



www.emcdda.eu.int

Drugnet Europe

Newsletter of the European Monitoring Centre for Drugs and Drug Addiction

ISSN 0873-5379

In this issue...

- 2** Heterosexual transmission overtakes injecting drug use as route of new AIDS cases
- 3** Over half a million Europeans now receive substitution treatment
- 4** Feature: Growing concern over impact of drug use on our communities
- 5** EMCDDA and Europol step up cooperation
- 6** Reitox Academy on harm-reduction data and reporting
- 7** New EMCDDA products and services
- 8** EMCDDA Chairman in new post

EMCDDA releases 2005 Annual report

On 24 November, the EMCDDA launched its 2005 *Annual report on the state of the drugs problem in Europe* at the European Parliament in Brussels. This public launch to the media followed a presentation the previous day to the Parliament's Committee on Citizens' Freedoms and Rights, 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 you the highlights...

Cocaine becomes stimulant drug of choice for many young Europeans: Cocaine has become a major element in the EU drug picture, according to the 2005 *Annual report*. Indicators of cocaine trafficking and consumption now overwhelmingly point to an increase in importation and use of the drug and there is growing evidence of cocaine-related health problems.

It is estimated that around 9 million Europeans (3% of all adults) have ever used cocaine. Between 3 and 3.5 million (1% of all adults) are likely to have tried the drug over the last year and around 1.5 million (0.5% of all adults) are classified as current users (last month). Use is concentrated mainly among young adults (15–34 years), particularly young males, and those living in urban areas.

Cocaine use varies considerably between countries, with most national surveys estimating that between 1% and 11.6% of young Europeans have ever tried the drug and that between 0.2% and 4.6% have used it in the last 12 months.

Spain and the UK report the highest levels of cocaine use, with over 4% of young adults having used the drug in the last year, exceeding levels of recent ecstasy and amphetamine use. These estimates approach US figures, fuelling worries that cocaine is becoming the stimulant drug of choice for many young people in parts of Europe.

Since the late 1990s, evidence of a rise in recent cocaine use among young adults has been reported from surveys in Denmark, Italy, Hungary, the Netherlands and Austria. In Spain and the UK, the most substantial rises occurred prior to



Photo: iStockphoto.com

Around 9 million Europeans have tried cocaine in their lifetime.

Fratтини: EMCDDA offers vital tools for informing drug policy

Vice-President of the European Commission Franco Frattini paid his first visit to the EMCDDA on 23 September. As European Commissioner responsible for Justice, Freedom and Security, Mr Frattini is responsible for the EU drugs portfolio, particularly overseeing implementation of the 2005–2012 EU drugs strategy and its associated action plans (2005–2008 and 2009–2012).

Meeting with EMCDDA Chairman Marcel Reimen, Director Wolfgang Götz and the agency's 80 staff members, Mr Frattini underlined the central role of the EMCDDA as information provider on drugs and a reference point for policy-makers.

'Sound information and research on drugs are vital tools for designing and informing drug policy and evaluating results', he said. 'The EU now has up to 2 million dependent drug users and the use of drugs among young people is at historically high levels. Drugs are also one of the main concerns of European citizens today and a major threat to the security and health of our society. Never before has there been such a need for evidence-based drug strategies. The EMCDDA is the EU body established to provide this very evidence'.

Director Wolfgang Götz added: 'The drug phenomenon is both a complex and emotive issue and we need to be guided through its many facets by an impartial and scientifically rigorous analysis of the problem'.

See News release No 7/2005 at <http://www.emcdda.eu.int/?nnodeid=875>

Continued on page 8

October–December

2005

2005 Annual report

Heterosexual transmission overtakes injecting drug use as route of new AIDS cases



Heterosexual contacts have now overtaken injecting drug use as the most common route of new AIDS cases, says the 2005 *Annual report*. While until 2001, the majority of new AIDS cases in the EU could be attributed to drug injecting, latest figures reveal that heterosexual transmission now accounts for the largest number.

