ISSN 0873-5379

emcdda

Drugnet Europe

Newsletter of the European Monitoring Centre for Drugs and Drug Addiction

October–December 2014

88

Click and learn: new-look best practice portal

Real-life responses to drug problems came under the spotlight in October as the EMCDDA launched its revamped Best practice portal ([1]). Targeted at practitioners and professionals working in the drugs field, the portal is designed as a practical and reliable source of what works, and what doesn't, in the areas of drug-related prevention, treatment, harm reduction and social reintegration.

The new-look portal helps users identify tried and tested interventions quickly; allocate resources to what's effective; evaluate and improve interventions, by applying practical tools, standards and guidelines; and take better decisions, gaining from experience and expertise across Europe. Aiming to 'put the user first', the portal is the result of an extensive process of user-testing. Among its revised features are a dynamic FAQ section, to which users can add their own questions, as well as a raft of new search functions.

Summarising evidence in plain language, demystifying terminology and answering real questions from the field, the re-designed portal provides an accessible tool to support the development of evidence-based interventions. Using an information-layering approach, a vast array of data and research is presented in top-level 'answer sheets', complemented by underlying levels demonstrating the current evidence base.

Among the portal's added value is its overview of standards and guidelines available in the EU Member States to boost the quality of interventions. This comes at a time when Europe's health and social responses to drug problems are increasingly supported by guidelines and quality standards, which translate evidence into satisfactory and sustainable results (see p. 3).

The new-look portal offers a raft of new search functions.

The portal concentrates on illicit drugs and polydrug use and has a clear European focus. Intended as a 'living product', it will be regularly updated as information and research on interventions emerge. The main body of the portal is in English, but documents in other EU languages are also available according to where the interventions occur.

Marica Ferri and Alessandra Bo

([1]) For more, see www.emcdda.europa.eu/best-practice

EMCDDA scientific paper award 2014

The four winners of the 2014 EMCDDA scientific paper award were honoured in Lisbon on 25 November at the annual ceremony hosted by the agency ([1]). The winners received a non-monetary prize for their articles at an event held in the margins of the third 'Reitox week' (see p. 6).

The prize, inaugurated in 2011 by the EMCDDA and its Scientific Committee, celebrates scientific writing and distinguishes high-quality research in the field of illicit drugs. This year, a record number of papers was nominated by members of the EMCDDA Scientific Committee, the Reitox focal points, scientific journals and EMCDDA staff.

Over 60 eligible articles authored by European scientists and published in peer-reviewed journals in 2013 were assessed by an award committee. The winners (primary authors) are: Florian Buchmayer (Austria; represented by Harald Sitte); Annabeth Groenman (Netherlands); Michael P. Schaub (for a paper written in the framework of EQUS, an EC-funded project) and Jürgen Rehm (Germany). See page 8 for further details.

Maria Moreira and Renate Hochwieser

([1]) www.emcdda.europa.eu/activities/scientific-paper-award

DRUG SITUATION

ADDICTIONS

Lisbon Addictions 2015

The organisers of the first European conference on addictive behaviours and dependencies — to be held in Lisbon from 23–25 September 2015 — launched a call for abstracts on 31 October with a deadline of 1 March 2015 ([1]). The event is steered by the Portuguese General-Directorate for Intervention on Addictive Behaviours and Dependencies (SICAD), in collaboration with the scientific journal *Addiction*, the International Society of Addiction Journal Editors (ISAJE) and the EMCDDA.

Through plenary sessions, multidisciplinary workshops and discussion fora, the conference will showcase the latest developments in European addiction science and explore the topics of illicit drugs, alcohol, tobacco, gambling and other addictive behaviours. It will draw on expertise from a variety of disciplines including: epidemiology, policy and clinical research, social sciences and human psychopharmacology.

The event is organised around four general themes: *Addictions: a multi-disciplinary perspective; Translating research into policy and practice*; *New frontiers in addiction research*; and *Challenges of addiction in an interconnected world*.

The conference will provide a unique networking opportunity for researchers, practitioners and policy experts across countries and disciplines and address new challenges and developing fields. Abstracts are invited for papers, rapid communications and symposia. Online registration will open in December 2014, with an 'early-bird' fee available for participants registering before 1 February 2015.

