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# Drugnet Europe

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## Market share of herbal cannabis rising

'The market share of cannabis herb is increasing across Europe, at the expense of cannabis resin'. This is according to the first comprehensive analysis of *Cannabis production and markets in Europe*, released by the EMCDDA to mark International day against drug abuse and illicit trafficking (1). The report describes a cannabis market in a 'continual state of evolution' and how Europe, a major cannabis consumer, is now an important producer of this, its most popular illicit drug. Also documented is the wide variety of products on sale and how the rise in herbal cannabis cultivation inside Europe's borders is increasingly associated with collateral damage, such as violence and criminality.

Over 78 million Europeans (15–64 years) have tried cannabis, while around 9 million young Europeans (15–34 years) have used it in the last month. This represents a sizeable market and one that has greatly evolved. According to the report, in terms of size and sophistication, today's European cannabis market contrasts considerably to that of the 1960s, when importation was mainly the pursuit of 'amateurs and enthusiasts'. It describes how profits to be made from the cannabis trade have rendered it a mainstream activity of criminal organisations and one often linked to trafficking in other illicit commodities (e.g. cocaine). But that is not to say that all cannabis production is the work of organised criminals. Presented in the report are the many categories of cannabis grower found today and the many motivations driving them.

'One of the most important developments impacting on the modern cannabis market is simply its increase in scale', says EMCDDA Director Wolfgang Götz. 'Wherever you live in Europe today, it is likely that not very far away cannabis is being bought or sold. Cannabis offences make up the majority of drug offences reported in the EU. And around 700 tonnes of cannabis herb and resin are seized in Europe annually. Meanwhile, virtually all EU countries now report being affected by the domestic cultivation of cannabis, a development bringing with it consequences in terms of public health and security.'

The two main products manufactured from illicitly grown cannabis are herbal cannabis ('marijuana') and cannabis resin ('hashish'). But these may be broken down into numerous sub-types.



First comprehensive analysis of the European cannabis market.

## International day against drug abuse and illicit trafficking

'Global action for healthy communities without drugs', was the theme of this year's International day against drug abuse and illicit trafficking (26 June). Marking the day, UNODC launched its *World drug report 2012* (see p. 4), while the EMCDDA hosted an awareness-raising event for the Lisbon diplomatic community and its partners from the Portuguese authorities.

Guests of honour at the EMCDDA were the Secretary of State, Deputy to the Minister of Health, Dr Fernando Leal da Costa and Secretary of State for Cooperation, Mr Luis Brites Pereira (1). Speaking at the event, Dr Leal da Costa stressed: 'There are no "soft" drugs. We must be relentless in tackling all new challenges, including cooperation in the fight against the so-called "legal" drugs sold in smart shops'.

EMCDDA Director Wolfgang Götz underlined Europe's concerns over the growing number of new drugs entering the market and recent HIV outbreaks among drug injectors in some EU Member States. 'These are among the reasons why, in the EU, we cannot slow down in our efforts to tackle the drugs problem', he declared. Mr Götz described 2012 as a 'milestone year' for the EU and the EMCDDA as they take stock of progress made and define new horizons. Key developments will include a new EU drugs strategy for 2013–20 and a new EMCDDA strategy and work programme for 2013–15. The Director also spoke on the agency's ongoing work on drug markets, announcing its first analysis on *Cannabis production and markets in Europe* and an upcoming EMCDDA–Europol *EU report on drug markets: a strategic analysis*, scheduled for release in 2013.

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(1) See speeches at: [www.emcdda.europa.eu/news/speeches](http://www.emcdda.europa.eu/news/speeches)

July–September

# 2012

# Drug situation

## ESPAD releases latest survey results

Overall, the use of illicit drugs among 15–16-year-old school students appears to have stabilised, according to the latest European study of this group published on 31 May by the European school survey project on alcohol and other drugs (ESPAD). The report, based on a 2011 survey in 36 European countries, also reveals a reduction in ‘heavy episodic drinking’ (five drinks or more per occasion). But the survey highlights country differences and the need for vigilance where cannabis, inhalant and tobacco use has been seen to rise.

