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July-September 205

Youth media help uncover emerging drug trends

For the magazine industry, young people represent big business. Editors and advertisers invest in research to know their readership intimately and design their products to reflect the interests, lifestyles and fashions of their target audience.

To mark International day against drug abuse and illicit trafficking on 26 June, the EMCDDA published a technical paper on how the 'youth media' – youth, music and lifestyle magazines – can help detect, monitor and respond to emerging drug trends among young people.

'Because of the hidden (illegal or illicit) nature of drug use', says the report, 'a time lag usually exists between the appearance of a new trend in illicit drug use and the production and dissemination of data about it'. But, in some countries, the youth media often have a finger on the pulse of new drug trends long before analysts begin to report data. The first accounts of ecstasy use in recreational and dance music settings, for example, were initially published in the mid-1980s by journalists working for youth, music and lifestyle magazines. However, it was not until the 1990s that drug information agencies began to collect data related to the drug.

Commenting on this issue, EMCDDA Director Wolfgang Götz said: 'Fashions and lifestyles are as relevant for understanding patterns of illicit drug use as they are for consumer research in general. Youth magazines that contain references to drugs or alcohol can reveal a great deal about young people's drinking and drug habits and add value to the picture we acquire from more routine data sources'.

The paper focuses on large circulation print magazines targeting mainstream young people with outgoing lifestyles (mainly 15–30 years). A total of 1,763 drug references from 26 different publications were analysed during the study, which covers five EU Member States – Greece, Ireland, Portugal, Finland and the UK.

Among the report's key findings is the fact that references to heroin and crack found in the

Continued on page 8



In some countries, the youth media often have a finger on the pulse of new drug trends long before analysts begin to report data.

Young people in focus

'Value yourself...make healthy choices' is the slogan of a year-long campaign launched by the United Nations Office on Drugs and Crime (UNODC) on 26 June, International day against drug abuse and illicit trafficking (see Resources, p. 7).

The campaign aims to send out a message of selfrespect to young people around the world, encouraging them not only to steer clear of drugs but also to make healthy and positive choices in their lives.

26 June: International day against drug abuse and illicit trafficking

To mark the day, the EMCDDA released a thematic paper exploring the youth media as a valuable information source for monitoring and understanding drug trends among young people (see opposite). It also participated in a three-day summer university course in Coimbra (Portugal), organised by the *Instituto da Droga e da Toxicodependência* (Portuguese focal point) and the network *Toxicomanies Europe Échanges Études*.

In his new role as Director of the EMCDDA (see Feature, p. 4), Wolfgang Götz spoke at the opening session on the importance of quality drug data in the EU. Meanwhile, other EMCDDA staff intervened on drug treatment and prevention strategies and mounted an exhibition of the agency's products and services.

Drug situation

Better guidance for treating HIV/AIDS and hepatitis among IDUs

Medical and healthcare staff around the world will soon receive better guidance for treating injecting drug users (IDUs) infected with HIV/AIDS and hepatitis, thanks to agreements reached in June at two technical meetings co-hosted in Lisbon by the World Health Organisation (WHO) and the EMCDDA (1).

The meetings drew on the expertise of leading international infectious-disease specialists, hepatologists and public-health workers as well as NGOs and people living with HIV/AIDS. Together, they reached consensus on guidelines for:

- clinically managing persons infected with both HIV/AIDS and hepatitis B and C;
- treating HIV/AIDS in IDUs and improving their access to services (see opposite).

The meetings took place in the context of the WHO '3 by 5' initiative, which aims to provide three million people living with HIV/AIDS in developing and middle-income countries with life-saving antiretroviral treatment by the end of 2005. The programme is designed as a step towards making HIV/AIDS prevention and treatment accessible to all those needing them as a basic human right.

Following the expert consensus reached at the meetings, the WHO Regional Office for Europe will finalise the package of HIV/AIDS treatment and care guidelines ('protocols') by the end of the year for implementation in all 52 Member States of the WHO European Region. These will also be adapted for use in other regions and countries where drug injecting is a significant problem.

The WHO is working closely with the EMCDDA on improving European data-collection standards in this area and disseminating the latest research findings.

(1) WHO technical consultations, in collaboration with the EMCDDA, on: the development of clinical protocols on HIV and hepatitis co-infection (9–11 June) and the development of HIV/AIDS treatment and care protocols for injecting drug users (13–15 June).