Maria Moreira, Renate Hochwieser and Alberto Oteo

([1]) www.lisbonaddictions.eu | info@lisbonaddictions.eu

KEY INDICATORS

High-risk drug use and treatment

'Continuity and change: high-risk drug use and drug treatment in Europe', was the focus of a series of events held at the EMCDDA from 23–26 September ([1]). Two parallel expert meetings, dedicated to the agency's treatment demand key indicator (TDI) and the problem drug use indicator (PDU), preceded a broader, common event open to specialists from outside the two groups.

The initiative was in line with a fresh, integrated approach to the agency's expert meetings, designed to inspire cross-discipline analyses of the drugs problem and responses to it. Through this approach, the EMCDDA intends to obtain greater value from these annual events, strengthening what have become, over the last 10 years, valuable networks of excellence.

While the two key indicator meetings explored important technical issues related to the implementation of these tools, the conference-style meeting focused on data- and multi-indicator analyses and monitoring drug treatment (as an epidemiological data source and a response to the drugs problem). Issues debated included: trends and developments in high-risk opioid use; ageing drug users; vulnerable populations; high-risk use of stimulants, benzodiazepines and cannabis; treatment outcomes; and evaluating best practice.

The results of an online evaluation survey are now being examined in an effort to improve future events. The conclusions of the meeting, along with presentations and abstracts, will be available in the coming weeks ([2]).

Expert meeting organising team

([1]) www.emcdda.europa.eu/news/2014/fs10

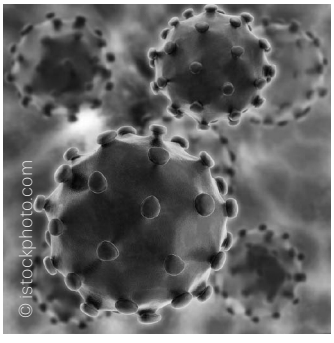
([2]) www.emcdda.europa.eu/activities/expert-meetings/2014/ki-event

KEY INDICATORS

Drug-related harms and responses

Latest evidence in the area of drug overdose and HCV and HIV infections among drug users were among the topics discussed during a week of events organised by the EMCDDA from 15–17 October. Two EMCDDA expert meetings, dedicated to the agency's drug-related deaths and mortality key indicator (DRD) and the drug-related infectious diseases key indicator (DRID) were preceded by a satellite event focusing on the role of take-home naloxone in reducing opioid-related fatalities.

Epidemiologists, clinicians, public health practitioners and representatives of civil society brought their multifaceted expertise to the table and shared perspectives with the Reitox national focal points and international organisations. Among the issues highlighted was Europe's HCV epidemic among people who inject drugs and the need for scaling up treatment. Treatment coverage for HCV is very low in Europe, compared to levels stipulated in current guidelines. Yet, there exists the potential to tackle the problem: effective HCV treatments have been available for some years and new treatments are being released ([1]). These, together with harm reduction measures, can contribute to the prevention of new infections and help control the epidemic.



HCV: new treatments being released.

Also raised at the meetings were: the resurge in heroin-related deaths in some European countries and new HIV infections related to the injection of stimulants. Documentation from the meetings is now available ([2]).

Expert meeting organising team

([1]) www.emcdda.europa.eu/topics/pods/hepatitis-c-treatment

([2]) www.emcdda.europa.eu/expert-meetings/2014/drd-drid
www.emcdda.europa.eu/events/2014/meetings/naloxone

RESPONSES

ACADEMIA

European drugs summer school

For the fourth year in a row, the University Institute of Lisbon (ISCTE–IUL) and the EMCDDA will be joining forces in July 2015 to hold the European summer school on 'Illicit drugs in Europe: demand, supply and public policies' ([1]). The decision follows positive feedback from the 2014 students via a course evaluation questionnaire.

The first three summer schools brought together close to 100 students from Europe, Asia, Latin America and the US. Scholarships were available from ISCTE–IUL and from the international programme of the US National Institute on Drug Abuse (NIDA).

Adopting a multidisciplinary and interactive approach, the two-week course aims to prepare participants to meet today's complex policy challenges in the drugs field. Trainers will include EMCDDA scientific experts, policymakers and ISCTE professors. A new line of 'keynote speakers' will be announced early next year.