This is the fifth data-collection wave conducted by the ESPAD project, with multinational surveys carried out every four years since 1995 <sup>(1)</sup>. Over 100 000 school students took part in the latest survey. Of the countries participating, 23 were EU Member States. The *2011 ESPAD report: substance use among students in 36 European countries*, available in English, will be complemented by a multilingual summary produced with the support of the EMCDDA <sup>(2)</sup>.

The new survey results show that the increase seen in the use of illicit drugs among this age group in ESPAD countries between 1995 and 2003 has since stalled, with the average prevalence remaining unchanged at 18 % between 2007 and 2011 (11 % in 1995; 20 % in 2003). The vast majority of the students surveyed in 2011 who had ever tried an illicit drug, had used cannabis. Average lifetime cannabis use was reported by 17 % of the students, use in the last 12 months was

reported by 13 % and use in the last 30 days by 7 % (all unchanged overall). But despite this overall stable picture, the proportion of students who had ever tried cannabis increased significantly between 2007 and 2011 in 11 of the 36 ESPAD countries (and fell in five).

The 2011 ESPAD data show that over three-quarters of school students (79 %) had consumed alcohol in the past 12 months and over half (57 %) in the last 30 days, continuing the small decreases witnessed since 2003. In total, 11 countries reported a fall in alcohol use over the past 30 days and in ‘heavy episodic drinking’ over the same period (the latter had increased by 8 percentage points between 1995 and 2007). Also reported is the small decrease to 38 % in this drinking pattern among girls, in contrast to the striking increase seen in the last round of the survey (29 % in 2003, rising to 41 % in 2007). Among boys, the figure was also slightly lower in 2011 (43 % compared with 45 % in 2007). Across 22 countries, more boys than girls still report ‘heavy episodic drinking’ in the past 30 days, although the gender gap shrank from 12 percentage points in 1995 to five in 2011.

Lifetime prevalence rates for the use of inhalants, relatively unchanged from 2005 to 2007, increased slightly from 8 % to 10 % between the two most recent surveys. However, inhalants represent the variable with the largest number of countries (15) reporting significantly higher figures in 2011 than in 2007. Disappointingly, the overall trend in



**Need for vigilance where cannabis, inhalant and tobacco use has been seen to rise**

cigarette smoking in the last 30 days in the participating countries remained unchanged between 2007 and 2011, following decreases between 1999 (35 %) and 2007 (28 %). Of those surveyed in 2011, 6 % had tried one or more other drugs. Use of ecstasy and amphetamines shared second place after cannabis (3 %), while cocaine, crack, LSD and heroin were less commonly reported than cannabis (1–2 %).

*Deborah Olszewski*

<sup>(1)</sup> ESPAD surveys are available for 1995, 1999, 2003, 2007, 2011 at [www.espad.org/en/Reports-Documents/ESPAD-Reports](http://www.espad.org/en/Reports-Documents/ESPAD-Reports)

<sup>(2)</sup> This is the second multilingual summary supported by the EMCDDA. Downloadable in English, it will be published in the coming months in a further 22 languages at [www.emcdda.europa.eu/publications/joint-publications](http://www.emcdda.europa.eu/publications/joint-publications)

## EMCDDA and ECDC assess anthrax outbreak among heroin users in Germany

The EMCDDA and the European Centre for Disease Prevention and Control (ECDC) released a joint rapid risk assessment report on 22 June following a recent anthrax outbreak among drug users in Germany <sup>(1)</sup>. Anthrax is an acute infectious disease caused by the bacterium *Bacillus anthracis*. It most commonly occurs in wild and domestic animals and is endemic in a number of mainly agricultural countries. It remains rare in Europe.

