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Drugnet Europe

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EMCDDA releases 2007 Annual report

'After over a decade of rising drug use, Europe may now be entering a more stable phase. Not only are there signs that heroin use and drug injecting have become generally less common, but new data suggest that levels of cannabis use may now be stabilising after a sustained period of growth. Nevertheless, positive messages are marred by high levels of drug-related deaths and rising cocaine use'. These were the key points stressed by the EMCDDA as it launched its 2007 *Annual report on the state of the drugs problem in Europe* on 22 November in Brussels.

The public launch to the media at the European Parliament (EP), followed a presentation the previous day to the EP's Committee on Civil Liberties, Justice and Home Affairs, chaired by Jean-Marie Cavada and attended by national parliamentarians from across Europe. Presenting the report were EMCDDA Chairman Marcel Reimen and Director Wolfgang Götz. This edition of *Drugnet Europe* brings readers the highlights...

Cannabis use stabilising, signs of popularity waning among the young: Nearly a quarter of all adults in the EU (around 70 million aged 15–64) have tried cannabis at some point in their lives, and around 7% (23 million) have used it in the last year. But while cannabis remains Europe's most commonly consumed illicit drug, and use is historically high, new trend data are a cause for 'cautious optimism' says the report.

Following escalating cannabis use through the 1990s, and more modest rises after 2000, latest data suggest that cannabis use is now stabilising or falling, particularly in high-prevalence countries. And in some Member States there are signs that, among younger age groups, the drug's popularity may be waning.

According to the report, on average 13% of young Europeans (15–34 years) have used cannabis in the last year. The highest rates are reported by Spain (20%), the Czech Republic (19.3%), France (16.7%), Italy (16.5%) and the UK (16.3%). Among the high-ranking countries, recent trend data show that rates have stabilised or are beginning to decrease in Spain and have dropped by around 3–4 percentage points in the



Photo: istockphoto

Cannabis — signs of popularity waning among the young.

Time to acknowledge progress

'Europe's drug problem still represents a serious challenge for health and social policy and for law enforcement, and it is never hard to find areas of the problem that arouse particular concern. Nonetheless, it is important to acknowledge progress where it has been made and to show where intelligent investments are paying dividends'. These were the words of EMCDDA Director Wolfgang Götz in his message launching the 2007 *Annual report*.

Mr Götz highlighted in particular that drug use has stabilised in a number of important areas, albeit at historically high levels. In some cases, there are even signs that merit cautious optimism — such as relatively stable levels of heroin and cannabis use and mostly low rates of HIV transmission among drug injectors. There had also been a dramatic increase in countries' investment in prevention, treatment and harm-reduction activities and improved focus and cooperation in supply reduction. Furthermore, the EU is backing global actions to reduce drug problems by funding supply and demand reduction measures in third countries to the tune of at least € 750 million.

'Assessing progress is crucial right now as in Europe and internationally we enter a period of reflection on recent achievements', said the Director. In 2008, the EMCDDA will support the European Commission in its evaluation of the EU drugs action plan and will prepare a detailed assessment of the European drug situation to feed the UNGASS review process (see *Drugnet Europe* No 58, p. 4).

See 'Message from the EMCDDA Director' at <http://www.emcdda.europa.eu/?nnodeid=875>

Continued on page 8

October–December

2007

2007 Annual report

Cocaine use rises again

Around 4.5 million Europeans (15–64 years) are likely to have used cocaine in the last year, according to the 2007 *Annual report*, revising the estimate in last year's report of 3.5 million adults.

'The general picture reported last year of a stabilising situation is called into question by the new (European) data, which point to an overall increase in use', says the new report.

Despite wide variation between countries, the new data confirm cocaine's place as Europe's stimulant drug of choice and as its second most commonly used illicit drug after cannabis — ahead of ecstasy and amphetamines. It is estimated that around 12 million Europeans (4% of all adults) have ever tried cocaine. Around 2 million have taken it in the last month, more than double the estimate for ecstasy.