The course is open to university students (undergraduate, graduate and postgraduate), researchers, professionals and administrators interested, or working, in the drugs field. In 2015, participants will be able to take advantage of 'early-bird' reductions.

Renate Hochwieser and Marica Ferri

([1]) For more, see www.drugsummerschool.cies.iscte-iul.pt

OVERDOSE PREVENTION

Take-home naloxone: review

The role of take-home naloxone (THN) in reducing opioid-related fatalities has been the focus of recent events and studies at the EMCDDA ([1]). Naloxone is an opioid antagonist used in emergency medicine worldwide as an effective antidote to opioid intoxication (including intoxication by synthetic opioids). As many overdoses occur in the presence of peers or family members, programmes that enable bystanders to provide First Aid and administer naloxone while awaiting emergency services, can save lives.

In 2013–14, the EMCDDA carried out a systematic review of the literature to analyse the available evidence supporting THN provision to reduce opioid overdose fatalities ([2]). The review identified and analysed 21 studies of varying design-types, conducted in several countries (Canada, Germany, UK, US). The overall results suggest that educational and training interventions using naloxone provision may be effective in decreasing overdose-related mortality and improving knowledge around the signs of overdose and the correct management of patients.

Entitled *Effectiveness of take-home emergency naloxone to prevent heroin overdose*, the review was presented at an EMCDDA naloxone event in October and will be published as an EMCDDA Paper in the coming months ([3]).

Marica Ferri and Lucas Wiessing

([1]) For more, see www.emcdda.europa.eu/topics/pods/preventing-overdose-deaths

([2]) Undertaken with the Cochrane drugs and alcohol group.

([3]) For more, see www.emcdda.europa.eu/events/2014/meetings/naloxone EMCDDA Papers are available at www.emcdda.europa.eu/publications/emcdda-papers

BEST PRACTICE

From guidelines to quality standards

The promotion and exchange of best practice is recognised globally as an important strategy to improve the effectiveness of drug-related interventions and ensure the efficient use of limited resources. Currently, the most common strategy in Europe to promote best practice is the development of guidelines. However, a strong interest in quality standards — used to implement the interventions recommended in guidelines — also appears to be emerging in the quest for quality in drug services.

This development is not only noticeable at national level, but also at regional and international level ([1]). For example, the African Union's plan of action on drug control (2013–17) and the Hemispheric drug strategy and action plan of the Organisation of American States (2011–15) both invite member countries to develop and adopt qualitative standards. UNODC is also active in this field: it adopted international prevention standards in 2013 and is now working towards treatment standards ([2]). In Europe, a number of noteworthy projects have generated important knowledge in the scientific field ([3]). At a political level, the EU is calling on its Member States, before the end of 2016, to agree on, adopt and start implementing, minimum quality standards in drug use prevention, treatment, risk and harm reduction, rehabilitation and recovery ([4]).

Evidence-based quality mechanisms, ensuring effective drug services, are still not the norm in Europe or worldwide. This new trend in setting quality standards has the potential to boost the promotion of effective drug-related interventions.

Marica Ferri, Danilo Ballotta and Alessandra Bo

([1]) www.emcdda.europa.eu/publications/emcdda-papers/regional-drug-strategies

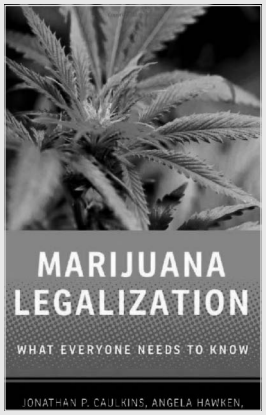
([2]) www.unodc.org/unodc/en/prevention/prevention-standards.html

([3]) Schaub and Uchtenhagen, 2013; and Sumnall and Brotherhood, 2011.

([4]) Action 9, EU action plan on drugs (2013–16).

BOOKSHELF

Marijuana legalization



Marijuana (herbal cannabis) is controlled by the international drug treaties and by national and local laws across the globe. But those laws are now being challenged in several countries. In the US, while there is no short-term prospect for changes to federal law, some 20 states now allow medical use of the drug and, in recent years, initiatives to legalise production and non-medical use have gained support.