The agencies conclude in the report that it is likely that the two cases identified were linked via the drug users’ exposure to heroin contaminated with *Bacillus anthracis*. While the geographical distribution of the contaminated

heroin is unknown at this time, the report states that it is possible that the batch is from the same source as the contaminated heroin incriminated in the 2009–10 outbreak in Scotland <sup>(2)</sup>. It concludes that the risk of exposure to the bacterium for heroin users in Germany, and in other countries, is ‘presumably still present’ and that it is therefore ‘likely that additional cases among IDUs will be identified in the near future’.

The early-warning networks of both agencies, as well as the EMCDDA expert networks on drug-related infectious diseases and deaths, have been alerted to these new cases and surveillance has been strengthened to report

any additional cases in Europe. ECDC and the EMCDDA will continue to monitor the evolution of the situation according to the epidemiological data available.

*Lucas Wiessing*

<sup>(1)</sup> *Joint rapid risk assessment: Anthrax cases among injecting drug users, Germany* (22 June) – two cases reported. A third confirmed case was reported on 4 July from a different region in Germany (Berlin) than the first two cases (Regensburg, Bavaria), suggesting that the contaminated heroin may be circulating more widely in Germany than previously thought. See updated report (6 July) at [www.ecdc.europa.eu/en/publications/Publications/Forms/ECDC\\_DisForm.aspx?ID=921](http://www.ecdc.europa.eu/en/publications/Publications/Forms/ECDC_DisForm.aspx?ID=921)

<sup>(2)</sup> See *Drugnet Europe* 70.

# Responses

## Responses to HIV outbreak among IDUs in Greece

In 2011, Greece and Romania witnessed a significant rise in HIV case reports and prevalence among injecting drug users<sup>(1)</sup>. In order to assess the response to the continuing rises in Greece (mainly Athens), the EMCDDA took part in a joint technical mission to the country from 28–29 May. The team was led by the European Centre for Disease Prevention and Control (ECDC) and included representatives from the World Health Organization (Regional Office for Europe) as well as observers from the European Union Agency for Fundamental Rights (FRA) and the EU Civil Society Forum on HIV/AIDS.

Over the two days, the visiting team received updates from the national infectious disease control agency on the status of the outbreak and assessed the most recent epidemiological data on HIV infections in the different transmission groups. They also met representatives of NGOs and visited a detention centre and drug and health services. A comprehensive report from the Greek national focal point on the immediate and significant scaling up of essential preventive measures (e.g. opioid substitution treatment, syringe provision), further informed the visit.

The international partners achieved a broad consensus on measures to be taken in response to the outbreak, which was officially conveyed in a report to the European Commission and the Greek Government on 19 June. The results of the technical visit will inform a high-level meeting on 'AIDS and other communicable diseases in vulnerable and marginalised populations across Europe: immigrants, sex workers, drug users', to be held in Athens in September 2012.

*Dagmar Hedrich*

<sup>(1)</sup> See 2011 Annual report and Drugnet Europe 77.

## Social reintegration of drug users — a neglected issue

Although the quality and provision of drug treatment has improved significantly in the EU over the last two decades, most activities in this field remain predominately geared to managing or ending substance use. This has led to concerns that support aimed at (re)integrating socially excluded drug users is perhaps being neglected by current drug policies.

Additional social support for drug users is often required since drug use affects many spheres of life (family and relationships; housing; education and employment) and can be associated with social and economic exclusion. EMCDDA data on clients entering drug treatment in 2009 show that over half were unemployed (59%), almost one in 10 (9%) lacked stable accommodation and only 37% had completed primary education<sup>(1)</sup>.



**Neglecting drug users' social needs can undermine gains made in treatment**

Neglecting drug users' social needs can undermine the gains made in treatment. In this light, the EMCDDA will release a study this autumn reviewing recent developments

and best practice in the social (re)integration of problem drug users in treatment. The report will also examine evidence on the effectiveness of a large number of interventions aimed at boosting drug users' employability and employment chances. On the same theme, a new module is under development in the EMCDDA's Best practice portal dedicated to social (re)integration interventions. Due for release this autumn, these products are designed to help policymakers and practitioners further develop coherent and inclusive strategies to promote the social (re)integration of this target population.