Among young adults (15–34 years), increases in last-year cocaine use were registered in most countries reporting recent survey data. However, in countries with the highest prevalence (Spain and the UK) increases were relatively small, suggesting that prevalence may be levelling off. Clear increases were reported by Denmark and Italy.



Photo: istockphoto

Among young adults, increases in last-year cocaine use were registered in most countries reporting recent survey data

Treatment for cocaine problems

One indication of how cocaine use is impacting on public health is the rise in demand for treatment relating to the drug. In 2005, close to a quarter (22%) of all new demands for treatment in Europe were cocaine-related: a total of 33 027 clients, compared with 12 633 in 1999. High proportions of cocaine users among drug clients are reported by Spain and the Netherlands. These countries are also responsible for the majority of reports of cocaine treatment in Europe.

According to the report, treatment services are faced with offering care to a broad spectrum of clients: socially integrated recreational users, who consume cocaine along with alcohol or other drugs; users with opioid problems; and a limited number of highly marginalised crack cocaine users.

Around 400 deaths relating to cocaine use were registered in Europe in 2005. But health consequences of cocaine use are often not well detected in current reporting systems. This topic is examined in the *Selected issue* 'Cocaine and crack cocaine: a growing public health issue' (see opposite).

Record amount of cocaine seized

Other factors also point to an upward trend in cocaine use, 'confirming the growing importance of cocaine in Europe's drug problem', says the report. Both numbers of cocaine seizures and quantities seized increased in Europe between 2000 and 2005. In 2005, there were an estimated 70 000 cocaine seizures amounting to a record 107 tonnes, up over 45% on quantities seized in 2004.

The main point of entry of cocaine into Europe remains the Iberian Peninsula and there have been marked increases in cocaine seizures and quantities seized in both Spain and Portugal. Spain accounted for around half of the total number of seizures and the greatest volume intercepted (48.4 tonnes in 2005, compared with 33.1 tonnes in 2004). And Portugal overtook the Netherlands as the country with the second largest quantities intercepted (18.1 tonnes in 2005, compared with 7.4 tonnes in 2004).

Most cocaine seized in Europe enters the continent from South America or via Central America and the Caribbean, with West African countries increasingly being used as transit routes.

Cocaine: a growing public health issue

Special attention is given to the health consequences of cocaine use in a *Selected issue* on 'Cocaine and crack cocaine: a growing public health issue', published alongside the 2007 *Annual report*. In this review, the EMCDDA looks at the prevalence and patterns of cocaine use and related responses and the challenges to providing effective treatment for the diverse needs of cocaine and crack cocaine users.

The most common adverse health effects of cocaine use are cardiovascular disorders (e.g. ischaemia), cerebrovascular disorders (e.g. strokes) and neurological impairments (e.g. seizures). Risk of cocaine toxicity seems to be influenced by concomitant use of other substances such as alcohol and heroin.

Deaths from purely pharmacological overdose of cocaine are infrequent, says the review, except in cases of massive exposure. Cocaine deaths are currently more difficult to identify than opioid deaths. And it is possible that deaths occurring shortly after, and induced by, cocaine use, but which are not strictly poisonings (e.g. due to strokes), are not identified as cocaine-induced and therefore are under-reported.

Currently no effective medication is available to help cocaine users maintain abstinence or reduce use. Cocaine users in treatment are generally prescribed anti-depressants or benzodiazepines to reduce symptoms of abstinence (e.g. anxiety). Experimental therapeutic drugs which reduce withdrawal symptoms and cravings have shown potential in clinical trials. Immunotherapy of cocaine dependence through a cocaine vaccine (TA-CD) is also under investigation.