An important contributing factor, states the report, is the improved access for HIV-positive injecting drug users (IDUs) to highly active antiretroviral therapy (HAART) ⁽¹⁾. Over 75% of those needing HAART now have access to it in most of Western Europe, although in the Baltic States availability remains poor.

Improved access for IDUs to treatment and harm-reduction services, and a decline in drug injecting in some countries, are also now impacting on rates of drug-related HIV transmission in Europe.

⁽¹⁾ HAART: Treatment for HIV infection that uses a combination of several antiretroviral drugs. The drugs inhibit the ability of the virus to multiply in the body, and they slow down the development of AIDS.

Up to 2 million problem drug users in the EU

The EMCDDA estimates that there are between 1.2 and 2.1 million problem drug users in the enlarged EU today, of whom between 850,000 and 1.3 million are likely to be drug injectors.

Prevalence estimates since the mid to late 1990s show some rise in the number of problem drug users in Denmark, Austria, Finland, Sweden and Norway, while in the Czech Republic, Germany, Greece and Ireland, a stabilisation or decline. Elsewhere, no clear conclusions on trends can be drawn from the data available.

Data gathered from treatment centres and the monitoring of drug-related deaths suggest that numbers of new heroin users may have fallen across Europe as a whole, having peaked in most countries in the early 90s.

Rates of injecting among heroin users in treatment have also declined in several EU countries – Denmark, Greece, Spain, France, Italy and the UK – with less than 50% of new opiate users entering specialist drug treatment services reporting to be injectors. Some notable exceptions are Finland and several new EU Member States, where injecting remains the main mode of administration among heroin users.

Low HIV prevalence among IDUs

Prevalence of HIV infection among IDUs remains low in most EU Member States and candidate countries. Infection rates stand at around, or below, 1% of IDUs in the Czech Republic, Greece, Hungary, Slovenia, Slovakia, Finland, the UK, Bulgaria and Romania and under 5% in Germany, Lithuania and Luxembourg (2001–04).

Higher estimates (around or in excess of 10%), however, are reported from Estonia, Spain, France, Italy, Latvia, Netherlands, Poland and Portugal. But, says the report, rates of newly diagnosed HIV infection among IDUs in Estonia and Latvia have now 'fallen dramatically', suggesting that the recent epidemic in these two countries may have already peaked. The news is less positive regarding hepatitis B and C, which remain major causes of disease among IDUs in Europe.

Overdose still main cause of death among opiate users



Overdose is still 'the main cause of death among opiate users in the EU' says the report, and 'one of the leading causes of death among young people in Europe'. But in most of the EU-15 countries – except Finland and Sweden – and except Norway, there is now a lower proportion of overdose deaths under the age of 25 than a decade ago, suggesting a fall in the recruitment of young addicts and the number of young injectors. Accordingly, in most EU-15 countries, the average age of overdose cases has risen since 1990. The picture is different in the new EU Member States and candidate countries reporting data, where deaths under 25 increased substantially from the mid-1990s to 2002.

Across the EU, drug-related deaths remain at historically high levels, but there are signs that these may have already peaked. Following a 40% increase between 1990 and 2000 (EU-15), many countries now report a decline to figures similar to those found in the early 1990s. The total number of reported drug-related deaths from the EU-15 countries and Norway fell from 8 394 in 2001 to 7 122 cases in 2002, representing a 15% decrease, although there are some signs that this clear decline may now be levelling off.

The above articles are based on News release No 10/2005 at <http://www.emcdda.eu.int/?nnodeid=875>

2005 Annual report

Over half a million Europeans now receive substitution treatment

The total number of clients in substitution treatment in Europe has now passed the half-million mark, according to the 2005 *Annual report*.

Following a seven-fold increase over the last decade, at least 530,000 clients now receive substitution treatment across 28 countries (EU-25, Norway, Bulgaria and Romania), whether through specialist treatment centres or general practitioners. And it is estimated that somewhere between one-quarter and a half of those with opiate problems in Europe may now be receiving treatment of this kind.