For a news release see http://www.emcdda.eu.int/?nnodeid=875

Managing HIV and hepatitis co-infections

Highly active antiretroviral therapy (HAART) is increasingly prolonging the life expectancy of patients with HIV/AIDS. Longer-term health issues, such as concurrent infections ('co-infection') in these patients, are now a growing cause for concern. These are often infections with the hepatitis B and C virus (HBV, HCV), which, in the long run, can lead to cirrhosis and cancer of the liver. Injecting drug users are the most vulnerable group for HIV and hepatitis co-infection.

How to guide medical and healthcare professionals in managing patients infected by both HIV and hepatitis was the focus of the first WHO-EMCDDA meeting held in Lisbon. Experts revised the WHO 'Clinical protocols on HIV and hepatitis co-infection',



An estimated 40 million people in the world today are living with HIV/AIDS

and agreed on standardising approaches for diagnosis and treatment. These include: improving the availability of high-quality tests and medication in resource-limited settings; basing diagnosis of infection and disease on a more limited number of clinical indicators; and basing decisions to treat on the type of virus concerned. Treatment will generally be recommended for patients with easier-to-treat strains of HCV (genotypes 2 or 3) whereas the decision to treat more difficult strains of the virus (genotypes 1 or 4) will be left to the physician and patient. Treatment of hepatitis C infection can eradicate the virus but can also be very difficult and potentially harmful to the patient due to side-effects such as severe depression.

Over 350 million people in the world today are chronically infected with HBV and some 170 million with HCV. An estimated 40 million people are living with HIV/AIDS.

HIV/AIDS treatment and care for IDUs

Highly active antiretroviral therapy (HAART) improves the prognosis and quality of life of people living with HIV/AIDS. It can also serve as a first point of contact with healthcare services for HIV-testing, counselling and the treatment of drug use and related health problems.

HIV-infected injecting drug users (IDUs) are frequently excluded from HIV/AIDS treatment and care on the assumption that their adherence rates will be poor. Studies show, however, that tailored HIV care is often highly successful.

How to treat and care for IDUs with HIV/AIDS was the focus of the second WHO-EMCDDA meeting in Lisbon. Experts revised the WHO 'Clinical protocol on HIV/AIDS treatment and care for IDUs' and agreed on proposals to guide treatment professionals. These included measures to: increase IDUs' access and adherence to treatment programmes; closely monitor the patient's life situation and provide for his/her social needs; and link drug-treatment services with those offering infectious disease treatment and care.

The experts recommended a comprehensive approach to treatment, including substitution therapy and other specialised services for IDUs. They also affirmed that the absence of such services in some countries could not be used as an excuse to delay HIV/AIDS treatment for drug users. There are an estimated 13.2 million IDUs in the world today.

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Responses

EMCDDA and WHO-Europe step up cooperation

The EMCDDA and the WHO Regional Office for Europe (WHO-Europe) have recently stepped up their cooperation through a workplan designed to stimulate common initiatives in areas of mutual interest. Areas covered by the plan include epidemiological data, health in prisons, mental health and reducing drug-related harm (see p. 2). The move builds on foundations laid by the organisations in 2000 in the form of a Memorandum of Understanding.

As a result of this new momentum, the EMCDDA will draw on the expertise of the WHO in the above-mentioned areas. Meanwhile the WHO-Europe will take advantage of the EMCDDA's experience in areas such as drug-related epidemiology, drawing on concepts and methodologies developed by the agency in implementing its five key indicators.

Health in prisons is one of the areas where collaboration is particularly strong. Here the two organisations are establishing a common database using indicators relating to

prisoners' health, drug use, harm-reduction activities and drug services in prisons. The WHO European Region consists of 52 nations, including all 25 EU Member States plus 27 countries, mainly in Eastern and South-Eastern Europe and Central Asia. A WHO survey of health in prisons, already launched in the 10 new EU Member States in May 2005, will be followed by a survey of the remaining 42 nations of the WHO European Region later this year or in 2006.

The EMCDDA is a member of the WHO taskforce on health in prisons currently involving 28 countries. This taskforce has recently published a status paper on prisons, drugs and harm reduction (http://www.hipp-europe.org) and has introduced a best practice award scheme, using quality criteria developed by the EMCDDA in its EDDRA project. The annual conference and network meeting of the WHO health in prisons project (HIPP) will take place in London from 17–18 October as part of the United Kingdom's EU presidency programme.