Selected issues, available in English, at <http://issues07.emcdda.europa.eu>

Selected issues summaries and news release No 8, available in 23 languages, at <http://www.emcdda.europa.eu/?nnodeid=875>

2007 Annual report

Europe risks failing to meet targets to reduce drug-related deaths

Overdose is a major cause of preventable death among young Europeans, yet latest European data show that levels of drug-related deaths are historically high and no longer falling, underlining the need for policy-makers to pay more attention to this issue. Reducing drug-related deaths is a specific target of the current EU drugs action plan (2005–2008).

The 2007 *Annual report* estimates that there were between 7 000 and 8 000 drug-related deaths in the EU and Norway in 2005, mainly associated with opioid use. Recent rises in deaths have been recorded in several countries, with clear increases of over 30% in: Greece (2003–2005), Austria (2002–2005), Portugal (2003–2005) and Finland (2002–2004).

Drug-related deaths in the EU and Norway fell by 6% in 2001, by 14% in 2002 and by 5% in 2003, following sharp increases in the 1980s and early 1990s and steady increases from the late 1990s to 2000. The significant downward trend in deaths between 2000 and 2003 was noted to be faltering in last year's *Annual report*, following a small rise in drug-related deaths between 2003 and 2004.

Whereas escalating heroin use and injecting were the probable causes of the previous rises in deaths, this is not the case today where heroin use in Europe appears mostly stable. 'There is an urgent need to research why drug-related deaths remain so high', said EMCDDA Director Wolfgang Götz. Risk factors that could be contributing to the problem include more polydrug use by opioid users and rises in heroin availability.

An estimated 6 610 tonnes of opium were produced in 2006 — 92% in Afghanistan. Global potential of heroin production was estimated at 606 tonnes in 2006, up from 472 tonnes the previous year (UNODC, 2007). While the impact of record opium production is not yet seen in European heroin consumption figures, the report warns: 'The sustainability of the general stable or improving situation seen in heroin use in Europe is called into question by increasing opium production in Afghanistan'.

Measures that can contribute to reducing drug-related deaths and mortality include: easier access to treatment; first aid training for drug users on responding in an emergency; and training for treatment staff in addressing the risks of polydrug use. But according to the report: 'Europe still lacks a comprehensive approach to overdose prevention'.

According to Wolfgang Götz: 'Over 7 000 lives lost a year is compelling indication that we are not getting it right when it comes to overdose prevention in Europe. We have made real progress when it comes to HIV reduction among drug users. We now need to match this with equally effective actions to reduce drug-related deaths. This will require innovation, determination and vision, and ultimately the commitment of policy-makers to invest in overdose reduction programmes'.

Drug use among the under-15s

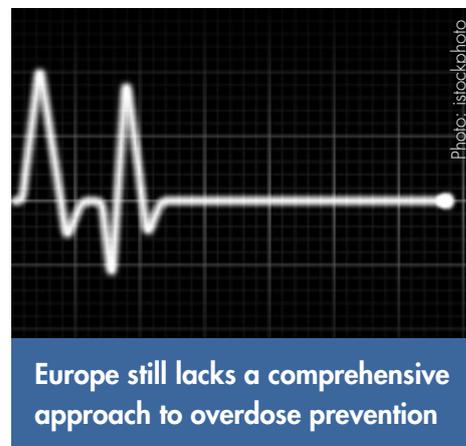


Illicit drug use among very young people (under 15) is rare in Europe and regular drug use even rarer, largely found among specific groups of the population where drug use is combined with other psychological and social disorders. In a *Selected issue* on 'Drug use and related problems among very young people', published alongside the 2007 *Annual report*, the EMCDDA focuses on the prevalence and patterns of substance use in this age group and on available responses in terms of legislation, prevention and treatment.

The illicit substance most commonly used by the under-15s is cannabis, followed by inhalants (e.g. glue, aerosols), says the review. Of 15–16 year-old school students reporting to have used cannabis, first use of the drug by age 13 remains uncommon (typically 1%–4%). In contrast, school surveys showed that daily tobacco smoking by age 13 varied in EU countries from between 7% and 18%. Between 5% and 36% of school students in Europe reported having ever been drunk by that age.