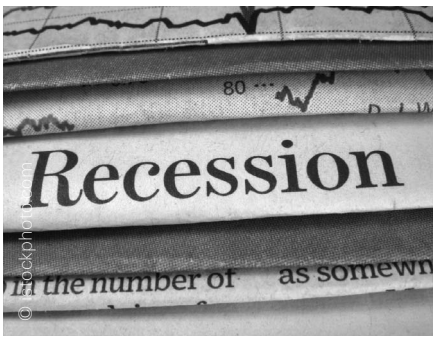
These are among the issues explored in *Marijuana Legalization: What Everyone Needs to Know*. The book aims to provide readers with a non-partisan briefing on this topic, covering everything from the risks and benefits of using the drug, to describing the current laws around it, both in the US and elsewhere.
The authors discuss the likely costs and benefits of legalisation at state and national levels and consider how marijuana legalisation could personally impact heavy users, medical users, parents, drug traffickers and employers.

Authors: Jonathan P. Caulkins, Angela Hawken, Beau Kilmer and Mark Kleiman
Publisher: Oxford University Press
Languages: English
Date: July 2012
ISBN: 978-01-9-991373-2
Further details: http://global.oup.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

Financing drug policy in Europe in the wake of the economic recession



New EMCDDA Paper explores the impact of the recession on the financing of drug policy in Europe.

In 2008, and the years that followed, Europe experienced a severe economic crisis, which presented a grave challenge to the public purse. Many governments reacted by implementing stringent fiscal consolidation plans, frequently based on the reduction of government spending.

A new EMCDDA Paper explores how the economic recession has affected the financing of drug initiatives in Europe ([1]). It focuses broadly on the financing of areas where most drug-related initiatives are concentrated (i.e. public order and safety; health and social protection) as well as specifically on drug-related public expenditure.

The report concludes that:
- austerity differed considerably across countries in Europe ([2]);
- austerity led to reductions in spending in the areas of government activity that finance drug initiatives in Europe, on average, in 2011;
- countries experiencing greater levels of austerity tended to show greater reductions in expenditure;
- larger cuts were registered in expenditure on health than on public safety and social protection.

Available estimates of drug-related public expenditure do not reveal the full picture on the impact of the recession. However, they suggest that, with the recession, drug budgets were more likely to be revised (often resulting in cuts); that the impact of austerity on drug policy was more severe in the countries hardest hit by the economic crisis; and that some sectors were more affected than others.

The financing of drug prevention initiatives was particularly hit, leading to the downsizing of prevention programmes and to a greater awareness of the need for more quality-control and evidence-based funding. Different outcomes were reported for drug treatment and harm reduction programmes. Some countries opted for: the reorganisation of these services; changes in co-financing systems; a shift towards outpatient treatment or day-care treatment over inpatient drug treatment; and attempts to increase the cost-effectiveness of health provision via reorganisation. Furthermore, among the small number of countries providing estimates for their spending on supply reduction, all but one reported either short-term or lasting reductions in funding. All in all, the report shows how austerity raised policymakers' awareness of the need for cost-effective policy measures, leading to attempts to reorganise drug services in some countries.

The potential negative impact of the 2008 recession has been stressed by the international community. In 2014, the UN Commission on Narcotic Drugs agreed on a joint resolution highlighting the need to provide sufficient health services to individuals affected by substance disorders and encouraging countries to ensure that, during economic downturns, national drug policies are not disproportionately affected.

This latest EMCDDA Paper provides important insights into the likely impact of the recession on the financing of drug policy in Europe, presenting unique information and data. But it also raises awareness of the need to improve data availability in this area to allow for improved analyses and evidence-based responses.

Cláudia Costa Storti

([1]) Available in English at www.emcdda.europa.eu/publications/emcdda-papers

([2]) Public austerity: a slowdown or reduction of budget deficits, which is not caused by a reduction in the demand for the underlying public service, but implemented by governments on a discretionary basis.

INTERNATIONAL

Reitox Academy kicks off scientific cooperation with Israel

'Estimating public expenditure in the field of drugs in Israel' was the focus of a Reitox Academy organised by the EMCDDA and the Israel Anti-Drug Authority (IADA) from 30 September to 1 October in Tel Aviv.

The event marked the start of scientific cooperation between the two organisations, following a Memorandum of Understanding (MoU) signed in February 2014 ([1]). It was also the first activity organised in Israel in the framework of the EMCDDA's European Neighbourhood Policy (ENP) technical cooperation project, funded by the European Commission ([2]).