*Alessandro Pirona*

<sup>(1)</sup> See Tables TDI-12, TDI-13 and TDI-15 in the 2011 Statistical bulletin.

## Mapping 'drug squads' in Europe

Drug supply reduction is a broad, diverse and complex field where drug law enforcement plays a central role. In a step towards identifying the law-enforcement activities and bodies that contribute to reducing drug supply in Europe, the EMCDDA performed a mapping project in 2011 on 'drug squads', the units specialising in enforcing national drug legislation<sup>(1)</sup>.

In the context of this initiative, the EMCDDA hosted an expert meeting in Lisbon from 19–20 April bringing together drug law

enforcement officers and crime analysts from 12 European countries. Also represented were Europol, the European Police College (CEPOL) and the Maritime Analysis and Operation Centre–Narcotics (MAOC–N). At the meeting, the EMCDDA presented the results of its 2011 mapping initiative (26 countries) which, supported by the Reitox network, provided insight into the number, institutional affiliation and mandate of specialised drug squads in Europe. National experts presented their country's drug law enforcement structure and

related organisational and operational features.

During the discussions, the participants explored a number of specific country approaches in depth and provided feedback on the methodology of the mapping survey. A final report on the mapping project will be concluded at the end of the year. The project falls under the EMCDDA's remit to monitor supply reduction in Europe.

*Rainer Kasecker*

<sup>(1)</sup> See Drugnet Europe 74.

## Bookshelf

### World drug report 2012



Around 230 million people — 1 in every 20 worldwide — took illicit drugs at least once in 2010. This is according to the UNODC *World drug*

*report 2012* released in New York on 26 June at a UN General Assembly thematic debate on the impact of drugs and crime on development.

Problem drug users, mainly heroin and cocaine-dependent persons, number around 27 million globally, roughly 0.6 % of the world adult population. Launching the annual snapshot of the world drug situation, UNODC Executive Director Yury Fedotov said that heroin, cocaine and other drugs continue to kill around 200 000 people a year.

According to the report, the production of opium soared by 61 % in Afghanistan from 3 600 tonnes in 2010 to 5 800 in 2011, with global production in 2011 amounting to 7 000 tonnes. The UN says that, while heroin use in North America and Europe appears to be stable or shrinking, it may be increasing in Africa and Asia which account for around 70 % of global opiate users and where clear data are lacking. Among the concerns raised in the report is the rising non-medical use of prescription medicines, especially among women.

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[www.unodc.org/unodc/en/data-and-analysis/WDR2012.html](http://www.unodc.org/unodc/en/data-and-analysis/WDR2012.html)

*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

### New drugs — making the international connections

Whether sold as ‘plant food’ in Europe or ‘bath salts’ in the US, ‘new drugs’ have become a global phenomenon and one which is developing at a remarkable pace. Reflecting the importance of international cooperation in this area, the United States National Institute on Drug Abuse (NIDA) and the EMCDDA brought together leading US, European and international experts in June to take stock of the issue from a global perspective. In the framework of the 2012 NIDA International Forum, taking place in Palm Springs (CA) from 8–11 June (1), the organisations co-hosted the Second interdisciplinary forum on new and emerging psychoactive substances gathering over 300 participants from 72 countries.

Building on the First international multidisciplinary forum on new drugs (2), organised by the EMCDDA in Lisbon in May 2011, this year’s forum focused on new and emerging synthetic and natural drugs, such as synthetic cannabinoid receptor agonists (e.g. ‘Spice’) and stimulants (e.g. cathinones).

