for seven months. It is likely that in the coming year new challenges will emerge, primarily related to types of substances or medicinal products not reported so far under the information exchange mechanism. It will be important for the Reitox national focal points to establish closer links with authorities in their country in order to initiate cooperation with the pharmacovigilance system at a national level.

Roumen Sedefov

<sup>(1)</sup> Council Decision 2005/387/JHA of 10 May 2005 on information exchange, risk assessment and control of new psychoactive substances. [Official Journal L 117, 20.05.2005]

# Products and services

## Leaflet on monitoring new drugs

Last year's adoption by the European Council of a new legal instrument to deal with the emergence of new substances on the European drug scene spurred the EMCDDA to issue its newly released leaflet, *Monitoring new drugs*.

The leaflet outlines the legal basis of the Council Decision, providing links to the legislation behind the EU's actions in the field of new drugs, and explains the differences between the new legal instrument and the Joint Action, which it replaces.

As detailed in the leaflet, cooperation between the EMCDDA and Europol, in collaboration with their networks and the European Medicines Agency (EMA), is central to the EU's efforts to identify and counter the emergence of new psychoactive drugs.

In common with the Joint Action, the Council Decision follows the three-step approach of information exchange/early warning, risk assessment and decision-making. These steps are explained briefly in the leaflet. The leaflet is available on request from the EMCDDA or may be downloaded from the EMCDDA website (<http://www.emcdda.europa.eu/?nnodeid=432>).

## EU public health portal launched

The European Union's new public health web portal (<http://health.europa.eu>) was launched during the eHealth 2006 conference in Malaga on May 10. The main objective of this thematic portal is to provide European citizens with easy access to comprehensive information on public health issues and activities at EU and international level. The portal is intended to help meet EU objectives in the public health field, and it is an important instrument to positively influence behaviour and promote the steady improvement of public health in the 25 EU Member States.

Accessible to everyone, the portal is directed at those who want to keep informed about issues affecting their health, and at those who wish to keep up to date with policies and decisions taken at European, national and international level. The portal is also an important source of information for health professionals, administrations, policy makers and stakeholders.

Access to the information needed is possible via a simple theme structure which presents health-related aspects affecting individuals and their environment. Sections on news, major topical events occurring across Europe and press releases give the opportunity to keep up to date and get involved in major decisions and events in the health field. Legislative acts adopted by the Community institutions, and EU publications are also available on the portal.

The EMCDDA has been participating in the technical development of the portal and is a member of the portal's editorial board. The agency is responsible for providing information on drug use and its health consequences.

## New EMCDDA website address

Since 9 May 2006, the EMCDDA's website address has changed to [www.emcdda.europa.eu](http://www.emcdda.europa.eu). The old website address ([www.emcdda.eu.int](http://www.emcdda.eu.int)) will continue to work until May 2007, with traffic being automatically redirected to the new domain name when necessary during this interim period.

More information is available at <http://www.emcdda.europa.eu/?nnodeid=17581>

# Resources

## Useful materials and events on the drugs issue



### T3E summer university

'How to improve the client's journey through treatment and beyond: A European perspective.'

15–17 June 2006, Manchester, UK.

Organised by T3E(UK) and T3E, the pan-EU drugs network.

Partners from Belgium, Denmark, France, Ireland, Italy, Portugal, Spain, England and Scotland will share perspectives on how different EU nations seek to reintegrate problem drug users into society.

A focus will be on alternatives to, or routes out of, substitute prescribing for opiate dependence. The issues will relate to two broad themes: addiction treatment's contribution to social reintegration; and the broader social inclusion agenda.