But the report warns that the availability of substitution treatment still differs markedly across Europe, particularly between the EU-15 countries and the new and prospective Member States. According to the latest figures, the 10 new Member States, Bulgaria and Romania account for only just over 1% of clients in substitution treatment in Europe. The lack of treatment capacity in some Member States, says the report, is a 'cause for concern'.

See News release No 11/2005 at <http://www.emcdda.eu.int/?nnodeid=875>

Most EU countries report increases in drug law offences

Violations of drug law ('drug law offences') have reportedly increased in the majority of the 25 EU Member States and Norway since the late 1990s, according to the 2005 *Annual report*.

This upward trend in 20 countries over the period 1998–2003 is particularly marked in Estonia and Poland, where reported drug law offences increased around ten-fold and three-fold respectively ⁽¹⁾.

In most EU Member States, drug use or possession (for personal use) account for the largest proportion of drug law offences, ranging from 39% in Poland to 87% in Austria and the UK.



Photo: istockphoto.com

The proportion of drug law offences involving cocaine increased in the period 1998–2003, according to available data. Only Germany reported the percentage of cocaine-related offences to have fallen. Cannabis remains the drug most often cited in drug law offences in most EU Member States and the proportion of drug law offences involving the substance has increased since 1998 in Germany, Spain, France, Ireland, Lithuania, Luxembourg, Malta and

Portugal. Heroin-related offences fell in all reporting countries in the period 1998–2003, except Austria and the UK, where they rose.

See News release No 13/2005 at <http://www.emcdda.eu.int/?nnodeid=875>

⁽¹⁾ A change in law in Poland in 2000 may have contributed to the increase in reported drug law offences in that country.

Buprenorphine – an increasingly common therapeutic choice

Methadone is Europe's most commonly prescribed drug for the treatment of opiate dependence, with around 80% of those in substitution therapy receiving a methadone prescription (over 90% if in specialist treatment centres). Nevertheless, a greater range of therapeutic options has become available in recent years, helping clinicians to better meet clients' needs.

In a special review on buprenorphine, the EMCDDA reports that 18 of the 28 countries now use this drug in substitution treatment, an increasingly common choice since the mid-1990s. Today, almost 20% of clients in substitution treatment now receive buprenorphine, although its use varies considerably between countries.

In the Czech Republic, France, Finland and Sweden, for example, over 60% of clients in substitution treatment were receiving buprenorphine in 2003, although elsewhere its use remains modest or very limited. By the end of 2004, all former EU-15 countries reported the use of buprenorphine treatment whether for long-term opiate substitution or opiate withdrawal. Among the 10 new EU Member States, buprenorphine treatment is only common in the Czech Republic, where more clients now receive treatment with this drug than with methadone.

See News release No 11/2005 at <http://www.emcdda.eu.int/?nnodeid=875>
For more on buprenorphine, see 2005 Selected issues at <http://issues05.emcdda.eu.int>

Countries increasingly opt for treatment over prison

'For many problem drug users, prison can be a particularly detrimental environment', according to a special review on alternatives to imprisonment for drug using offenders complementing the 2005 *Annual report*. Most EU Member States and Norway have now adopted laws outlining a number of alternatives that may delay, avoid, replace or complement prison sentences (e.g. community work, driving bans, treatment for drug dependence).

Focusing specifically on treatment as an alternative, the report highlights the now 'broad political consensus' to divert drug using offenders from imprisonment to treatment. Prisons are overcrowded in many countries and the treatment option can prove a more cost-efficient way of sentencing. The option is largely applied to dependent drug users, reflecting a now common view of these individuals as patients with a treatable medical and psychosocial disorder. Legislators offer treatment alternatives particularly to vulnerable young drug users. Yet still very few treatment programmes specifically target the needs of young offenders.

The new EU drugs action plan 2005–2008 asks Member States to 'make effective use of, and develop further alternatives to, prison for drug abusers who commit drug-related offences'.

