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European Manitoring Centre for Daugs and Daug Addiction

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- · Amphetamine use is rising and is likely to be more significant than ecstasy use in the future.
- Hepatitis C infections remain extremely prevalent among drug injectors (an estimated 500,000 in the European Union), while new AIDS cases are markedly decreasing as a result of new treatments delaying the disease.
- The prevalence of HIV infection is stable or declining in most countries, despite continued transmission in young and new injectors.

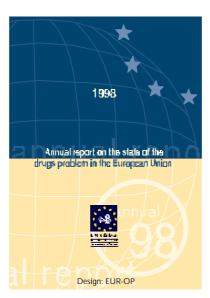
hese are among the findings of the EMCDDA's 1998 Annual Report on the State of the Drugs Problem in the European Union launched on 18 December 1998 at the Austrian Federal Ministry of Labour, Health and Social Affairs, Vienna. Speakers included: Lore Hostasch, Austrian Federal Minister for Labour, Health and Social Affairs; Marcel Reimen, Vice-Chairman of the EMCDDA Management Board; Georges Estievenart, Director of the EMCDDA; and Peter Hacker, Co-ordinator for Drug Affairs of the City of Vienna.

The 120-page Annual Report reveals that trends in supply, use and dependence on heroin and other opiates appear relatively constant, although there is some evidence of a new generation of heroin smokers. Only between 0.2% and 0.3% of the EU population is dependent on opiates, and the prevalence of heroin use is lower than for many other illicit drugs. However, this group creates disproportionate social costs in terms of treatment, criminal justice and social welfare. Some evidence shows that heroin use is spreading out from cities to rural areas, while cocaine use is rising steadily, although prevalence is still low.

In the prevention field, a two-pronged strategy has developed in the EU: broad education and health promotion targeting the general population on the one hand; and specific actions aimed

1998 ANNUAL REPORT:

new findings and new ground



at vulnerable groups on the other. Achievements in prevention recorded in the Report emphasise the need for community partnerships, with evaluation becoming increasingly important. Also recorded is the increasing number of harm-reduction initiatives throughout the EU which focus on groups experimenting with ecstasy and other drugs on the dance scene.

In addition to new findings, the 1998 Report also covers new ground by examining the nature and extent of drug use in the 13 Central and Eastern European Countries (CEECs) participating in the European Commission's Phare Programme (of which 10 are accession countries to the EU).* The Report reveals that the political changes in the region in the early 1990s led to an increase not only in drug trafficking through much of the region, but also in the domestic consumption of imported drugs. Since the early 1990s, many CEECs have experienced an

increase in heroin consumption and, more recently, the intravenous use of imported heroin. The abuse of pharmaceutical drugs in combination with illicit drugs has become more common and cocaine seizures point to a rise in trafficking. Moreover, almost all CEEC countries report increased seizures of synthetic drugs.

In a second new chapter covering public spending on drugs, the Annual Report analyses the breakdown of public expenditure in three areas: enforcement and control; treatment (particularly health costs related to AIDS); and prevention. The Report notes that the drug budget as a proportion of Gross Domestic Product is similar in three European countries studied (France, the Netherlands and the UK), but is substantially higher in the United States. In a chapter on actions taken by the EU, the Report reveals that in 1997, more than MECU 53 were spent on drug-related activity - 62% on internal initiatives within the EU and 38% on external action. Within the EU, 55% was spent on rehabilitation, while outside the EU, the majority of the budget was spent on the African and CEEC regions.

The EMCDDA's Annual Report is a key reference document for understanding the major features of drug problems and the legal, political and social responses to them within the EU. In the words of EMCDDA Director Georges Estievenart, the Report is: '...central to the continued advancement of a concerted knowledge base on which to build a strategic approach to drug policy within and beyond the European Union'.

The 'Summary and Highlights' of the Annual Report may be downloaded from:

http://www.emcdda.org/html/ar_98.html/.

During the two weeks around the launch of the Annual Report, over 1,500 new visitors accessed the document on the Centre's web site. Approximately 1,000 journalists were provided with information through a press campaign.