Margareta Nilson



In the first half of 2005, the EMCDDA has seen a substantial increase in the number of projects entered into the EDDRA database. In particular, a rising number of drug prevention projects targeting families have been introduced (from Germany, Spain, Portugal and Sweden). There has also been a smaller, but proportional, increase in the number of harm-reduction projects.

These developments are particularly positive in view of the EMCDDA's ongoing work to include EDDRA examples in the development of resource areas and tools designed to inform policy-makers and professionals on best practice and ways to achieve quality interventions. One example is the Prevention and Evaluation Resources Kit (PERK), currently under development. Other resources will follow, offering a convenient one-stop shop in EDDRA for responses to drugs in the EU.

Abigail David

Service delivery in low-threshold agencies

Mapping and improving the availability and quality of information on the delivery of harm-reduction services at low-threshold agencies in Europe is the focus of an EMCDDA project launched in 2004 (see *Drugnet Europe* No 50).

Health in prisons is one of the

collaboration is particularly strong

areas where EMCDDA-WHO

In this context, data-collection experts from 10 EU countries met in Lisbon from 2–3 June to present national approaches and models for monitoring service delivery and assessing client profiles, in the light of specific work conditions presented by low-threshold settings. The experts offered advice on how to develop European monitoring tools tailored to low-threshold harm-reduction services and debated the related problems, challenges and benefits of collecting data in this area. Collecting data on service use and users was seen, not only to play an important role in improving the day-by-day management of low-threshold harm-reduction agencies, but also to be valuable in the planning and evaluation of local and national drug policies (for more detailed conclusions see http://www.emcdda.eu.int/?nnodelD=5778).

The project complements work currently being carried out by the European Commission's Directorate-General for Health and Consumer Protection (DG-SANCO) to bring together baseline-data from all EU countries on the level of implementation of services for preventing and reducing health-related harm (1).

Improved knowledge on the extent and accessibility of low-threshold services and the degree to which they reach target populations with harm-reduction interventions will be a key tool in evaluating the new EU drug strategy 2005–2012.

Dagmar Hedrich

(1) In the framework of the Council recommendation of 18 June 2003 on the 'prevention and reduction of health-related harm associated with drug dependence'.

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

Bookshelf

2005 World Drug Report



The negative impacts of the illicit drug trade touch every society in the world. The 2005 World Drug Report estimates that 200 million people, or 5% of the global population aged 15–64, have consumed illicit drugs at least once in the last 12 months. The United Nations Office on Drugs and Crime (UNODC) estimates the drug trade's retail value at US\$ 321bn.

The 2005 World Drug Report provides one of the most comprehensive overviews of illicit drug trends at international level. This year it presents the work of the UNODC in two new areas of research: estimating the financial value of the world drug market and creating an illicit drug index. The analysis of trends is presented in Volume 1. Detailed statistics are presented in Volume 2. Taken together these volumes provide an up-to-date overview of today's illicit drug situation.

Publisher: UNODC

http://www.unodc.org/unodc/world_drug_

report.html

Language: English (other UN languages

follow)

Date: 29 June 2005 **ISBN:** 92-1-148200-3

Ordering information: United Nations Publications, Sales Office and Bookshop CH-1211, Geneva 10, Switzerland.

Tel. 41 (22) 917 2614. E-mail: unpubh@unog.ch **Executive summary:**

http://www.unodc.org/pdf/WDR_2005/volume_1_ex_summary.pdf

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

Feature

EMCDDA Management Board elects new Director



'Our job is not to dictate drug policy but to provide the evidence necessary for informed decision-making. Sound information is the key to an effective strategy on drugs. This is our core business.'

Wolfgang Götz, EMCDDA Director

Wolfgang Götz (Germany) was elected on 19 April as the new Director of the EMCDDA. Following a public recruitment procedure launched in March 2004, the EMCDDA Management Board held an extraordinary session in Lisbon to interview the four candidates short-listed for the post by the European Commission. Mr Götz was elected by a two-thirds majority by secret ballot. The meeting was chaired by EMCDDA Chairman Marcel Reimen (Luxembourg).