Global updates at the forum — including insights from the European Union, UNODC, Australia, Japan and the United States — looked at the appearance and use of these substances and how they are monitored, detected, risk-assessed and controlled. These updates revealed important commonalities between countries in the marketing, use and responses to this phenomenon, with striking similarities across the globe in the names and packaging associated with these substances. Acute toxicity related to some new drugs, as seen in recent high-profile media reports, has boosted policy awareness in a number of countries, making the meeting all the more timely.

EMCDDA Scientific Director Paul Griffiths, who received, on 9 June, the 2012 NIDA International Program Award for Excellence in International Leadership (see p. 7), delivered a keynote speech on ‘New psychoactive substances — a growing challenge for drug policy and practice’. Other speakers included Volker Auwaerter of the University Medical Centre, Freiburg,



#### Acute toxicity related to some new drugs has boosted policy awareness in a number of countries

one of the first to identify the synthetic cannabinoid JWH-018 found in ‘Spice’ in 2008 (3).

Presenting an update from the EU, Roumen Sedefov, EMCDDA Head of Supply reduction and new trends, explored the question ‘Is the future already here?’ New psychoactive substances were detected in the EU in 2011, via the European early warning system, at the rate of around one per week (4).

Challenges posed by emerging psychoactive substances for prevention and treatment were also addressed at the event. Discussions considered individual substances, as well as the broader new drugs phenomenon and the implications for the treatment of acute toxicity and the prevention of use. This session included insights from hospital emergency departments in the UK; prevention strategists in Poland; and medical experts from the USA who explored the ‘legal ills’ of synthetic cannabinoids and piperazines.

#### Roumen Sedefov and Ana Gallegos

(1) For more, see <http://international.drugabuse.gov/meetings/international-forum>

(2) For more, see [www.emcdda.europa.eu/events/2011/new-drugs-forum](http://www.emcdda.europa.eu/events/2011/new-drugs-forum)

(3) See [www.emcdda.europa.eu/publications/drug-profiles/synthetic-cannabinoids](http://www.emcdda.europa.eu/publications/drug-profiles/synthetic-cannabinoids) and [www.emcdda.europa.eu/publications/thematic-papers/spice](http://www.emcdda.europa.eu/publications/thematic-papers/spice)

(4) For more, see [www.emcdda.europa.eu/news/2012/2](http://www.emcdda.europa.eu/news/2012/2)

# Partners

## EMCDDA attends CICAD–OAS meeting

The impact of drug trafficking on economic development, preventing the spread of heroin use in the Americas and drugs and security in Central America and the Caribbean. These were among the many issues discussed at the 51<sup>st</sup> meeting of the Inter-American Drug Abuse Control Commission of the Organisation of American States (CICAD–OAS) held in Washington from 9–11 May. The EMCDDA attended the event as observer at the invitation of CICAD–OAS Executive Secretary Ambassador Paul Simons. The two organisations collaborate under a Memorandum of Understanding (MoU) signed in 2000 (1).

‘National drug policies based on evidence: meaning and implications’ was among the sessions organised under the general theme ‘Policy issues in support of the Hemispheric Drug Strategy’ (2). Here, the EMCDDA contributed with a presentation on evaluating drug policy in Europe. For the first time at this event, a session on ‘Civil society and other partners in the drug policymaking process’ addressed contributions from this sector towards implementing the above strategy and the Hemispheric plan of action 2011–15 (3).

Following the new remit bestowed on CICAD–OAS in April by Heads of State at the Summit of the Americas in Cartagena (4), the participants discussed preparations for an upcoming report on existing drug policies in the Hemisphere and options for the future.