* Albania, Bosnia and Herzegovina, Bulgaria, Czech Republic, Estonia, Former Yugoslav Republic of Macedonia, Hungary, Latvia, Lithuania, Poland, Romania, Slovakia and Slovenia

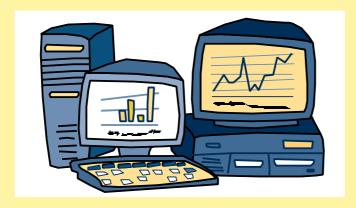
ANALYSING INCIDENCE, TIME TRENDS AND THE GEOGRAPHIC SPREAD OF DRUG USE

ollowing on from a 1997 review project and a 1998 seminar on dynamic modelling,* both co-ordinated by the University of Y ork (UK), the EMCDDA has launched two new projects in the area of epidemiology designed to analyse dynamic processes of drug use.

The first of these projects, co-ordinated by the Tor Vergata University, Rome, aims to estimate drug-use incidence from routine treatment data and to analyse factors influencing the course of a 'drug use career'. At a meeting in Rome from 5–6 October 1998, participants from Amsterdam, Lisbon, London, Munich, Pisa and Rome, discussed preliminary results, such as those relating to the time-lapse between first use of opiates and first demand for treatment. This time-lapse appeared remarkably similar over different cities, with a median of between four and six years and an average of between five and seven years. The time-lapse, however, appeared to be much longer than this in young drug users, inner-city drug users and users with a higher level of education, while differences relating to ethnicity are currently being analysed. These findings may have important implications for treatment services.

The second project, co-ordinated by the Department of Medicines Management at the University of Keele (UK), considers how Geographical Information Systems (GIS) can help analyse, interpret and display patterns of drug misuse.** At a project meeting in Lisbon from 4–5 December 1998, maps of drug-related data from different parts of Europe (e.g. treatment, drug-related deaths) were examined, and the use of GIS to develop more sophisticated analyses of drug use was discussed. The meeting also reviewed the work of a pilot project which involved linking a computer model of the spread of drug use from larger to smaller towns to GIS software. This model collects different types of information on the known prevalence of drug use in different cities and in different years, on the basis of which estimates of drug use in other years and other population centres may be calculated and displayed on a map. The project uses GIS to further enhance the presentation of drug prevalence data throughout Europe.

Lucas Wiessing, Carla Rossi, Martin Frischer



^{*} Adynamic model is a simplified representation of a more complex process. In the drugs field, many processes are difficult to study directly as information may be imprecise, delayed or unavailable. By using mathematical formulae or computer programmes, a simplified model may be constructed that can be used for analyses and for obtaining estimates.

Phare Seminar on Harm Reduction in Prisons

n the framework of the European Commission's Phare Project on Technical Assistance to Drug Demand Reduction,* a meeting was organised from 19–21 November 1998 in Portoroz, Slovenia, on decreasing drug-related harm in prisons. The meeting was held under the auspices of the Slovenian Ministry of Justice.

The event was attended by Slovenian professionals in the drugs field, specialists from the Central and Eastern European Countries (CEECs), the EMCDDA, the Pompidou Group of the Council of Europe and European networks working on drugs sponsored by the European Commission.



In the CEECs, the use of illegal drugs in prisons is clearly rising as is drug use among the general population. The Ministries of Justice and Health are increasingly aware that repressive legal instruments are not the only way to prevent drug use or to reduce associated harms. In the case of Slovenia, for example, the State sees a growing need to adopt a multidisciplinary approach against drugs by providing information, promoting physical fitness, and educating and counselling those consuming illegal drugs, including those undertaking prison sentences.

Petra Paula Merino

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* The EMCDDA is participating in the evaluation group of the Phare Project on Technical Assistance to Drug Demand Reduction. See *DrugNet Europe* No. 12.

^{**} GIS is an information system designed to store, retrieve, analyse and display spatial or geographical data

QUALITATIVE

RESEARCH:

CENTRE PLANS NEXT STEPS

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ualitative and anthropological research has proved to be a valuable method both for understanding the reasons for, and behaviour patterns related

to, drug use and for interpreting differences observed in various social contexts regarding trends, patterns of use and consequences.