The academy was organised to support a study being launched in Israel by IADA on 'Estimating drug-related public expenditure, social costs and cost-utility'. This project, planned to start in 2015 and last for 30-months, will run in two stages: estimating drug-related public expenditure and social costs in Israel (Stage 1); and Performing a cost-utility analysis (Stage 2).

The event gathered 33 Israeli experts, representing the areas of health, education, police, public security, justice, prisons, social welfare and scientific research. Also present were experts from France, Italy, Croatia and the EMCDDA. The academy provided a platform for sharing experience on estimating the different components of drug-related expenditure and discussing the main strengths and limitations of the methods used.

Cláudia Costa Storti, Yossi Harel-Fisch and Ilze Jekabsone

([1]) See www.emcdda.europa.eu/news/2014/fs2. For more on the IADA, see www.antidrugs.org.il

([2]) See http://ec.europa.eu/world/enp/index_ en.htm. See also p. 6.

PARTNERS

Strengthening ties with global partners

Three experts from the Department of Mental Health and Substance Abuse of the World Health Organization (WHO) in Geneva visited the EMCDDA on 13 October where they met with the EMCDDA's senior scientific staff. The aim of this meeting was to review ongoing collaboration between the organisations and to plan future activities in the area of substance use and related disorders. The WHO is one of the EMCDDA's most important partners, with working relations now spanning almost two decades ([1]).

In recent years, collaboration between the two bodies has focused on quality standards in interventions and the monitoring of treatment systems. In 2014 alone, the EMCDDA has contributed to the development of the WHO's *Guidelines on the management of suspected opioid overdose* and *Guidelines for the identification and management of substance use disorders in pregnancy*. Ties between the two agencies were also strengthened when the EMCDDA participated this year in the WHO Expert Committee on Drug Dependence.

The Lisbon meeting coincided with the WHO's preparations for the UN General Assembly Special Session (UNGASS) on drugs in 2016 and with ongoing international drug policy debates on cannabis and new psychoactive substances. It helped identify areas for common work in future, such as: harmonising indicators, data-collection instruments and information systems; disseminating evidence-based interventions and cooperating with non-EU countries.

Klaudia Palczak

([1]) www.emcdda.europa.eu/about/partners/who

DRUGS-LEX

Legal issues around the provision of naloxone

Research in Europe is today confirming that the opioid antagonist naloxone can be used successfully by bystanders to reverse opioid overdoses, if administered in due time. Given that the majority of drug-induced deaths across Europe are related to opioid use, some countries are now examining how to scale up the provision of naloxone to at-risk users, their families and peer groups, so that the substance is available where emergencies are likely to occur.

This intention, however, has met with some legal obstacles. These, and possible solutions to them, were discussed at the EMCDDA's Legal and policy correspondents' network meeting in June and at its naloxone event in October (see p. 2). The initial findings from these meetings fall into three groups:

- *Availability* — in most European countries, naloxone is licensed as an injectable prescription-only medicine; legally, it is not easy to prescribe a medicine to one person when it will be used for another;
- *Prescribing and use* — in many countries, use of naloxone was either legally or in practice limited to hospital or emergency personnel, although several countries now allow general practitioners to prescribe or use it;
- *Penalties for unauthorised possession or use* — in theory this may be an administrative or criminal offence in several countries. However, more serious fears of naloxone possession being charged as 'facilitating/encouraging illegal drug use' seem to be unfounded.

These first results suggest that legal barriers arise, not so much from the nature of the substance itself but from its route of administration: it is rare to permit one untrained person to inject another. These issues are being addressed by training peers in injection techniques (Denmark, Estonia, Scotland) and by developing nasal spray applicators (Norway), based on promising results in projects in the US.

Brendan Hughes and Dagmar Hedrich

SPOTLIGHT

EMCDDA hosts third Reitox week

Candidate, potential candidate and neighbouring countries of the EU, preparing to collaborate with the EMCDDA, participated in the third 'Reitox week' held in Lisbon from 25–28 November. This annual event brought together representatives of over 40 nations including: the current 30 members of the network, Russia and a number of beneficiaries of the European Instrument for Pre-Accession Assistance (IPA) and the European Neighbourhood Policy Instrument (ENPI).