See News release No 13/2005 at <http://www.emcdda.eu.int/?nnodeid=875>
For more on alternatives to prison, see 2005 Selected issues at <http://issues05.emcdda.eu.int>

Bookshelf

Epidemiology of drug abuse



As the drug phenomenon evolves, so too do the tools required to understand and treat it. Twenty-six eminent contributors come together in the volume *Epidemiology of drug abuse* to discuss the state and future of the field and to balance the practical concerns involved in drug-use data gathering with the ethics of using the information publicly.

The book presents a multifaceted approach to the subject of drug epidemiology and provides researchers, educators and public health professionals with a reference work that sheds light on infrequently covered areas. Among the issues addressed by the publication are: challenges of gathering data from high-risk and other user populations; proven and up-to-date methodologies for assessment; and the role of epidemiological studies in developing drug prevention strategies. Although the work is intended as a teaching text for US universities, it also includes European contributions, including three chapters by EMCDDA staff.

Publisher: Springer • **Edited by:** Zili Sloboda

Language: English • **Date:** 2005

ISBN: 0-387-24415-8 (Hardback)

Price: 46.95 €

Ordering information: Springer

Distribution Centre (SDC), Haberstrasse 7,
D-69126 Heidelberg, Germany.
Tel. ++ 49 6221 345-0.

Fax ++ 49 6221 345-4229.

E-mail: sdccbookorder@springer-sbm.com

Website: <http://www.springeronline.com>

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

Growing concern over impact of drug use on our communities



Protecting local communities from the negative consequences of drug use, addiction and trafficking is now emerging in parts of Europe today as a very real political concern

There is a growing concern in many European countries surrounding the wider impact of drug use on the communities in which we live. In a special review on drug-related public nuisance, complementing the 2005 *Annual report*, the EMCDDA points to a new tendency for drug control policies to focus, not only on reducing the use of illegal drugs, but also on targeting drug-related behaviours which have a negative impact on the community as a whole.

'Behaviours, situations and activities associated with drug-related public nuisance have long existed in most of the EU Member States, candidate countries and Norway and are not new phenomena', states the review. 'What is new is the growing tendency among policy-makers in some countries to group these under a single umbrella concept to be tackled within national drug strategies'.

Commenting on the issue, EMCDDA Chairman Marcel Reimen said: 'When we talk about drug-related public nuisance we are not only referring to crime, but also to a broader range of anti-social behaviours that disrupt the safety, health and tidiness of a community, jeopardising the quality and enjoyment of life of its inhabitants. The current concern over drug-related public nuisance that we are now witnessing in the policy arena is a response to these negative influences in our own neighbourhoods'.

The most commonly reported drug-related behaviours impacting negatively on people's lives, include: public drug taking; street dealing; crime committed under the influence of drugs and discarded injecting equipment. Perception is a key element in the issue of public nuisance, but may not always reflect real levels of disturbance and criminality.

Five countries – Belgium, Ireland, Luxembourg, the Netherlands and the UK – have now made reducing drug-related public nuisance a key objective of their overall national drug policy. Although the majority of EU countries do not report public nuisance ('labelled' as such), to be a central target of their policy or strategy, they do address the various acts covered by the term under the broader title of security and public order.

Other responses include the adoption of laws against drug-specific public nuisance (Spain, France, UK); local policing initiatives (Germany, Greece, Ireland, Italy, Cyprus, Finland); measures to eliminate open drug scenes (Denmark and Germany); and harm-reduction measures targeting drug-related public nuisance (Luxembourg and Hungary).

The extent to which this new drug policy category is the result of a real increase in drug-related public nuisance, as opposed to a growing, intolerance in our communities towards drug users is presently unclear. But what is clear is that protecting local communities from the negative consequences of drug use, addiction and trafficking is now emerging in parts of Europe today as a very real political concern.