The EMCDDA has now been working on qualitative research on drugs for over two years. In this time, a wide network of European qualitative researchers has been established, a bibliographical database and inventory of researchers and projects compiled, and an Internet web site set up to allow access to the information gathered (http://www.qed.org.uk). Furthermore, a first seminar on the topic was held in Bologna in July 1997 and a second 'Qualitative Research: Knowledge for Effective Action', was organised in Lisbon from 29–31 October 1998.

As reported in the last issue of *DrugNet Europe*, this second seminar helped to consolidate the network and highlight the value of qualitative research for understanding drug use and informing policy-making. The seminar was attended by over 80 researchers and decision-makers, including representatives of several European and international organisations working in the field of drugs. These included: the European Commission (Phare Programme); the Pompidou Group; the United Nations International Drug Control Programme; the World Health Organisation; and the US National Institute on Drug Abuse (NIDA).*

The seminar reviewed the activities of the EMCDDA and other international agencies which increasingly recognise the value of qualitative research. Plenary sessions examined: the potential contribution of qualitative research to understanding the inter-relationship between drug use and different aspects of social exclusion; new uses of qualitative methods, such as the assessment of demand reduction interventions; and the links between research and drug policy and intervention. Parallel workshops discussed the reviews and proposals prepared over the previous months by three working groups studying: risk behaviours; drug-related crime; and new drug trends among young people. Each considered future action in these fields.

At the close of the seminar, the EMCDDA presented its future activities in the area of qualitative research. Among others, it will support the maintenance of the European researchers' network in relation to concrete outputs and projects, and will encourage integration of qualitative research into other methodologies, promoting its use in innovative areas such as the detection of new drug trends. The Centre will also support European qualitative researchers in their pursuit of resources.

Julian Vicente

 * The seminar was partly supported by a grant from the Targeted Socio Economic Research (TSER) Programme of the European Commission (DGXII).

BOOKSHELF



Les drogues dans l'histoire entre remède et poison (Drugs in history, between cure and poison)

The theme of drugs, both legal and illegal, is tackled in this book as an anthropological and historical issue in the framework of the geopolitical dynamics of supply and demand. Today, the broad use of natural drugs and synthetic substances raises new questions and poses new challenges which the book attempts to address.

Among others, Les drogues dans l'histoire explores: the definition of an illegal drug; the distinction between illegal drugs and medicines; the reasons behind drug-taking; and why some drugs are forbidden. The book scans the whole spectrum of drugs from the anthropological and historical to the legal and scientific perspectives, analysing images of drugs in society and bringing together the views of young and old, users and non-users in an innovative format.

Published by: De Boeck Université, Paris, Brussels.

Copyright: De Boeck and Belin, Belgium.

Author: Michel Rosenzweig, BA Phil. The author is responsible for research and training in the field of drug prevention at the non-profit organisation Prospective Jeunesse, Brussels. He is also the author of specialised articles on matters relating to the use of drugs published with the support of the Ministry of Health from the Region of Brussels Capital and the French Community of Belgium. Date: 1998.

Language: French.

Price: 660 BEF, 110 FF, 16.5 EURO. ISBN: De Boeck 2-8041-2924-1. ISBN: Belin 2-7011-2354-2.

To order a copy of the book, contact: Michel Rosenzweig, Prospective Jeunesse, 27 rue Mercelis, B-1050 Brussels, Belgium. Tel: ++ 32 2 512 17 66. Fax: ++ 32 2 513 24 02.

E-mail: michel.rosenzweig@prospective-jeunesse.be or

De Boeck Université, Fond Jean-Pâques 4, B-1348, Louvain-la-Neuve, Belgium. Tel: ++ 32 10 48 25 11. Fax: ++ 32 10 48 26 50.