Fifty-three-year-old Mr Götz took up the post on 1 May, succeeding Georges Estievenart (France), who had headed the agency since July 1994 and whose mandate as Director ended on 31 December 2004 (see *Drugnet Europe* No 50). The EMCDDA extends its gratitude to Jaume Bardolet (Spain) who assured the function of interim Director from January–April 2005.

Mr Götz joined the EMCDDA in December 1996 to head the agency's information department. From 2001 to his new appointment, he was responsible for 'Reitox and Enlargement', where he played a central role in coordinating EMCDDA data-collection processes and preparing the agency for the entry of 10 new Member States in 2004.

Mr Götz has spent the majority of his 28-year career working in the international and European arena in the field of information. Before joining the drugs agency, he worked at Eurostat, Luxembourg (1994–1996), on the cooperation programme with the Central and East European Countries. From 1985 to 1994, he was EU project leader in the area of statistics and customs, working with the Togolese Government and the Economic Community of West African States (ECOWAS).

Mr Götz holds a Master's degree in Economics from the University of Freiburg and lecturing qualifications in macroeconomics, management and accounting. Since 1985, as a civil servant of the German state of Baden-Württemberg, he has been seconded to international organisations. Mr Götz is fluent in German, English and French.

Speaking on his appointment, Mr Götz said: 'It is with great satisfaction and motivation that I take up the post of Director of the EMCDDA as the agency enters its second decade and embarks on an exciting new phase in its life. The Centre has achieved a great deal over the last 10 years, establishing the all-important networks, mechanisms and tools to gather sound and comparable drug data across the European Union. But we now need to build on these foundations. Among my top priorities will be to safeguard and enhance the scientific quality of our outputs, demonstrate scientific independence and boost our reputation as the European centre of excellence in the drug information field. Our job is not to dictate drug policy but to provide the evidence necessary for informed decision-making. Sound information is the key to an effective strategy on drugs. This is our core business.'

For news release see http://www.emcdda.eu.int/?nnodeid=875

Enlargement

Preparing Bulgaria and Romania for membership of the EMCDDA

Under the new Phare-EMCDDA project to prepare Bulgaria and Romania for EMCDDA membership later this year, the Centre has conducted missions to these countries to re-assess their national drug information network, the status and work of their national focal point (NFP) and how they are implementing the EMCDDA's five key epidemiological indicators and other core data. The re-assessment, requested by the European Commission, follows analyses undertaken in 2001–2002.

As a result of these missions, the EMCDDA and the focal point staff have drawn up an 18-month programme of joint activities designed to improve the quality and visibility of outputs. The first of these – a Reitox Academy workshop on national reporting – took place on 23–24 June in Thessaloniki (Greece) with the support of the Greek, and the additional participation of the Cypriot, NFP.

This training activity involved, for the first time, national reporting teams from four countries. Participants found the event to be a very fruitful experience for capacity- and team-building and recommended that such an opportunity be offered to all members of the Reitox community.

Alexis Goosdeel

Partners

Relations with Latin America

The 7th 'High-level specialised dialogue on drugs' between the Andean Community and the European Union was held in Lima on 31 May and 1 June under the auspices of the Andean Community and the Peruvian authorities. This forum, set up in 1998, aims to increase cooperation on drugs between the two regions. The EMCDDA participated in the event, presenting the European drug situation.

At the meeting, participants engaged in a political dialogue on the Andean drugs strategy and EU drugs action plan. Also discussed were general drug-related issues at bilateral and regional levels as well as ways to increase cooperation in areas such as combating the diversion of chemical precursors.

The 8th 'High-level meeting of the cooperation and coordination mechanism on drugs between Latin America, the Caribbean and the European Union' (1) was also held in Lima from 2–3 June. Here the EMCDDA delivered two presentations: on the EU drug situation and on measures to reduce HIV, hepatitis and drug overdoses.

This second meeting reached agreements on: strengthening the mechanism through information exchange aimed at reducing the production of, and trafficking in, illicit drugs; and boosting local capacities to reduce drug demand and drug-related risks. It also adopted the agenda for a technical meeting to take place in Caracas in October bringing together drug-monitoring centres from all over the EU, Latin America and the Caribbean. Support will be given, under the UK Presidency, for the participation of a number of the Reitox national focal points in the event, which will be essential to further implement joint approaches on information, research and evaluation of actions in the drugs field.