See News release No 12/2005 at <http://www.emcdda.eu.int/?nnodeid=875>

For more on drug-related public nuisance, see 2005 Selected issues at <http://issues05.emcdda.eu.int>

Enlargement

Preparing Bulgaria and Romania for EMCDDA membership

A new European Commission EMCDDA-Phare project kicked off in May with the goal to further prepare EU candidate countries Bulgaria and Romania for membership of the agency.

At the request of the European Commission, the EMCDDA organised two missions to Sofia and Bucharest in May and June in order to discuss with the respective heads of national focal point and other national partners, top priorities as well as activities to be funded by the project.

The € 300,000 project, approved by the Phare Management Committee in November 2004, covers the period May 2005 to October 2006.

While the previous EMCDDA-Phare project (which prepared the 10 new EU Member States for EMCDDA membership in 2004) largely focused on institution-building and political awareness-raising, the current project primarily aims to improve the countries' drug data and information processes and enhance their data outputs. The EMCDDA will offer intensive training to the two focal points in all of its fields of activity, particularly implementing its five key epidemiological indicators and improving national core data in the field of demand reduction.

Frédéric Denecker

Partners

EMCDDA and Europol step up cooperation

The EMCDDA and the European law enforcement organisation, Europol, are set to step up cooperation on drugs and crime following a meeting between the two bodies in Lisbon on 20 October.

At a special signing ceremony at the EMCDDA, Directors Wolfgang Götz and Max-Peter Ratzel gave their seal of approval to a document reaffirming their commitment to strengthening action against illicit drugs and crime in the EU through effective collaboration.



The latest document, which builds on the existing 'Cooperation agreement' signed by the two bodies on 19 November 2001, was drawn up in the context of recent developments at EU level, including EU enlargement and a general increased public awareness of the importance of international cooperation on the above issues.

The document specifies that the agencies should join forces in particular in the following areas:

- evaluation of the EU drug strategy and action plan;
- implementation of the May 2005 Council decision on information exchange, risk assessment and control of new psychoactive substances (see EMCDDA Fact sheet No 4/2005);
- exchange of strategic information of mutual relevance through reports and documents.

Annexed to the document is a list of concrete actions to be taken by the organisations until 2008. The document stipulates that a joint report of activities be drawn up annually to convey progress.

Ignacio Vázquez Moliní

See Fact sheet No 5/2005 at <http://www.emcdda.eu.int/?nnodeid=2236>

Drugs-Lex

Legal experts examine drug testing in the workplace

Drug testing in the workplace was a high point on the agenda at this year's meeting of EMCDDA national 'legal correspondents' held in Lisbon on 19 September. The network, consisting of legal experts nominated by each EU Member State, was set up in 2000 as the primary source of information destined for the agency's European Legal Database on Drugs (<http://eldd.emcdda.eu.int>).

A special session was held during the meeting in the light of a proposed ELDD 'Topic overview' on workplace drug testing. This session included presentations by four countries on the various national laws currently covering the issue.

The above analyses were prompted by the findings of this year's EMCDDA *Annual report*, which noted that Ireland and Finland had both reported moves to legislate specifically on this issue (since publication they have been joined by Norway). The majority of the EU Member States do not have specific legislation on such testing, although other, more general, laws may tackle the subject.

Among the topics addressed by the experts were: the balance between the individual's privacy and the employer's obligation to provide a safe working environment; the issue of whether testing should be carried out on new recruits

and/or long-term employees; and criteria limiting the implementation of drug testing (e.g. only in situations of risk). Some countries have even established penalties for illegal testing in the workplace. New information emerging at the meeting will be taken into account in the final drafting of the 'Topic overview'.

In addition to the above, the experts discussed progress achieved by the ELDD and by the network as a whole over the last year. They also exchanged information regarding recent changes to national and EU drug legislation.

Brendan Hughes

Spotlight

Reitox Academy on harm-reduction data and reporting

Delegates from 20 national focal points (NFPs) gathered in Lisbon from 26–27 September for a Reitox Academy training course on harm-reduction data and reporting.