*Alexis Goosdeel*

(1) For more, see [www.emcdda.europa.eu/about/partners/cicad](http://www.emcdda.europa.eu/about/partners/cicad)

(2) Adopted in 2010, this replaced the previous Anti-drug strategy in the Hemisphere. See comparison at [www.cicad.oas.org/EN/BasicDocuments/Hemispheric%20Drug%20Strategy100603.pdf](http://www.cicad.oas.org/EN/BasicDocuments/Hemispheric%20Drug%20Strategy100603.pdf)

(3) For more, see ‘Basic documents at [www.cicad.oas.org/Main/AboutCICAD/BasicDocuments/DrugStrategy.pdf](http://www.cicad.oas.org/Main/AboutCICAD/BasicDocuments/DrugStrategy.pdf)

(4) For more, see [www.summit-americas.org/default\\_en.htm](http://www.summit-americas.org/default_en.htm)

# International

## Kazakhstan study visit to the EMCDDA

High levels of injecting heroin use have been a prominent feature of Kazakhstan’s drugs problem in recent years, calling for strong and improved monitoring and responses. Faced with this challenge, the country is taking significant steps for its drug data-collection methods and prevention and treatment programmes to conform with EU and international standards.

In this context, the EMCDDA welcomed a drug monitoring expert from Kazakhstan for a one-month study visit to the agency in the framework of the EU-funded Central Asia Drug Action Program (CADAP) (1). Over this period (7 May–8 June), the visiting expert was offered an insight into the EU’s drug monitoring systems and standards for data collection and reporting, while sharing with the EMCDDA elements from a national context.

The visit focused principally on the analysis and interpretation of data on the demand for treatment in Kazakhstan and on the extent to which national data collection in this area conforms with the EMCDDA’s treatment demand indicator (TDI). Also identified during the visit were the strengths and weaknesses of existing TDI databases in Kazakhstan and the steps required to bring Kazakh treatment demand data in line with EMCDDA methodology. A final analysis by the expert will outline recommendations on how to improve treatment demand data collection in Kazakhstan.

*Oleg Yussopov, visiting expert*

(1) For more on CADAP, see [www.cadap.eu](http://www.cadap.eu). The study visit was funded under the component ‘Drug epidemiology data base collection and development’ (DAMOS).

## Drugs-Lex

### New criteria applied to Dutch ‘coffee shops’ to reduce public nuisance

The Netherlands is the only country in Europe with a national system for the regulated supply of psychoactive cannabis. Cannabis sales outlets known as ‘coffee shops’ have been operating in the country since 1979, when a practice of tolerance was set out in national guidelines from the public prosecutor. They were made subject to licensing by the municipality from the mid-1990s (1). Nevertheless, around three-quarters of Dutch municipalities do not allow coffee shops at all, and across the country, the total number is on the decline (846 in 1999 compared with 666 in 2009).

Two new criteria tighten controls on coffee shops. The first of these is the ‘closed club

criterion’ which limits coffee shop access to registered members. The second ‘residence criterion’ stipulates that coffee shops should only be accessible to adults resident in the Netherlands. These criteria were applied in three southern Dutch states in May 2012 (North Brabant, Zeeland, Limburg) and will be implemented nationwide from January 2013. Also next January, the maximum number of members will be set at 2 000. Furthermore, from January 2014, the distance criterion between coffee shops and (secondary) schools will be enlarged from 250 to 350 metres.

The mayor of the town may order a coffee shop to be closed if these criteria

are disregarded (Article 13b of the Dutch Opium Act). The ultimate result may be the prosecution of the coffee shop owner. The rationale behind these developments is to reduce public nuisance and to bring coffee shops back to their original purpose: small-scale points of sale for local users.

*Brendan Hughes*

(1) The sale of small quantities of cannabis in coffee shops is technically an offence, but is tolerated in the attempt to keep cannabis users away from other, more dangerous drugs. For more, see Chapter 6, Box on ‘Regulated supply of cannabis: the Netherlands’ [www.emcdda.europa.eu/publications/insights/cannabis-market](http://www.emcdda.europa.eu/publications/insights/cannabis-market)

## Spotlight

### Psychiatric co-morbidity



The term psychiatric co-morbidity (often defined as 'dual diagnosis') refers to the co-occurrence of two or more mental disorders during some period of time in the same person. They usually include a substance use problem and another mental health disorder (Evans et al., 2001; WHO, 1994).