This year, the event observed the official closure of a technical cooperation project with Albania, Bosnia and Herzegovina, Montenegro, Kosovo*, Serbia, the former Yugoslav Republic of Macedonia and Turkey. The national correspondents from these countries presented the results of this three-year project, initiated in January 2012 (IPA 4). The event also gave the EMCDDA the chance to present the first regional report on drug use in the Western Balkans.

The 2014 Reitox week was also special in that it included a full-day session on cannabis legislation and policy. Here, the participants heard experts from the US, Latin America and Europe share their knowledge on developments in this area and the knock-on challenges for drug monitoring. The meeting of the extended network was followed by the regular meeting of the 30 Reitox members (26–28 November) which examined content-related issues such as a new reporting system and the agency's work programme 2015.

Cécile Martel

* This designation is without prejudice to positions on status, and is in line with UNSCR 1244 and the ICJ Opinion on the Kosovo Declaration of Independence.

NEW PSYCHOACTIVE SUBSTANCES

Four new drugs to be placed under control

On 25 September, EU Ministers adopted a European Commission proposal to control four new psychoactive substances (NPS) currently raising health concerns in Europe ([1]). With the decision, the substances 25I-NBOMe, AH-7921, MDPV and methoxetamine will be subject to control measures and criminal penalties throughout the EU.

Severe toxicity has been associated with the use of these substances

In April 2014, the extended EMCDDA Scientific Committee examined the four drugs and submitted its risk-assessment reports to the European Commission and the Council of the EU. On the basis of these, the Commission recommended to the Council on 16 June that the drugs be submitted to control measures, given that severe toxicity has been associated with their use ([2]).

The final decision entered into force the day after its publication in the *Official Journal of the European Union* on 1 October 2014. Member States now have one year to take the necessary measures to subject those substances to control measures and criminal penalties, as provided for under their legislation (complying with their obligations under the 1971 United Nations Convention on Psychotropic Substances).

Two other NPS raising health concerns in Europe were risk-assessed by the EMCDDA extended Scientific Committee on 16 September ([3]). The first of these is 4,4'-DMAR, a derivative of aminorex with psychostimulant properties, which has been available on the drug market since at least December 2012. The second is MT-45, a synthetic opioid investigated in the 1970s for its analgesic properties and detected for the first time on the European drug market in October 2013. Respectively, a total of 31 and 28 deaths were associated to these drugs and, in all cases, the presence of the substance in biological samples was analytically confirmed.

Ana Gallegos

([1]) For more, see www.emcdda.europa.eu/news/2014/four-new-drugs-to-be-placed-under-control and www.emcdda.europa.eu/news/2014/1
([2]) http://europa.eu/rapid/midday-express-16-06-2014.htm
([3]) www.emcdda.europa.eu/publications/risk-assessments. See also p. 7.

REITOX

Technical cooperation project: ENP countries

In recent months, the EMCDDA has undertaken a raft of activities with EU neighbouring countries, under a two-year technical cooperation project in the framework of the European Neighbourhood Policy Instrument (ENPI) ([1]). This European Commission-funded project, which will run until December 2015, is designed to boost the capacity of ENP partner countries to react to fresh challenges posed by the drug phenomenon.

In July, the agency contributed to the drafting of the national report on the drug situation in Morocco and will support other partner countries in this exercise in the coming months.
In October, cooperation with Moldova and Georgia was enhanced through official visits to the countries. Several training activities have also been organised with partners: 'Contemporary approaches in drug monitoring', with the Charles University in Prague (September); and 'The European Union, the EU drugs policy and relations with the European Neighbourhood Policy partner countries', with the College of Europe in Brussels (October). A national Reitox Academy took place in Tel Aviv in September (see p. 5).

Looking to 2015, the EMCDDA will organise, under this project, an ENP regional activity on forensic laboratories and new drugs. It will also strive to improve existing data-collection systems and/or co-finance surveys in the partner countries (e.g. ESPAD school survey).

Cécile Martel

([1]) See *Drugnet Europe* 85, p. 6.