Prevalence estimates for other types of drug use among the under-15s are considerably lower than those for cannabis and inhalants. School surveys reveal that lifetime use of ecstasy, amphetamines, cocaine or heroin rarely rises above 2%. In most EU Member States, measures to prevent the early use of licit substances (alcohol, tobacco) are viewed also as prevention against illicit drug use later.

Very young people whose family members use psychoactive substances are known to be at higher risk of early drug use. Data available in Europe indicate that at least 28 000 clients in drug treatment live with their children.



Drugs-Lex

Conference on alcohol, drugs and driving



The 2007 conference of the International Council on Alcohol, Drugs and Traffic Safety (ICADTS) was held in Seattle from 26–30 August. Delegates presented the latest epidemiological information on a variety of drugs as well as experimental findings (e.g. from performance tests) on how different substances can cause impairment in drivers. Also debated were roadside testing methods and tools and legal limits for levels of psychoactive substances in the blood.

Guidelines for drug driving research, aimed at improving cross-national comparability, were presented at the meeting and will soon be available from ICADTS for use by scientists and researchers. These guidelines, to which the EMCDDA contributed in 2006 (1), contain recommendations for minimum research standards in the areas of epidemiology, behaviour and toxicology.

Some 360 papers, including presentations by the EMCDDA, were delivered at the event. Many speakers reiterated that cannabis and benzodiazepine use among drivers is of particular concern, especially in Europe, as seen in the EMCDDA's *Selected issue* on 'Drugs and driving' (see opposite). The EMCDDA's analysis of EU Member States' policies and legislation in this review, and earlier papers, may contribute to a forthcoming ICADTS–NIDA project on zero tolerance laws.

This year the International Association of Forensic Toxicologists meeting and the 8th Ignition Interlock Symposium took place at the same venue as the ICADTS event, allowing interaction between over 900 scientists from 50 countries. Abstracts and proceedings from the ICADTS conference are available at <http://www.icadts2007.org>

Brendan Hughes and Dominique Lopez

(1) See *Drugnet Europe* No 57, p. 2.

Feature

EMCDDA publishes review on 'Drugs and driving'

After alcohol, cannabis and benzodiazepines are the psychoactive substances most prevalent among the driving population in Europe, according to a *Selected issue* on 'Drugs and driving', published alongside the 2007 *Annual report*. This finding appears consistent whatever the study type (e.g. roadside tests at random or on suspicion, in hospitals, post-mortem). Studies are equally divided as to which of the two drugs is the more prevalent.

Experimental studies (e.g. performance tests) show that use of cannabis and benzodiazepines results in impaired driving ability, varying according to dose, tolerance and delay after intake. And risk assessment studies show that combining these drugs with alcohol significantly increases the risk of being involved in, or responsible for, a traffic accident.

Countries have reacted at the highest level to the possible harms posed by psychoactive drugs and driving, states the review. Many countries have tightened laws, increased penalties or have altered national strategies (e.g. road safety and drug strategies) to address the problem.

'Zero tolerance' laws for illicit drugs such as cannabis have been introduced in Belgium, Portugal and Sweden (1999) and France and Finland (2003). The Swedish and Finnish laws also apply to certain medicines consumed without a lawful medical prescription. Penalties for the offence have increased since 2000 in the Czech Republic, Greece, Italy, Latvia and Lithuania. Laws and penalties still vary widely across Europe.

Detection procedures (set down by law, regulation or guidelines) are broadly comparable in Europe. While these generally comprise observations and behavioural tests, followed by urine or blood samples, differences occur in the location of the tests (e.g. roadside, medical centre) and the person executing them (e.g. traffic police, doctor).

Since the late 1990s, the majority of EU countries have carried out mass media campaigns informing on the health risks of substance use and driving, but they tend to deal primarily with alcohol. Only around a fifth of EU countries target cannabis and benzodiazepines specifically.