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

nternational endeavours to counter the world drug problem received an important impetus in June 1998 with the UN General Assembly Special Session on Drugs (UNGASS) in New York. The Special Session adopted a Political Declaration, a Declaration on Demand Reduction and several action programmes with specific targets to be achieved within the next 5-10 years. The action programmes relate to questions of alternative development, judicial and police co-operation, precursor control, synthetic drugs and moneylaundering. Since the European Union was an important promoter of the Special Session, it was only natural that drugrelated work under the Austrian Presidency took much of its inspiration from the decisions taken in New York.

To ensure effective follow-up to the Special Session, the Presidency promoted very close cooperation between the United Nations International Drug Control Programme (UNDCP) and the European Commission. At a meeting of the Horizontal Drugs Group (Council of the European Union, Brussels) in September 1908, the bead of the LINE

ber 1998, the head of the UNDCP, Under-Secretary General Pino Arlacchi, presented his ideas to Member States on the follow-up to the UNGASS. Subsequent meetings between Arlacchi and a number of European Commissioners further strengthened the close working relationship between the two institutions which – as Arlacchi stressed – had such a similar approach to the global drug problem.

Co-operation between the Central and Eastern European Countries (CEECs) and the EU was enhanced during the Austrian Presidency. For the first time ever, an 'enlarged' meeting of the Horizontal Drugs Group took place in October 1998 in which representatives from the associated countries could establish direct personal contacts and exchange views with their EU counterparts, particularly on demand reduction. European Union involvement with third countries to combat the drug problem also received a new impetus through several regional co-operation mechanisms resulting from work undertaken on proposals made by the Austrian Presidency. Concrete initiatives for Central Asia and Latin America were

DRUG-RELATED

ACTIVITIES UNDER

THE AUSTRIAN PRESIDENCY

July-December 1998



drawn up reflecting the methodology and goals of the Special Session. These initiatives will guide the work of the EU in the years to come.

As the Treaty of Amsterdam will enter into effect in the course of 1999, the Presidency launched an initial study of the implications of the Treaty for drugrelated work. The results of this inquiry are intended to contribute to the drafting of the EU Drugs Strategy for the period 2000–2004 which is to be finalised in the course of the year.

In the field of demand reduction, the Presidency devised a questionnaire to identify those areas in which a closer co-operation among Member States could be feasible and desirable. The



possibilities identified will now be scrutinised by Member States' health experts.

The June 1997 Joint Action on New Synthetic Drugs progressed through various stages under the Austrian Presidency and reached the point at which a decision now needs to be taken as to whether the substance MBDB (N-Methyl-1-(1,3-benzodioxol 5-yl)-2-butanamine) should be placed under EU-wide controls.

Finally, an integrated report on the drug situation in the European Union and the implementation of two drug-related Joint Actions (on synthetic drugs and the approximation of drug laws and practices) was presented to the European Council in Vienna on 11 and 12 December 1998.* One week later, the EMCDDA's 1998 Annual Report on the State of the Drugs Problem in the European Union was publicly presented in Vienna by the Austrian Minister for Labour, Health and Social Affairs, Lore Hostasch, and Director of the EMCDDA, Georges Estievenart.

Overall, the Austrian Presidency benefited greatly from close collaboration with the Commission, Europol and the EMCDDA and enjoyed excellent working relations with Member States. The support of the Secretariat General of the Council under the untiring leadership of Johannes Vos was also crucial for the smooth organisation of the sessions of the Horizontal Drugs Group.

Ambassador Irene Freudenschuss-Reichl, Permanent Representative of Austria to the UN in Vienna,

Chair of the Horizontal Drugs Group, July—December 1998.

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* Report on Drugs and Drug-related Issues to the European Council. The Report, drafted by the Horizontal Drugs Group, describes activities and achievements in the field of drugs during the UK and Austrian Presidencies. It provides an overview of all Council groups' drug-related activities and summarises the EU's relations with third countries in the field of drugs, particularly the candidate countries. The document also contains a progress report on the implementation of the Joint Action concerning the approximation of the laws and practices of Member States as well as a progress report on the implementation of the Joint Action on an Early-warning mechanism. Four annexes deal with funding and comprise studies on Member States' drug legislation and demand reduction practices.