The link between the two disorders is a complex one, since symptoms can overlap and fluctuate, and their causal link is unclear. For example, a substance use can kindle underlying mental disorders (e.g. cannabis use and schizophrenia) or a mental disorder may lead to substance use as a form of 'self-medication' (e.g. amphetamines and depression). And both disorders are caused by overlapping factors, such as brain deficits, genetic vulnerability and early exposure to trauma. Studies report high prevalence of psychiatric co-morbidity in vulnerable groups (e.g. over 50 % in problem drug users and those with mental disorders) (Langas, 2011, Hall, 2009; EMCDDA, 2011).

Those suffering from psychiatric co-morbidity have vulnerable health and social profiles, scarce access to care and poorer compliance to treatment. Diagnosing psychiatric co-morbidity is difficult as knowledge is scarce and not comparable across countries. Furthermore, few services target this population, with individuals usually being treated separately for mental health and substance use disorders.

Boosting political attention around this issue and promoting comparable information will help better plan appropriate interventions for those affected. The topic was high on the agenda at two meetings in June where the EMCDDA delivered presentations on the subject. These were the 38<sup>th</sup> Annual alcohol epidemiology symposium of the Kettil Bruun Society and the national drug coordinators' meeting held in Copenhagen under the Danish Presidency from 14–15 June.

*Linda Montanari and Danilo Ballotta*

## Reitox

### Reitox early warning system network annual meeting

Latest approaches to monitoring new drugs and drug use trends and the challenge of controlling new psychoactive substances were among the topics discussed at the 12<sup>th</sup> annual meeting of the Reitox early warning system (EWS) network, held in Lisbon from 24–25 May.

The meeting opened with a summary of the findings of the 2011 EMCDDA–Europol report on the implementation of Council Decision 2005/87/JHA. The EMCDDA described how the report — which had shown new drugs appearing on the illicit market last year at the rate of around one per week — underlined the degree to which new substances present a challenge to monitoring, responding and controls. Europol emphasised the importance of information exchange at regional and national level and the need for structured information collection by law enforcement bodies. National EWS updates followed from France, Italy, Greece and the UK.

A session focusing on mephedrone examined the toxicology of this substance and prevalence data as well as new patterns of use and law enforcement responses to the drug's criminal supply. The EMCDDA

provided an update on mephedrone use in Europe, while the Hungarian delegate described the increasing use of cathinones among injecting drug users in that country. Substance abuse trends in the US were also presented, focusing mainly on methamphetamine.

The new approaches to monitoring and responding to new drugs discussed at the meeting included: guidelines for improving pre-hospital care for recreational drug users (EMCDDA, UK); wastewater analysis (UK, Finland); and computational modelling to assess the properties of new substances. On legislative responses, it was revealed that countries appear to be moving from one legal response to a combination of them, with some making multiple changes to their legislation. Finally, the meeting addressed an ongoing data-collection exercise on the substance 4-methylamphetamine (4-MA). In line with the above Council Decision, the findings of this exercise will be presented in a joint report at the end of July to the Council of the EU, the European Commission and the European Medicines Agency.

*Ana Gallegos and Roumen Sedefov*

### Extending the Reitox network to new partner countries

'Cooperation in the drugs field must cross borders if we are to build a more accurate picture of the drug situation and responses to it in the EU and its neighbouring countries'. These were the words of EMCDDA Director Wolfgang Götz as the agency opened up its latest Reitox meeting to countries outside the EU. The four-day event, which kicked off on 29 May in Lisbon, was christened 'Reitox week' and was the first of its kind (1).

Reitox week brought together 45 countries including: the current 30 members of the network, Russia, Kazakhstan and a number of beneficiaries of the European Instrument for Pre-Accession Assistance (IPA) (2) and the European Neighbourhood Policy (ENP) (3). The week was structured around two sessions. Part I (29–30 May), took the form of the meeting of the new 'extended' Reitox network. Part II (31 May–1 June), constituted the regular meeting of EU Reitox members (27 EU Member States plus Croatia, Turkey

and Norway) (4). The final conclusions of the event will be published on the EMCDDA website during the summer.