PRODUCTS AND SERVICES

Pregnancy and opioid use: strategies for treatment

Illicit opioid consumption during pregnancy brings with it the risk of an increase in obstetric complications for the mother as well as a range of potential dangers for the child, both before and immediately after birth. The primary goal when treating opioid dependence in pregnant women is to stabilise the patient. Psychosocially assisted opioid substitution treatment is the preferred first-line therapy for this group and several combinations of substitution medicines and psychosocial approaches are available. This latest EMCDDA Paper reviews methadone, buprenorphine and slow-release oral morphine, used in a range of combinations with cognitive behaviour approaches and contingency management, to identify the strengths of each medicine and method.

Available in English at: www.emcdda.europa.eu/publications/emcdda-papers

Joint Reports: 4,4'-DMAR and MT-45

Once a new psychoactive substance is detected on the European drug market, Member States ensure that information on the manufacture, traffic, use, health effects and toxicity of the drug is transmitted to the EMCDDA and Europol. If the two agencies consider that information collected on a new substance merits active follow-up, further information is collected and presented in a Joint Report to the Council of the EU, the European Commission and the European Medicines Agency (EMA), on the basis of which a decision may be taken on whether or not to launch a formal risk-assessment procedure.

In line with this process, and following examination of the information in February and April respectively, two Joint Reports were prepared on the substances 4,4'-DMAR and MT-45 (see p. 6). The reports paved the way for formal risk assessments in September 2014. The reports are now available on the EMCDDA website, while the risk assessment reports will be available in the coming weeks.

Available in English at: www.emcdda.europa.eu/publications/joint-reports

Technical report: GPS

Computer-assisted and online data collection in general population surveys is the title of a new EMCDDA Technical report published in October. The aim of the report is to collect information from a literature review on computer-assisted interviewing and online data collection in general population surveys (GPS). It evaluates the pros and cons of both approaches in terms of research processes and outcomes. It also provides an overview of representative studies on drug use conducted in the 30 EMCDDA countries that used one of these methods.

Available in English at: www.emcdda.europa.eu/publications/technical-reports/online-data-collection-gps

Subscribe to our 'Just published' online newsletter for news on our latest and upcoming products
www.emcdda.europa.eu/publications/subscribe

EVENTS


© istockphoto.com

Talk HIV. Test HIV

In the lead-up to World AIDS Day on 1 December, a second European HIV testing week was organised from 21–28 November. This initiative, coordinated by HIV in Europe, offers an opportunity for partners across Europe to unite for one week to help more people become aware of their HIV status. HIV in Europe is an initiative directed by an independent group of experts with representation from civil society, policymakers, health professionals and European public health institutions.

For more, see http://www.hivtestingweek.eu/home and http://hiveurope.eu/

Hepatitis C Initiative

Today the hepatitis C virus (HCV) affects an estimated 9 million European citizens. People who inject drugs (PWID), or who injected in the past, are the largest group, with estimated prevalence rates in some European countries of up to 90 %. Without proper treatment, HCV can be a serious and even deadly disease.

The Hepatitis C Initiative, an EU-funded project bringing together over 30 organisations working on infectious diseases, aims to help improve knowledge regarding hepatitis C policies and practice. Under this initiative, the First European conference on hepatitis C was held from 23–24 October in Berlin (the EMCDDA sat on the steering committee). The conference culminated in the presentation of the 'Berlin Declaration', a call to national and European policymakers to ensure better access and quality of hepatitis treatment for the most marginalised groups and individuals.

http://www.hepatitis-c-initiative.eu/
http://conference.hepatitis-c-initiative.eu/index.html

CALENDAR 2014

EMCDDA meetings

29 October:	Launch of the Romanian national report on drugs, Bucharest.
30–31 October:	Trendspotter meeting: 'The internet and drug markets', Lisbon.
4–5 November:	2nd annual meeting of the EMCDDA reference group on drug supply indicators, Lisbon.
12 November:	National launch of the *European Drug Report 2014*, Vilnius.
25–28 November:	3rd extended Reitox week and 51st Heads of Reitox focal point meeting, Lisbon.
25 November:	EMCDDA Scientific paper award 2014 ceremony, Lisbon.
4 December:	EMCDDA Budget and Executive Committee meetings, Lisbon.
4–5 December:	50th EMCDDA Management Board meeting, Lisbon.