Conclusions of the Vienna European Summit

■he European Council examined the Report on Drugs and Drug-related Issues (see page 4). In the Summit conclusions, the Council invites the institutions 'to develop further an integrated and balanced post-1999 drugs strategy taking into account the new possibilities offered by the Amsterdam Treaty'. In this context, it states that 'full use should be made of the expertise of the EMCDDA. as well as Europol'. The European Council also welcomes the development of various regional co-operation initiatives and urges that those related to Latin America and Central Asia be carried forward without delay. Internationally, it urges that full support be given to implementing the UNGASS proposals.

UNDCP and EMCDDA to meet in Vienna

he United Nations International Drug Control Programme (UNDCP) and the EMCDDA will meet in Vienna on 19 January in the presence of Directors Pino Arlacchi and Georges Estievenart. The meeting, aimed at strengthening relations between the two organisations, will examine the application of the Memorandum of Understanding, signed between the two bodies in March 1998, and explore opportunities for future collaboration. Discussion groups will focus on: assessing drug use and its consequences; analysing and interpreting data; identifying effective strategies in demand reduction; and investigating systems to monitor and collect information on drug legislation.

THE EMCDDA AND ITS PARTNERS



Preparations tor REITOX meeting

special REITOX session was held in Lisbon on 27 November 1998 to prepare for the forthcoming meeting of the National Focal Points (NFPs) on 18 and 19 February 1999. A variety of issues was discussed including the EMCDDA's 1999 Work Programme, the 1999 Annual Report, the National Reports compiled annually by the NFPs, and other projects conducted by the national centres.

The EMCDDA reiterated its interest in obtaining reliable data through improved collection methods. In response, the Focal Points stressed the need for clear and promptly delivered guidelines to enable them to undertake the tasks required. Many NFPs found difficulty with the proposed timetable for the submission of data for *National Reports* and the *Annual Report* in 1999 and agreed to draft schedules for future discussion. Considerable enthusiasm was shown for an external evaluation of the quality and structure of the *National Reports*.

Guidelines for an Annual Report chapter on special key issues were discussed and three themes agreed. These were: trends and responses to both old and new synthetic drugs; prevention and good practice in the European Drug Prevention Week; and 'cannabis revisited' – prevention, treatment and medical and policy developments. The NFPs also decided to hold an internal meeting on the occasion of the next REITOX meeting chaired by an elected spokesperson.

Roger Lewis

Visits to Scandinavian Focal Points

he EMCDDA's REITOX Co-ordination Department visited the Danish, Finnish and Swedish Focal Points from 1-3 December 1998, where a number of common points arose to be taken into consideration by the network in its future work. Following adoption by the Management Board in 1998 of the document on the role of the NFPs, the EMCDDA was requested to indicate follow-up procedures. All three Focal Points felt that the newly proposed co-financing scheme would play an important role in the development of the NFPs and related European activities.

The Swedish and Finnish NFPs stressed the importance of developing quality standards and genuine comparability of data. The Swedish and Danish NFPs were keen to establish an achievable time-frame for the preparation and delivery of National Reports in the context of the publication of the Centre's Annual Report. The suggestion that all National Reports be published on the REITOX private web site was generally welcomed. The creation of related discussion groups on the site was also explored.

A brief overview of EMCDDA and REITOX activities was presented to the newly appointed Swedish Secretary of State for Health, Ms. Eva Persson-Göransson on 2 December. The Secretary of State was very keen to be involved in the activities of the Centre and to pay a working visit to Lisbon in 1999.