Cannabis-using drivers are more likely to be young males, while benzodiazepine-using drivers are more likely to be middle-aged and often female. Research suggests that, 'one-size-fits-all' campaigns may not be the most suitable. Older benzodiazepine users will often ignore messages aimed at young cannabis users and vice versa, and neither will feel that warnings about alcohol apply to them.

Selected issues, available in English, at <http://issues07.emcdda.europa.eu>

Selected issues summaries, available in 23 languages, at <http://www.emcdda.europa.eu/?nodeid=875>



Countries have reacted at the highest level to the possible harms posed by drugs and driving

International

EMCDDA and Russian drugs service sign MoU

The European Union and the Russian Federation will be sharing information on drugs more systematically in future thanks to an accord signed on 26 October by the EMCDDA and the Federal Service of the Russian Federation for Narcotics Traffic and Control (FDCS).

The Memorandum of Understanding (MoU) was signed in the margins of the EU–Russia summit taking place in Mafra under the Portuguese Presidency of the EU. The signatories were EMCDDA Director Wolfgang Götz and FDCS Director Viktor Cherkesov. Present at the signing ceremony were: President of the Russian Federation Vladimir Putin, Prime Minister of Portugal José Sócrates, President of the European Commission José Manuel Durão Barroso and EU High Representative for the Common Foreign and Security Policy Javier Solana.

The new agreement will allow for an exchange of information and expertise in a number of areas, including: illicit drug use and trafficking in the EU Member States and the Russian Federation; new drug types and emerging drug use trends; technologies for the production of illicit drugs and newly emerging trafficking methods.

The MoU is the fruit of bilateral talks initiated in Lisbon in 2004 and of subsequent working sessions between the EMCDDA and FDCS in 2006. Among others, it foresees: developing or improving joint indicators to assess the drug situation; participation of FDCS experts in EMCDDA meetings and vice versa and mutual access to statistical information and exchange of scientific research results.

Commenting on the MoU, Wolfgang Götz said: 'The Russian Federation is the EU's largest neighbour following the 2004 enlargement, and expansion of our common borders brings with it both common challenges and opportunities for cooperation. Among these challenges are drug use and its health consequences, drug trafficking and related illegal activities. We look forward with enthusiasm to close and collegial relations with the FDCS on the broad range of issues which characterise our drug problems today'.

See news release at <http://www.emcdda.europa.eu/?nnodelD=875>



EMCDDA Director Wolfgang Götz and FDCS Director Viktor Cherkesov at signing ceremony.

Partners

EMCDDA to initiate project with Western Balkans

A key external relations priority for the European Union is to promote stability and peace in the Western Balkans. Aid to the region was streamlined through the European Commission's CARDS programme adopted on 5 December 2000 (1).

The EMCDDA will initiate a drug information project in November with five Western Balkan countries: Albania, Bosnia-Herzegovina, the Former Yugoslav Republic of Macedonia (FYROM), Montenegro and Serbia (including Kosovo). Financed by the CARDS regional fund, with a budget of €550 000, the project will assess the capacity of these countries to establish an EMCDDA-compatible drug information system.

This new partnership will make an important contribution to developing drug data collection and reporting capacity in the Western Balkan region

Expected outputs of the 18-month project are: the first national reports on the drug situation in each of these countries; and an assessment of the potential for creating or strengthening a Reitox national focal point. The project will also assist countries in carrying out school surveys along the lines of the European School Survey Project on Alcohol and Other Drugs (ESPAD, see box below).

This new partnership will make an important contribution to developing drug data collection and reporting capacity in the Western Balkan region. The EMCDDA will collaborate in each of the countries with a nationally appointed expert who will be responsible for organising the project activities in the country concerned. To facilitate outputs, a new Reitox coaching system will also be set up, associating at least one EU Reitox focal point with each partner country.