The course kicked off with an overview of the most recent results of EMCDDA data collection in this area which reflect the increasing quality of harm-reduction monitoring in the EU Member States.

The participants exchanged experiences regarding the use of three new EMCDDA instruments, launched since 2003, and designed to facilitate national reporting on harm-reduction policies, strategies and interventions. Use of the new tools was seen to have had a positive outcome in several countries, having led to increased information flow at national level. But while NFPs reported to be able to provide good quality information on strategies and policies, they considered service-provision data more difficult to access.

Experts presented the state of progress of the ongoing project of the European Commission (DG-SANCO) to develop an inventory of harm-reduction services and facilities available in the Member States, for which they would be drawing on data collected by the EMCDDA and Reitox ⁽¹⁾.

The meeting underlined the need to standardise reporting on the delivery of harm-reduction services particularly at grass-roots level. This could be achieved through a European standard/protocol on service delivery, to be used by drugs agencies across Europe. Such an instrument, currently being developed by the Correlation network project, involving several experts from NFPs and the EMCDDA, is expected to be piloted in 2006.

The current EU drugs action plan (2005–2008) refers to the need for countries to ensure that harm-reduction services are both available and accessible.

Dagmar Hedrich

⁽¹⁾ See *Drugnet Europe* No 50.

Meetings

Monitoring data on drug treatment

Experts from Latin America and Europe met in Lisbon from 22–23 September for their annual meeting to examine the profiles of those seeking treatment for drug problems. The inaugural session focused on the state of progress of the EMCDDA's 'Treatment demand indicator' (TDI), one of the agency's most established tools for monitoring the drug problem. Experts addressed issues of quality and methodology, examining in three workshops TDI data collection on: long-term treatment, treatment capacity and clients in low-threshold agencies. Analysing the outcome of drug treatment using the TDI and the European Addiction Severity Index (EUROP-ASI) was also explored.

During the meeting updates were given on three projects due for completion in 2006: a joint UNODC–EMCDDA project on a global toolkit on treatment data; an EMCDDA monograph on cannabis; and analysis of gender differences in treatment data.

The experts were joined on 23 September by scientists from the United Nations Office on Drugs and Crime (UNODC) and the Inter-American Drug Abuse Control Commission (CICAD) for a session on 'The Latin American experience on treatment demand'. This included updates on treatment demand indicators and developments in treatment demand data in the region. Representatives from Argentina, Chile, Mexico, Peru and Venezuela presented results from their analysis of treatment data.

Both in Latin America and Europe clients in drug treatment are reported to be mainly young, socially disadvantaged, largely male and polydrug users. Whilst in Europe the primary drug of use among treatment clients is largely heroin, in Latin America the primary drug is mainly cocaine. Economic and social conditions differ greatly between the two regions, partly mirrored in poorer treatment availability in Latin America than in Europe. A meeting report is available at <http://www.emcdda.eu.int/?nnodeid=1420>.

Linda Montanari

EDDRA managers' meeting

Improving the quality and effectiveness of drug demand reduction measures in the EU was the focus of the 10th annual coordination meeting of EDDRA managers held in Lisbon from 14–16 September.

In a special session dedicated to the topic, the managers examined in particular a US model, the Organisational Readiness for Change (ORC) survey (<http://www.ibr.tcu.edu/index.htm>). Also presented were a recent study undertaken in the Veneto region of Northern Italy assessing this issue, and a pilot project launched by the UK's National Treatment Agency to improve the effectiveness of treatment. The meeting provided the opportunity for an annual review of EDDRA activities and for discussions on training activities and further quality classification for entries to the database.