Roger Lewis

EMCDDA STATUTORY BODIES

EMCDDA Scientific Committee adopts Report on Risk Assessment of MBDB

n enlarged and multidisciplinary Scientific Committee met in Lisbon from 9–10 November 1998 in the context of Article 4 of the June 1997 Joint Action on New Synthetic Drugs. Its task was to study the risk assessment of the synthetic drug MBDB (N-Methyl-1-(1,3-benzodioxol 5-yl)-2-butanamine).*

The meeting formally adopted the Guidelines for the Risk Assessment of New Synthetic Drugs, compiled by a special Steering Group in 1998.** A detailed debate took place on the main aspects of risk assessment under the Joint Action, namely health and social aspects and the possible consequences of prohibition. Two sub-committees studied consequences and identified gaps in knowledge and research priorities. The Steering Group and EMCDDA staff compiled a draft risk-assessment report reflecting the overall discussions, which was amended and adopted unanimously. The meeting confirmed that the adopted 'Report on the Risk Assessment of MBDB in the framework of the Joint Action on New Synthetic Drugs' responded to the terms set out under Article 4, paragraph 3.

The Report presents two contrasting opinions on options relating to the control of MBDB: full prohibition; or non-prohibition. Other options were also included in the Report which consider a range of measures for control and prevention that fall between full prohibition and non-prohibition. The text also proposes measures for improving the risk assessment of new synthetic drugs in the future.

The Report was submitted on 16 November 1998 to the Austrian Presidency of the Horizontal Drugs Group and the European Commission for further action as foreseen under Article 5 of the Joint Action.*** An oral presentation of the Report was given at the meeting of the Horizontal Drugs Group on 18 November, followed by a discussion at its meeting on 18 December. Work on the risk assessment of MBDB will be published by the EMCDDA in the course of the year.

Lena Westberg



- * The special risk-assessment meeting of the Scientific Committee was attended by Scientific Committee members, experts from the Members States, representatives of the European Commission, the European Agency for the Evaluation of Medicinal Products and Europol.
- ** The Steering Group was set up by the Scientific Committee in November 1997.
- *** Article 5 of the Joint Action concerns the 'Procedure for bringing specific new synthetic drugs under control'.

Management

Board

The EMCDDA's Management Board will hold its 15th meeting in Lisbon from 14–15 January 1999. See next issue of *DrugNet Europe* for more details.

ELISAD' 98

he European Association of Libraries and Information Services on Alcohol and Other Drugs (ELISAD) held its 10 th Annual Conference in Paris from 3–5 December 1998.* Organised by the French documentation network, Toxibase, the event was patronised by the French government's Mission Interministérielle de Lutte contre la Drogue et les Toxicomanies (MILDT) and the NGO Médecins du Monde.

The 1998 conference focused on the role of information professionals in alcohol and other monitoring systems and demonstrated how information can support research, clinical and preventive action, and the development of information strategies at national, European and international level.

At the invitation of the organisers, the EMCDDA described the work of the Centre in the European Union context, centering on data collection and dissemination activities (publications, web site, media relations and documentation activities).

Over 150 professionals attended the conference including Toxibase's North American counterpart, the Substance Abuse Librarians and Information Specialist Association (SALIS). Professionals from the two associations will work together to build a trans-Atlantic framework of co-operation on the drugs problem.

Underlining the importance of the EMCDDA, ELISAD proposed that its next annual conference be held at the Centre in Lisbon.

Adelaide Seita Duarte

* ELISAD aims to help professionals working in the alcohol and drug documentation field in Europe to exchange experience and to improve their knowledge, skills and performance through active networking.



DRUGS-LEX



SWITZERLAND

REJECTS

LEGALISATION

OF DRUGS

n 29 November 1998, a referendum called 7 million Swiss citizens to vote on a constitutional amendment that would legalise 'the consumption, cultivation or possession of drugs, and their acquisition for personal use'. 26% voted in favour and 74% against.

One month earlier, however, on 9 October, Switzerland was true to its experimental role on drug issues when the Federal Assembly of the Swiss Confederation achieved a world first, approving the prescription of heroin for drug addicts.*

This experimental position on drugs was already clear in 1989 when the Swiss Federal Narcotic Drug Commission published a report proposing an increase in prevention and treatment and foreseeing the possible depenalisation of drug consumption. This

proposal came one year after a UN drug conference had underlined drug consumption as a crime.