Cécile Martel

(1) Community Assistance for Reconstruction, Development and Stabilisation (CARDS) http://ec.europa.eu/enlargement/financial_assistance/cards/index_en.htm

European School Survey Project on Alcohol and Other Drugs (ESPAD)

ESPAD is an important source of information on drug and alcohol use among European school students and is invaluable for recording trends over time. The use of standardised methods and instruments among nationally representative samples of school students aged 15–16 years provides a high-quality and comparable data set. Participation in ESPAD has grown with each survey, and both EU and non-EU countries participate. In 1995, a total of 26 European countries participated, in 1999 the survey involved 30 countries and in 2003, 35 countries. Further information can be found on the new ESPAD website at <http://www.espad.org>

Spotlight

Reitox Academy on best practice



Photo: istockphoto

Providing information on best practice in the EU Member States, and facilitating exchange of such practice between them, are among the new objectives outlined in the recast EMCDDA regulation which came into force in January 2007. In this context the EMCDDA organised a Reitox Academy on best practice in Oslo from 12–13 September in cooperation with the Norwegian national focal point (NFP). More than 50 participants from 25 countries were represented at the event.

The academy introduced participants to concepts of evidence-based/best practice as well as to approaches for promoting and disseminating information in this area and the organisational prerequisites.

Workshops examined two key questions, largely in relation to drug prevention and treatment. These were: 'How can the NFPs play a role in facilitating the exchange of information on evidence-based/best practice in their country?' and 'What would be an appropriate mechanism for the exchange of information on best practice applied in Member States in association with the EMCDDA?' Workshops pointed to a lack of expertise in some countries and the need for best-practice standards, guidelines and training.

Speaking at the opening of the academy, Mr Wegard Harsvik, State Secretary to the Norwegian Ministry of Health and Care Services, said that policy-makers often turned to the scientific community with the questions: 'How can we reach our goals? What is the most cost-effective way forward? What is best practice?' On this note he stressed the importance of initiating and facilitating research in Europe. 'As we get more and more research', he said, 'the more evidence-based the drug policy will be'.

Jennifer Hillebrand and Xavier Poos

Meetings

Taking a call on cannabis: drug helplines' response

'Taking a call on cannabis: drug helplines' response' was the theme of a conference organised by the European Foundation of Drug Helplines (FESAT) from 1–2 October in Lisbon. Held in collaboration with the EMCDDA and the Portuguese *Instituto da Droga e da Toxicoddependência* (IDT), the event brought together drug helpline services from around 20 European countries.

The two-day meeting, hosted by the EMCDDA, featured a broad range of presentations in relation to Europe's most consumed drug. These included: trends in cannabis use in Europe; health effects; legal aspects of cannabis use and common misconceptions relating to the drug (e.g. potency, legality). It also provided a forum for the exchange of information on new problems and responses and latest research. 'Frequently asked questions' to the helplines were examined and options for interventions presented (e.g. replies, counselling, referrals).

Drug helplines provide the public with a valuable service comprising information, support, prevention and harm reduction. The data they collect, as a grassroots source of help, play an important role in monitoring new drug use patterns and emerging trends, both key areas of the EMCDDA's revised mission statement. The meeting provided a solid foundation for further collaboration in these areas between the EMCDDA and FESAT (<http://www.fesat.org>).

Deborah Olszewski

Monitoring data on drug treatment

Experts from around 30 European countries met in Lisbon from 24–25 September for their annual meeting to examine the profiles and characteristics of people seeking treatment for drug problems.

The EMCDDA's treatment demand indicator (TDI) is one of the agency's most established tools for monitoring the drug problem. The inaugural session focused on the state of progress of this indicator and dealt with issues of data-collection quality and methodology. Three workshops then examined topics that reflect the dynamic nature of treatment: polydrug use, new drugs (currently not covered by the TDI protocol) and the reference period for data collection.

The participants addressed how to improve the quality of data collected by treatment centres, notably by: refining definitions in the TDI protocol; collecting data from a wider range of centres; and linking information on treatment demand to that on treatment offer. National studies and a recent revision to the Addiction Severity Index were presented in a session on evaluating treatment outcome.