Ignacio Vázquez Moliní

(1) The European Council set up the mechanism in December 1995. Its activities are based on the Panama Action Plan (April 1999). The mechanism is the only institutional bi-regional forum in the fight against the production, trafficking and consumption of illicit drugs. It is based on the principle of co-responsibility, with the two regions working together in proposing and implementing actions in line with national legislation.

Drugs-Lex

Council adopts new EU drugs action plan

The Council of the European Union adopted on 27 June the new EU drugs action plan for the period 2005–2008 (1). The new action plan follows a debate in recent months between the 25 EU Member States meeting at Council level in the Horizontal working party on drugs. The discussions centred on a proposal tabled by the European Commission in February (2), as foreseen by the EU drugs strategy (2005–2012) (see *Drugnet Europe* No 50).

The new action plan, presented in the form of a table, is structured according to two policy domains – demand reduction and supply reduction – as well as the following

cross-cutting themes: international cooperation; and information, research and evaluation. In each domain the plan outlines specific actions, along with their associated timetables, actors and potential assessment tools or indicators. One of eight operational objectives stipulated in the field of information, research and evaluation is the provision of clear information on emerging drug trends, patterns of use and drug markets.

With the support of the EMCDDA and Europol, the European Commission is required to propose, by 2007, EU guidelines and mechanisms designed to

ensure optimal detection, monitoring and responses to emerging drug trends.

The new action plan confirms the role of the EMCDDA as a key information provider on drugs as well as the contribution of the EMCDDA and Europol to the Commission's evaluation of the strategy and action plans over the next eight years. The next EU action plan on drugs will run for the period 2009–2012.

Cécile Martel

(1) OJ C 168, 08.07.2005, p. 1. (2) Communication on a proposal for an EU drugs action plan (2005–2008) (COM (2005) 45 final, 14.02.2005.

Spotlight

Dutch treatment data now on CD-ROM



LADIS is a Dutch national information system designed to allow policy-makers and researchers to follow anonymous drug users through their various episodes of drug treatment and care (1). The database is developed and maintained by the Organisation for Information Systems in Care (SIVZ) under the auspices of the Dutch Ministry of Health, Welfare and Sports.

The database – which uses a unique client code developed in line with regulations set by the national authority for the protection of privacy – contains information on around 180,000 individuals treated for various types of substance abuse (drugs, alcohol, gambling).

A new CD-ROM entitled *LADIS*, a 10-year unique client identifier provides a decade's worth of data from the national database. Among others, the CD-ROM presents, in English and Dutch, drug policy papers issued by the Dutch government, Reitox national reports and key outputs from the Dutch national drug monitoring system. Also provided are graphs and geographical 'movies' presenting treatment data relating to the use of heroin, cocaine and alcohol. Key publications, client profiles and special bulletins prepared by Dutch professionals also appear on the CD-ROM.

The main purpose of the CD-ROM is to present Dutch national treatment information in a condensed way in order to render raw data more useful for national and international policy-makers and bodies.

Ton Ouwehand, Managing Director, SIVZ

For further information, please contact: Ton Ouwehand, Managing Director, SIVZ, PO Box 504, 3390 GH, Houten, the Netherlands. E-mail: ton.ouwehand@sivz.nl

(1) LADIS: Landelijk Alcohol en Drugs Informatie Systeem.

Reitox

Reitox Academy on relations with the media

Participants from 21 national focal points gathered in Budapest from 1–3 June for a Reitox Academy training course focusing on relations with the media. The course, hosted by the Hungarian national focal point (NFP), was officially opened by the Deputy State Secretary at the Ministry of Health, Dr Gábor Kapócs.

The highly interactive course kicked off with the principles of communication and effective strategies, before focusing on interacting with journalists, writing press materials and managing crises. In sessions related to coordinating national press events and



campaigns, the group role-played the organisation of national events related to the release of the EMCDDA *Annual report*. This session helped raise questions ahead of 'live' events of this kind in the autumn. The course ended with sessions on media literacy involving the analysis of messages.

Although the participants revealed very mixed professional backgrounds (some highly specialised in media relations and others 'generalists') they agreed that the course had been particularly valuable as a forum of exchange and a means of preparing actions relating to the release of the *Annual report* in November. Among the suggestions for follow-up to the course was a proposal to the EMCDDA to organise an annual seminar for NFP media relations staff to continue this exchange of experience and expertise. The EMCDDA thanks the Hungarian NFP for its seamless organisation of the course.