In 1992, the Swiss Federal Council decided to maintain the prescription of morphine and methadone under medical control, while in 1994 intravenous heroin was distributed as an experiment to selected hard drug addicts. By 1995, some 800 drug addicts were included in the programme for which the International Narcotic Control Board (INCB) authorised imports of heroin.

Over the last decade, problems related to drug consumption in Switzerland have visibly increased with an estimated 30,000 addicts. In response, a significant number of assistance programmes have been set up.

In 1996, two consecutive surveys on the Swiss population confirmed that 80% were in favour of the free distribution of injecting substances and 60% were in favour of the medical prescription of heroin. In the same year, the Federal Expert Commission proposed to further the process to depenalise drug consumption.

The results of the November 1998 referendum show that Switzerland appears to reject extreme solutions to the drug problem but maintains its pragmatic approach.

Danilo Ballotta

* Those eligible must be: over 18 years old; drug addicts for more than two years; drug addicts who have already tried treatment twice; or those who have health, psychological or social deficiencies caused by the consumption of drugs.

UK LORDS SAY LEGALISE CANNABIS FOR

MEDICAL USE

report of the House of Lords' Science and Technology Committee published on 11 November 1998 concludes that the UK government should allow doctors to prescribe cannabis for medical use. In the report, the Lords recommend that cannabis be moved from Schedule 1 of the British Drug Law (drugs with no medical use) to Schedule 2 (drugs with medical use). This would allow doctors to prescribe cannabis under special regulations and would enable doctors and pharmacists to supply the drug in accordance with a prescription. The

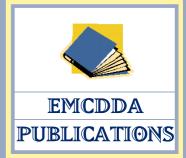
report presents evidence that cannabis can be effective in some patients to relieve the symptoms of Multiple Sclerosis or certain forms of pain. The Lords ruled that this evidence in itself is sufficient to justify a change in the law. If cannabis ever becomes a licensed medicine, the Lords do not envisage it being licensed for smoking.

Danilo Ballotta

The report is published by the UK Stationery Of fice (HMSO). *Cannabis*, HL Paper 151, ISBN 0-10-4792981. Price £9.50. For further information, contact the House of Lords Committee Office. Tel: ++ 44 171 219 6075. Fax: ++ 44 171 219 4931.

EMCDDA Legal News Group

he EMCDDA is currently studying the feasibility of setting up an Internet discussion forum on drug legislation and policy on its web-site (http://www.emcdda.org). First results are expected in the first half of 1999. See future editions of *DrugNet Europe* for more details.



New Publications:

- 1998 Annual Report on the State of the Drugs Problem in the European Union (in English)
- 'Summary and Highlights' of the 1998 Annual Report on the State of the Drugs Problem in the European Union (in all 11 EU languages)
- EMCDDA Scientific Monograph No. 1 – Estimation de la prévalence de la consommation problématique de drogues en Europe (French version)
- EMCDDA Scientific Monograph No. 3 Evaluating the Treatment of Drug Abuse in the European Union (in English)
- EMCDDA Presentation Brochure (in all 11 EU languages)

Coming soon:

 General Report of Activities 1998 (in English, French and German)

Further information on all EMCDDA publications and details of how to order titles are available on the EMCDDA web site at http://www.emcdda.org/html/publications.html. In addition, the 'Summary and Highlights' of the 1998 Annual Report in all languages can be downloaded in PDF format directly from the web site.

A Glimpse at a National Focal Point

ITALY

■ he Osservatorio Permanente sul Fenomeno Droga (Standing Monitoring Centre on the Drug Phenomenon) was set up in 1984 within the Italian Ministry of the Interior and became the Italian Focal Point in the REITOX network in 1995. Since then, the quantity and quality of the Focal Point's activity has been increasing. Thanks to the support of representatives from all the institutional bodies participating in the inter-departmental working group, the Focal Point is in a position to provide the EMCDDA with regular, updated information through the periodic collection of drug-use data in Italy which is included annually in its National Report.