See <http://www.t3e.eu.org> or <http://www.raceanddrugsproject.co.uk> for a draft programme plus registration and booking details. Cost is unlikely to exceed 170 Euros including midday meals. A list of accommodation options will be provided. Contact information: [kazimkhan@mac.com](mailto:kazimkhan@mac.com)

**Kazim Khan**

Organisations wishing to publicise their newsletters, magazines, websites, CD-ROMs or any other resources are invited to contact [Kathryn.Robertson@emcdda.europa.eu](mailto:Kathryn.Robertson@emcdda.europa.eu)

**Drugnet Europe** is a newsletter published by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), Lisbon. The newsletter is published four times per year in English. Any item may be reproduced provided the source is acknowledged.

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## Calendar 2006

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 and visits

- 18 May: EMCDDA Bureau meeting, Lisbon.
- 8–9 June: EMCDDA expert meeting on population surveys, Lisbon.
- 13–14 June: EMCDDA expert meeting on the contents of drug tablets, Lisbon.
- 15–16 June: 6<sup>th</sup> Annual meeting of the Reitox early warning system network, Lisbon.
- 29–30 June: Expert meeting on environmental prevention strategies, Lisbon.
- 5 July: EMCDDA Budget Committee and Bureau meetings, Lisbon.
- 5–7 July: EMCDDA Management Board meeting, Lisbon.

### External meetings

- 29 May–2 June: 32<sup>nd</sup> Alcohol epidemiology symposium of the Kettil Bruun Society, Maastricht.
- 31 May–1 June: 14<sup>th</sup> Annual meeting of the Society for Prevention Research, San Antonio, TX.
- 1–2 June: Lutte contre le trafic de cocaine, Mildt, Toulon.
- 15–17 June: T3E Summer university (see p. 7), Blackpool.
- 19–20 June: International prisoner health conference, Tallinn.
- 19–20 June: ESPAD project meeting, Helsinki.
- 26–28 June: CICAD Expert meeting on prevention programs, Washington, D.C.

### EU meetings

- 6–7 April: Pomidou Group research platform, Gdansk.
- 3–4 May: 57<sup>th</sup> meeting of Permanent Correspondents, Pomidou Group, Strasbourg.

## Agency news

### New EMCDDA Scientific Committee

At its first meeting in February 2006, the EMCDDA's new Scientific Committee elected Henk Garretsen (Tilburg University, Netherlands) as its new chairperson and Girts Brigis (Riga Stradins University, Latvia) as vice-chairperson. The Committee members had been nominated the previous year by the Member States to serve for a three-year renewable period. The elections were presided over by the outgoing chairperson Salme Ahlström (Finland) and vice-chairperson Jean-Pol Tassin (France).

The EMCDDA's Scientific Committee advises the Director and the Management Board on scientific issues and delivers a formal opinion on the EMCDDA work programmes. The Committee also regularly reviews the EMCDDA annual report from a scientific point of view.

Members of the Scientific Committee are available to peer-review EMCDDA thematic publications, within their area of expertise. The risk assessment of new drugs constitutes another important task for the Committee, which will appoint a subcommittee for the revision of the risk assessment guidelines called for by the new Council Decision 2005/387/JHA. The Scientific Committee will also be asked for input in the preparation of an overview of European and national research in the field of drugs, and to collaborate with the EMCDDA on the organisation of scientific conferences and visiting researchers.

During its first meeting, Scientific Committee members had the opportunity to meet scientific staff and discuss in depth the work of the Centre. The Committee pledged to continue and reinforce its support for improving the scientific quality of the Centre's output.

Further information about the Scientific Committee as well as a full list of members is available at <http://www.emcdda.europa.eu/?nodeid=6819>

*Margareta Nilson*

*Continued from page 6*

The percentage of positive answers to the first type was statistically insignificant for any illegal drug, whereas the second type of question elicited a positive answer in 5.4% of respondents in the case of cannabis-type drugs and in 1% of cases for cocaine and 0.6% for heroin.

The survey was fully financed by the Southern Caucasus Anti Drug (SCAD) Programme, which is financed by Tacis and implemented by UNDP (United Nations Development Programme). The detailed report can be found at <http://www.drugnfp.am>.

*Nazeli Asiryan and Tomas Zabransky*