New psychoactive substances

Implementing the Council decision

On 10 May, the Council of the European Union approved a new legal instrument broadening the scope of EU action on new substances appearing on the drug scene in the Member States. The 'Council decision on information exchange, risk assessment and control of new psychoactive substances' (1), replaces the 1997 Joint action, which was devoted exclusively to new synthetic drugs.

At the 5^{th} annual meeting of the Reitox early-warning system (EWS) network in Lisbon from 16-17 June (²), the participants agreed to maintain and build on the strong points of the previous EWS, while gradually introducing additional elements in line with the extended scope of the new instrument. In order to ensure the smooth transition to the new mechanism, the main players – EMCDDA, Reitox focal points, Europol, EMEA, the European Commission – reached a common understanding at the meeting on the goals and scope thereof. The organisations will aim for greater transparency when implementing the new instrument in order to request more support from relevant national authorities.

Developing an integrated approach to detecting, monitoring and exchanging information on emerging drug-use trends and possible health-related measures will present the network with substantial challenges at national and European level.

Roumen Sedefov

- (1) Council Decision 2005/387/JHA entered into force on 21 May 2005.
- (2) The EWS and network, set up under the 1997 Joint action, will continue to play a key role under the new instrument.

Products and services

New feature on EMCDDA website: drug treatment overviews



To mark 26 June, the EMCDDA launched a new feature on its website: drug treatment overviews. The aim of these overviews, currently available for 28 countries (25 EU, Norway, Bulgaria and Romania), is to describe the overall national drug treatment system and the availability of drug-free and medically assisted (substitution, antagonist) treatment in the different countries.

Each overview consists of four sections describing the:

- national context (overall drug treatment system and organisation);
- availability of drug-free treatment (including a breakdown of services);
- types of substance applied in medically assisted treatment and the estimated coverage rate of this type of treatment (percentage of the total problem drug-user population);
- definitions of key terms.

The drug treatment overviews are based primarily on data from Reitox national reports and standard tables and were developed in collaboration with the national focal points. The overviews are available at http://www.emcdda.eu.int/?nnodeid=7613

Ulrik Solberg

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In memoriam

The EMCDDA is sad to announce the recent deaths of some of its dearest partners.

Dr Willy Brunson (1943–2005), EMCDDA Management Board member for Belgium from 1994 to 2005, died on 18 April. Dr Brunson, an esteemed medical doctor and expert in public health, was a high-level official responsible for health promotion, among others, through sport and schools in the French Community of Belgium. He also served on various European Commission and Council of Europe bodies in the area of public health.

Mr Armand Wagner (1948–2005), who represented Luxembourg on the EMCDDA Management Board from 1994 to 1995, died on 27 April. A renowned psychologist, Mr Wagner was a government counsellor at the Ministry of Health in 1988 and at the Ministry of the Family in 1999. In his lifetime he also directed a foyer for physically handicapped children.

Dr Francis Sartor (1947–2005), Deputy Head of the Belgian national focal point from 1999 to 2005, died on 3 May. Dr Sartor, a renowned doctor in health sciences, was employed as senior scientist at the Epidemiology Unit of the Belgian Scientific Institute of Public Health where he was also responsible for the health and environment programme. As a consultant, he also worked as senior expert for organisations such as the World Health Organisation.

Dr Darío Foà (1946–2005), Italian psychologist and medical doctor, was killed on 14 February. Mr Foà dedicated 20 years to treating and socially reintegrating drug-addicted prisoners in Milan. His methods to promote therapeutic alternatives to imprisonment were esteemed by magistrates and drug treatment workers alike. He was a much-valued partner in the EMCDDA's work on drugs in prison.

Resources

Useful materials and events on the drugs issue



Young people in focus

'Value yourself...make healthy choices', UNODC's year-long campaign launched on 26 June (see p. 1), is complemented by a number of campaign materials available on the UNODC website (http://www.unodc.org/unodc/event_2005-06-26_1.html).