Thanks to survey work carried out by Italian Prefectures, the Osservatorio is able to collect public health service and social rehabilitation data, as well as to survey periodically the number of drug addicts in treatment by gender and geographical area. The Focal Point also collates information on deaths by overdose and public and private prevention initiatives at local level. Most of the material collected relates to the possession of drugs for personal use, the types of substances consumed, drug users in prison and in the military, the outcome of criminal trials, characteristics of overdose mortalities, drugrelated infectious diseases (hepatitis, HIV and AIDS), types of therapeutic and rehabilitation interventions, and prevention and repression activities carried out by police forces.

The Osservatorio also uses external scientific consultants and experts for projects such as the EMCDDA's information system, Exchange on Drug Demand-Reduction Action (EDDRA) in

order to improve the co-ordination and quality of information. The activity of the Osservatorio is constantly expanding in response to policy-makers' concerns about new drug-market trends and similar issues.

Synthetic drugs and similar products are viewed with perhaps more alarm in Italy than traditional drugs for several reasons. Firstly, their production seems to be feasible in small local laboratories, distribution is often linked to particular youth leisure contexts, and consumption and effects are somewhat different than older patterns of drug use. It is perceived that there may be a greater risk of rapid development and spread, especially among younger people.

The National Focal Point, aware of these emerging problems and in the spirit of the Joint Action on New Synthetic Drugs adopted by the Council of the European Union in June 1997, produced a concise report, together with a group of experts, highlighting the main characteristics of the phenomenon and indicating some potential solutions.

Recently, the Focal Point has been involved in planning a national information network to monitor the extent of the phenomenon. This aims to publicise the negative effects of new drug use and to provide the government with the necessary data required for the adoption of appropriate interventions. Due to the complexity of the subject, which involves the expertise of several Ministries and the Presidency of the Council of Ministers, a constant synergy is needed between the various institutional bodies and the Italian Focal Point to provide reliable information and measures to deal with the phenomenon. The Ministry of the Interior is concerned with enforcement and prevention, making it necessary to identify extensive and global measures aimed at reducing harm and providing detailed information.

As a result, the Focal Point has decided to implement short-term activities aimed at improving the quality of institutional data through more frequent laboratory analyses of seized drugs and a formalised exchange of data between local laboratories and the National Health Institute. Such activities are also aimed at identifying substances differing from those routinely listed in order to carry out appropriate prevention.

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EMCDDA Calendar

8 January — Visit to EMCDDA of Mrs Nicole Maestracci, President of the French Mission Interministérielle de Lutte contre la Drogue et les Toxicomanies (MILDT). 14—15 January — 15th EMCDDA Management Board, Lisbon.

17–18 January – Meeting on international drug abuse control, Baden, Austria. 18 January – First brainstorming meeting,

qualitative research in drug demand reduction, Helsinki.
19 January — UNDCP—EMCDDA working

meeting, Vienna.

20 January — UNDCP—EMCDDA scientific research discussion, Vienna.

22 January — Final meeting of the 1998 phase of the REITOX Virtual Library Project, Paris.

25 January — Phare Project on Technical Assistance to Demand Reduction, Evaluation Group meeting, Vienna.

4 February – REITOX cluster group, Madrid.

4 February — Visit to the EMCDDA by Presidents Chirac and Sampaio.

11–12 February — Visit to the EMCDDA of Mrs Christa Nickels, Parliamentary Under Secretary of State for Health. Germany. 15–16 February — Phare Drug Information Systems, Final Seminar, Lisbon.

17 February — Head of Focal Points internal meeting, Lisbon.

17 February — REITOX demand-reduction network meeting, Lisbon.

18—19 February — Meeting of the Heads of the REITOX Focal Points, Lisbon.

Selected EU Meetings

22 January — Horizontal Drugs Group, Brussels. 22 February — Horizontal Drugs Group, Brussels.

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ver the last few months, the EMCDDA's Guidelines for the Evaluation of Drug Prevention have been distributed in an implementation phase during which feedback and information have been requested from participating projects and partners. Optimal adaptation of the Guidelines to the culture and professional infrastructure of each country involved depends on this feedback. Those who have received the Guidelines may still send their suggestions and experiences of working with them to: gregor.burkhart@emcdda.org

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