External meetings

5–7 November:	ESCAIDE 2014 conference, Stockholm.
12–13 November:	2nd international symposium on drugs and driving, New Zealand drug foundation, Wellington (http://drugdriving.org.nz).
18 November:	G7 expert meeting on new psychoactive substances (NPS), Federal Ministry of the Interior, Berlin.
19–20 November:	16th Ministerial conference of the Pompidou Group, Strasbourg.

EU meetings

3 November	Heads of EU Justice and Home Affairs agencies, Valletta.
4–5 November:	Horizontal working party on drugs, EU–US meeting, Dublin Group, Brussels.
13–14 November:	National drug coordinators' meeting, Rome.
10–11 December:	Horizontal working party on drugs and EU–Brazil meeting, Brussels.

EMCDDA Scientific Committee endorses 2015 work programme

The EMCDDA Scientific Committee met in Lisbon from 17–18 September, adopting a formal opinion on the agency's 2015 work programme and holding preliminary discussions on the 2016–18 EMCDDA strategy ([1]). The scientific evaluation of policies and interventions and the process for reviewing EMCDDA publications were also discussed, as were improved procedures for future rounds of the EMCDDA scientific paper award. Recent developments in the risk assessment of new psychoactive substances were also reviewed.

The EU action plan on drugs (2013–16) calls on the EMCDDA Scientific Committee to contribute to the Annual Dialogue on Research (ADR) of the Horizontal Working Party on Drugs/HDG (Council of the EU). In line with Action 46 of the action plan, this advisory input involves proposing research priorities (within areas covered by the expertise of the Committee), as well as suggesting ways to promote synergies and complementarity and prevent overlaps in research funding. During their meeting, the Committee adopted its formal contribution to this year's ADR, which followed on 5 November in Brussels ([2]).

Maria Moreira

([1]) See *Drugnet Europe* 87, p. 5.

([2]) For more, see www.emcdda.europa.eu/about/sc

EMCDDA scientific paper award winners

Buchmayer, F., Schicker, K., Steinkellner, T., Geier, P., Stübiger, G., Hamilton, P. J., Jurik, A., Stockner, T., Yang, J. W., Montgomery, T., Holy, M., Hofmaier, T., Kudlacek, O., Matthies, H. J., Ecker, G. F., Bochkov, V., Galli, A., Boehm, S., Sitte, H. H. (2013), 'Amphetamine actions at the serotonin transporter rely on the availability of phosphatidylinositol-4,5-bisphosphate', *Proceedings of the National Academy of Sciences of the United States of America*, 110, 28, p. 11642–47.

Groenman, A. P., Oosterlaan, J., Rommelse, N., Franke, B., Roeyers, H., Oades R. D., Sergeant, J. A., Buitelaar, J. K., Faraone, S. V. (2013), 'Substance use disorders in adolescents with attention deficit hyperactivity disorder: a 4-year follow-up study', *Addiction*, 108, 8, p. 1503–11.

Rehm, J., Marmet, S., Anderson, P., Gual, A., Kraus, L., Nutt, D. J., Room, R., Samokhvalov, A. V., Scafato, E., Trapencieris, M., Wiers, R. W., Gmel, G. (2013), 'Defining substance use disorders: do we really need more than heavy use?', *Alcohol and Alcoholism*, 48, 6, p. 633–64.

Schaub, M. P. and Uchtenhagen, A. (2013), 'Building a European consensus on minimum quality standards for drug treatment, rehabilitation and harm reduction', *European Addiction Research*, 19, 6, p. 314–24.

Drugnet Europe is a newsletter published by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), Lisbon. Any item may be reproduced provided the source is acknowledged. For free subscriptions, please specify your requirements via e-mail: publications@emcdda.europa.eu

EMCDDA, Praça Europa 1, Cais do Sodré, 1249-289 Lisbon, Portugal
Tel. (351) 211 21 02 00 | Fax (351) 211 21 03 80
info@emcdda.europa.eu | emcdda.europa.eu
facebook.com/emcdda | twitter.com/emcdda

OFFICIAL PUBLISHER: European Monitoring Centre for Drugs and Drug Addiction | **PROPRIETOR:** EMCDDA
DIRECTOR: Wolfgang Götz | **EDITOR:** Kathy Robertson | *Printed in Spain* | **ISSN:** 0873–5379 | **CATALOGUE NUMBER:** TD-AA-14-004-EN-C
Printed on chlorine-free paper

Publications Office

TD-AA-14-004-EN-C