Abigail David

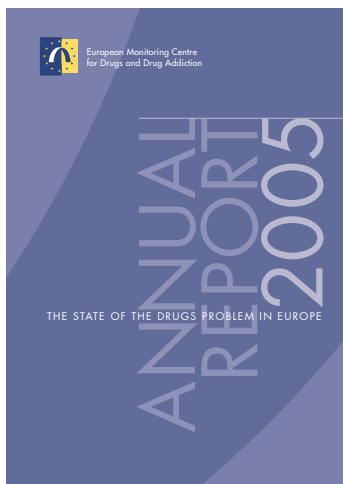
Drugs and infections in prison

The EMCDDA participated in the 8th European conference on drugs and infections in prison, organised by the European network on drug and infection prevention in prison (ENDIPP) from 7–9 July in Budapest. The aim of the event, supported by the European Commission and the Hungarian Prison Service, was to contribute to the development and implementation of effective drug and health promotion policies and services in prisons throughout Europe. Discussions focused, among others, on new HIV infections in European prisons caused by needle-sharing, unprotected sex and tattooing, and access to adequate treatment for HIV-infected inmates (see conference report at <http://www.budapest2005.endipp.net>).

Petra Paula Merino

Products and services

New publications – 2005 *Annual report* information package



To mark the launch of its 2005 *Annual report* on 24 November, the EMCDDA released a comprehensive, multilingual information package offering the latest findings on the drug phenomenon across Europe.

2005 Annual report on the state of the drugs problem in Europe — The printed version of the 2005 *Annual report*, available in 22 languages (19 EU + NO, BG, RO), is complemented by a multilingual 2005 *Annual report* website offering full online versions of the report as well as downloadable pdf files of the publication and interactive graphics. The report carries four chapters dedicated to individual drugs, as well as further chapters relating to: drug policy and law; schools, youth and drugs; and crime and prison issues (<http://annualreport.emcdda.eu.int>).

2005 Selected issues — This year the EMCDDA has published three 'Selected issues' in English complementing the main report. Available as printed and online versions, these cover: drug-related public nuisance; alternatives to imprisonment for drug using offenders; and the use of buprenorphine in substitution treatment (<http://issues05.emcdda.eu.int>).

2005 Statistical bulletin — The 2005 'Statistical bulletin' offers over 200 tables and 100 statistical graphs on the European drug situation, underpinning much of the analysis in the 2005 *Annual report*. The bulletin, available in English, includes multi-country medium- and long-term trend information on issues such as: prevalence and patterns of drug use in the general and school populations; demand for treatment; and drug-related deaths and infectious diseases. Developed as a research tool, this online product enables users to access and extract data according to their needs (<http://stats05.emcdda.eu.int>).

Country data profiles — Complementing the 2005 *Annual report* package is a set of online 'Country data profiles' presenting key aspects of national drug situations in a graphical way. The data profiles provide visual summaries of recent drug use patterns, drawing on the latest country information available. The profiles, available in English, also allow country comparisons to be made within the overall EU drug use picture (<http://datapfiles05.emcdda.eu.int>).

News releases — Six news releases covering all aspects of the *Annual report* and the three 'Selected issues' are available in 22 languages (<http://www.emcdda.eu.int/?nnodeid=875>).

PowerPoint presentations — Available online and highlighting the key points of the report (<http://annualreport.emcdda.eu.int>).

News conference and national launches — A news conference launching the report was organised by the EMCDDA at the European Parliament on 24 November and attended by journalists from across the EU. Meanwhile around a dozen Member States marked the occasion with national launches and events bringing together European and national drugs perspectives.

Exhibition stand — The EMCDDA mounted an exhibition of its latest products at the European Parliament during the 2005 *Annual report* launch week.

Resources

EMCDDA exhibits products at information fairs



Monographs — The EMCDDA showcases its scientific monograph series in a new catalogue displayed at the Frankfurt Book Fair (19–23 October – <http://www.frankfurt-book-fair.com/en/portal.php>). Downloadable in English from: <http://www.emcdda.eu.int/?nnodeID=217>



EMCDDA Online — The agency highlights the main features of its online publishing programme in a brochure displayed at Online Information 2005, London (29 November–1 December – <http://www.online-information.co.uk>). Downloadable in English from: <http://www.emcdda.eu.int/?nnodeID=217>

The EMCDDA presented its online products at this event as part of an exhibit mounted by the EU Publications Office. It shared a display station with three other EU agencies.