These include:

- Information notes: outlining the history of this International day and the aims of the 2005 campaign.
- Fact sheets: providing information on the properties, effects and risks relating to cannabis, cocaine, ecstasy and heroin.
- Posters: portraying the value of sport in promoting healthy lifestyles.
- Leaflets: reiterating the messages of the 2005 campaign.
- Logos: illustrating the above.
- Radio spots: covering the themes of friendship, high risks and highs and lows.
- Radio messages and interviews: from 2005 campaign spokesman and Austrian top swimmer, Markus Rogan.

ICAA Conference

The 48th International ICAA Conference will take place in Budapest from 23–28 October and will focus on the theme 'Dependencies: Science, Politics and the Practitioners'. The aim of the conference is to unite professionals from the field of addictions to share their expertise, experience and knowledge in a politically independent environment.

For details see: http://www.icaa.hu/index.htm

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.

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Calendar 2005

1 2 **3** 4 5 6 7 (8) 9 **10** 11 (12) 13 14 15 16 17 18 19 **20** 21 22 (23) 24 25 26 27 **28** 29 30 31

EMCDDA meetings

30 June-1 July: Expert meeting on drug prevention, Lisbon.

30 June-1 July: Editorial meeting on infectious diseases

protocol, Lisbon.

3–4 July: Expert mobilisation on drafting a Croatian

national drug strategy, Split.

6 July: Budget committee and Bureau, Lisbon.

6–8 July: Management Board, Lisbon.

8 July: EMCDDA-ESPAD gender expert group,

Lisbon.

8-9 July: SoRAD-EMCDDA meeting on European

integration and cannabis problems in the

new EU Member States, Prague.

14-16 Annual EDDRA coordination

September: meeting, Lisbon.

19 September: 6th meeting of national legal

correspondents, Lisbon.

22-23 Expert meeting on the treatment demand

September: indicator, Lisbon.

26–28 Reitox Academy on harm-reduction data

September: collection, Lisbon.

External meetings

7–9 July: 8th European Conference on drugs, infections and prevention in prison,

Rudanest

(http://www.budapest2005.endipp.net).

8-10 Meeting of the 'Correlation' network

September: project, Amsterdam

(http://www.correlation-net.org).

EU meetings

14 July: Horizontal working party on drugs, Brussels.
7 September: Horizontal working party on drugs, Brussels.
29 September: Horizontal working party on drugs, Brussels.

Statutory bodies

New Scientific Committee

Procedures to appoint a new EMCDDA Scientific Committee will be launched before summer following a decision of the Management Board which met in Lisbon from 6–8 July. The new Committee is expected to be instated before its next meeting in November.

At the latest Committee meeting (23–24 May), the new EMCDDA Director Wolfgang Götz outlined his intention to put in place a new mechanism to make better use of the expertise of individual members of the Committee as well as the body as a whole. He congratulated the Committee on its achievements since 2003, including: opinions on work programmes; advice on *Annual reports*; and ad hoc opinions on the evaluation of the former and current EU drugs action plans.

Reflecting on its role in raising the agency's scientific integrity, the members stressed that the new Committee should strive to preserve its scientific independence. They also agreed on the need to continue improving reporting standards, scientific methods and the analysis of data in the Centre's outputs. The members particularly valued the establishment of the four Scientific Committee programme subcommittees in 2002, which had allowed for more direct contacts between the members and EMCDDA staff in conceiving projects.

Roumen Sedefov

Continued from page 1

sample were generally reported in a very negative way, using similar terms to those found in the wider mass media. As for drugs more commonly used by young people (ecstasy, cannabis), the picture is quite different, with the magazines conveying both the benefits and risks.

The report reveals that although only two UK magazines were included in the study, these provided 39% of all drug references, two thirds of these being found in one single dance music magazine. Twenty-two per cent of drug references were found in the Irish magazine sample, 16% in the Portuguese and Greek magazines and 7% in the Finnish sample.

The study concludes that youth magazines constitute a useful and low-cost source of information for monitoring and understanding drug trends among young people and, as such, could potentially be harnessed to inform drug strategies. But the jury is still out on the extent to which they actually *influence* young people's behaviour. More work is required to study this influence and to determine how to constructively engage with media-makers to explore the possible role of the youth media in communicating factual information on drugs to young people.

For the thematic paper see http://www.emcdda.eu.int/?nnodeid=10233 For a news release see http://www.emcdda.eu.int/?nnodeid=875