This year the meeting offered a session on the geographical analysis of treatment data. This included an introduction on Geographical Information Systems (GIS), featuring presentations from the EMCDDA, UNODC, Italy and Switzerland. Documents relating to the meeting are available at <http://www.emcdda.europa.eu/?nnodeid=1420>

Linda Montanari

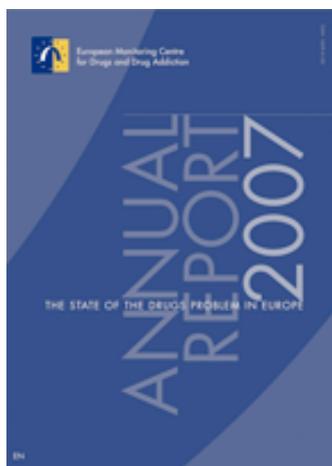


Photo: istockphoto

Drug helplines provide the public with a valuable service comprising information, support, prevention and harm reduction

Products and services

2007 Annual report information package



To mark the launch of its 2007 *Annual report* on 22 November, the EMCDDA released a comprehensive, multilingual information package offering the latest findings on the drug phenomenon across Europe. This package comprises the report itself (available in print and online in 23 languages), three *Selected issues* (in English); a *Statistical bulletin*; *Country data profiles*; and an accompanying press pack and PowerPoint presentations in 23 languages.

A news conference launching the report was organised at the European Parliament on 22 November and attended by journalists from across the EU. The EMCDDA also mounted an exhibition of its latest products at the EP during launch week. Finally, over a

dozen Member States marked the release of the report with national launches and events combining European and national drugs perspectives.

Information on, and links to, all *Annual report* products, services and events are available at <http://www.emcdda.europa.eu/events/2007/annualreport.cfm>

Drugs in focus No 17

'Cocaine use in Europe: implications for service delivery' is the topic of the latest in the EMCDDA's policy briefing series *Drugs in focus*. Cocaine use presents new challenges for Europe's treatment services. This briefing addresses a number of important issues for the delivery of services for cocaine users and presents policy considerations for the way forward.

In print and downloadable in 25 languages at <http://www.emcdda.europa.eu/?nodeid=439>

Europe in Portugal



Decentralised communication can play a significant role in demonstrating to European citizens how the EU makes a difference in their daily lives. In this spirit, the EU bodies present in Portugal have come together via this joint brochure to introduce their work, offering a taste of 'Europe in Portugal'.

In print and downloadable in English and Portuguese at <http://www.emcdda.europa.eu/?nodeID=35747>

New EWS operating guidelines

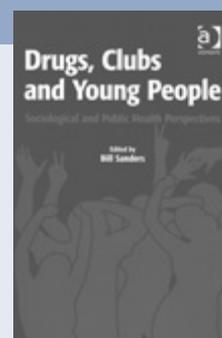
The EMCDDA and Europol, the two bodies responsible for Europe's early-warning system (EWS) on new psychoactive substances, have recently published a set of EWS operating guidelines. The new guidelines will assist in the implementation of the 2005 'Council decision on the information exchange, risk assessment and control of new psychoactive substances'. The new EWS guidelines reflect the broader scope and stricter deadlines stipulated by the new legal instrument and replace the 2001 EWS guidelines relating to the 1997 'Joint action on the information exchange, risk assessment and control of new synthetic drugs'.

In print or downloadable in English at <http://www.emcdda.europa.eu/?nodeID=431>

Bookshelf

Drugs, clubs and young people

Sociological and public health perspectives



Drugs, clubs and young people is a multi-author volume that offers critical insight into drug use among young people at raves and nightclubs. In 10 chapters it explores and analyses behaviours common in these settings from sociological and public health perspectives. The essays richly document how drug users assess the risk and harms of different substances versus their enjoyment of drugs in the dancing context.