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

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.

For free subscriptions, please specify your requirements via e-mail: info@emcdda.eu.int

Rua da Cruz de Santa Apolónia 23-25, 1149-045 Lisbon, Portugal
Tel. (351) 218 11 30 00 • Fax (351) 218 13 1711
info@emcdda.eu.int • <http://www.emcdda.eu.int>

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

- 16–18 November: Reitox heads of focal point meeting, Lisbon.
- 23 November: Presentation of 2005 *Annual report*, European Parliament, Brussels.
- 24 November: Press launch of 2005 *Annual report*, European Parliament, Brussels.
- 24–25 November: EMCDDA expert meeting on drug-related deaths and mortality, Lisbon.
- 28–29 November: EMCDDA Scientific Committee, Lisbon.
- 13–18 December: Reitox Academy on drug prevention, Lisbon.
- 15–16 December: Reitox Academy training on drug-related infectious diseases, Malta.
- 11 January: EMCDDA Bureau meeting, Lisbon.
- 11–13 January: EMCDDA Management Board, Lisbon.

External meetings

- 9–10 November: 3rd meeting of the research platform, Pompidou Group, Paris.
- 21–22 November: 56th meeting of the Permanent correspondents of the Pompidou Group, Strasbourg.
- 28–30 November: Belarus, Ukraine and Moldova Against Drugs (BUMAD), Chisinau, Moldova.
- 28–30 November: EU–Latin America/Caribbean monitoring centres conference, Caracas.
- 6–9 December: 38th regular session CICAD, Washington.

EU meetings

- 7 November; 8 December: Horizontal working party on drugs, Brussels.
- 7 December: National drug coordinators meeting, Brussels.

Statutory bodies

EMCDDA Chairman in new post

Chairman of the EMCDDA Management Board, Marcel Reimen, has been nominated to represent the Grand-Duchy of Luxembourg as Plenipotentiary Minister at the Organisation for Economic Co-operation and Development (OECD) in Paris, where he is now based, and at the World Trade Organisation (WTO) in Geneva. The EMCDDA congratulates Mr Reimen on his new responsibilities. He will continue his duties as Chairman of the Management Board.

Monika Blum

Continued from page 1

2001, but more recent data suggest that this upward trend may now be levelling off. Meanwhile, the use of crack cocaine in Europe remains limited. Significant use is restricted to a few major cities, mainly in the Netherlands and the UK.

Latest figures show that the amount of cocaine seized nearly doubled between 2002 and 2003 from around 47 tonnes to over 90 tonnes, underlining the fact that Europe is now a major market for the drug.

No sign of a downturn in use of other stimulants: Latest figures from surveys continue to show an upward trend in the use of ecstasy and amphetamine among young adults in most EU countries.

Europe, a major centre for ecstasy and amphetamine production:

Globally, Europe remains the main centre of ecstasy production, although its relative importance is declining as ecstasy manufacture spreads to other parts of the world. Amphetamine production and seizures remain concentrated in Europe.

Europe bucks global trend: Despite growing problems linked to methamphetamine use in Africa, Asia, Australia, New Zealand and the USA, significant use of the drug in the EU remains restricted to the Czech Republic, where over 50% of demands for drug treatment are for methamphetamine problems.

Concern over popularity of naturally occurring hallucinogens: Among school students (15–16), experimentation with naturally occurring hallucinogens (e.g. magic mushrooms) is a relatively common phenomenon.

Cannabis use among schoolchildren: Rises in cannabis use among schoolchildren (15–16) have been most pronounced in the new eastern EU Member States where in 1995 lifetime prevalence rates were often very low (under 10%). The highest lifetime prevalence of cannabis use in this age group in 2003 was reported in the Czech Republic (44%).

See News release No 9/2005 at <http://www.emcdda.eu.int/?nnodeid=875>