Introductory chapters, offering an overview of clubbing and club drugs and the origins of rave, are followed by chapters on club drug use in New York and also their use outside the club environs. Material is drawn from the UK, US and Hong Kong to provide cross-cultural comparisons.

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The EMCDDA is responsible for the selection of materials for the Bookshelf and for the text presented. However, responsibility for the content of these materials and the opinions expressed therein lies with the authors themselves.

Calendar 2007

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

EMCDDA meetings

- 7–9 November: Reitox heads of focal point meeting, Lisbon.
- 21 November: Presentation of the 2007 *Annual report*, European Parliament, Brussels.
- 22 November: Public press launch of the 2007 *Annual report*, EP, Brussels.
- 26–27 November: Scientific Committee meeting, Lisbon.
- 29–30 November: Expert meeting on drug-related deaths and mortality among drug users, Lisbon.
- 5–7 December: Management Board meeting, Lisbon.
- 13–14 December: Expert meeting on the methodology to estimate drug-related expenditure in the EU, Lisbon.

External meetings

- 15–16 November: International conference on current cocaine problems, Madrid.
- 15–16 November: More dynamic international cooperation among anti-drug services, World Customs Organisation, Brussels.
- 26–27 November: Pan-European conference 'HIV in Europe 2007: Working together for optimal testing and earlier care', Brussels.
- 28–29 November: Pompidou Group inter-agency meeting, Warsaw.

EU meetings

- 13 November: Horizontal working party on drugs, Brussels.
- 14 November: EU-LAC and Troika meetings, Brussels.
- 11 December: Horizontal working party on drugs, Brussels.
- 12 December: Troika meeting, Brussels.

2007 Annual report HIV: overall positive assessment

The rate of HIV transmission among injecting drug users (IDUs) was low in most EU countries in 2005. This positive picture can be seen in the context of greater availability of prevention, treatment and harm-reduction measures and declining popularity of drug injecting in some countries. With the expansion of services, the HIV epidemics seen earlier in Europe seem largely to have been avoided.

According to the *Annual report*: 'The situation in Estonia, Latvia and Lithuania remains a concern, but here again most of the recent data point to a relative decrease in new infections'. As a result of lower rates of transmission, the overall burden of infection resulting from injecting drug use is likely to be falling, especially in areas of high prevalence.

Although injecting drug use has become less important as a route of HIV transmission, the EMCDDA estimates that, in 2005, it still accounted for some 3 500 newly diagnosed cases of HIV in the EU. This figure may be low by historical standards, yet it still represents a considerable public health problem. The report states that between 100 000 and 200 000 people who have ever injected drugs are living with HIV. The hepatitis C virus (HCV), however, is more prevalent among IDUs in the EU than HIV and more evenly distributed. The EMCDDA estimates that around 1 million people who have ever injected drugs are living with HCV.

Continued from page 1

Czech Republic, France and the UK. And latest data from mid-ranking countries show a stabilisation in Denmark and the Netherlands and falling levels in Germany.

Among the UK's younger cannabis users (16–24 years), last year use fell from 28.2% in 1998 to 21.4% in 2006, suggesting that the drug has become less popular there in this group. And according to the Spanish School Survey, last-year use among 14–18 year-olds fell from 36.6% in 2004 to 29.8% in 2006. While levels of cannabis use still appear to be increasing among young adults (15–34 years) in Hungary, Slovakia and Norway, most rises are small and less pronounced in more recent estimates. The exception is Italy where rates of last-year cannabis use in this group rose from 12.8% in 2003 to 16.5% in 2005.

Only a relatively small proportion of cannabis users report using the drug on a regular and intensive basis, but this still represents 'a significant number of individuals', says the report. Around one-fifth (18%) of the 70 million adults (15–64 years) who have ever tried cannabis, reported having used it in the last month (over 13 million Europeans) and around 1% of European adults (around 3 million people) may be using the drug on a daily, or almost daily, basis. In 2005, over a quarter (29%) of all new treatment demands were cannabis-related.