'This first Reitox week represents an important step forward in our technical cooperation with countries outside the EU,' said Wolfgang Götz at the opening session. 'By bringing all partners around the table for the first time, the event heralds a new era for our Reitox network and will provide added impetus to our cooperation projects'.

*Alexis Goosdeel*

(1) For more, see [www.emcdda.europa.eu/publications/drugnet/online/2012/78/spotlight](http://www.emcdda.europa.eu/publications/drugnet/online/2012/78/spotlight) and Fact sheet 1/2012 [www.emcdda.europa.eu/news/2012/fs-1](http://www.emcdda.europa.eu/news/2012/fs-1)

(2) See [http://ec.europa.eu/enlargement/how-does-it-work/financial-assistance/instrument-pre-accession\\_en.htm](http://ec.europa.eu/enlargement/how-does-it-work/financial-assistance/instrument-pre-accession_en.htm). See *Drugnet Europe 78* for IPA 4 launch.

(3) See [http://ec.europa.eu/world/enp/index\\_en.htm](http://ec.europa.eu/world/enp/index_en.htm)

(4) Full programme available at [www.emcdda.europa.eu/events/2012/rtxweek](http://www.emcdda.europa.eu/events/2012/rtxweek)

# Products and services

## General report of activities 2011



The EMCDDA *General report of activities* is an annual statutory publication providing a detailed progress report of the agency's achievements over a 12-month period. The 2011 edition, released on 15 June, describes how the EMCDDA implemented its annual work programme, highlighting the key accomplishments of the year. The structure adopted for the report mirrors that of the annual work programme and is designed to facilitate the cross-checking of results against expected work programme outcomes. In so doing, the report provides a strong management tool for the agency.

Available in English at [www.emcdda.europa.eu/publications/general-report-of-activities/2011](http://www.emcdda.europa.eu/publications/general-report-of-activities/2011)



## 2011: a year in review

Launched on 26 June, this new series 'A year in review', conveys the essence of the *General report of activities*. It is designed to provide interested audiences with a four-page summary of the agency's achievements for the year concerned.

Available in English at [www.emcdda.europa.eu/publications/general-report-of-activities/2011-highlights](http://www.emcdda.europa.eu/publications/general-report-of-activities/2011-highlights)

## Early warning system — national profiles

This publication, released on 24 May, presents 30 profiles of the national early warning systems on new psychoactive substances in operation in Europe in 2011. The early warning system on new psychoactive substances is a multidisciplinary network consisting of 30 European countries which collect, appraise and rapidly disseminate information on new drugs (see p. 6). The publication aims to promote best practice and to enhance the exchange of experience between different national systems.

Available in English at [www.emcdda.europa.eu/thematic-papers/ews](http://www.emcdda.europa.eu/thematic-papers/ews)

## Drugs in focus 23

The development of evidence-based demand reduction interventions is a primary drug policy objective at national, EU and global level. A particular discourse, with its own set of concepts, is used to discuss the implementation of this objective, including terms such as: best practice, quality standards, guidelines, protocols, accreditation systems and benchmarking. In a new edition in its *Drugs in focus series*, the EMCDDA provides readers with straightforward definitions of the terms used, whilst highlighting achievements and current challenges in transferring scientific knowledge into practice in the drug demand reduction arena. Special focus is given to 'best practice' due to this concept's increasing popularity and importance in Europe.

*Drugs in focus*, available in 25 languages, at [www.emcdda.europa.eu/publications/drugs-in-focus](http://www.emcdda.europa.eu/publications/drugs-in-focus)

## Thematic papers — coming soon

Over the summer, the EMCDDA will be releasing two new titles in its series of Thematic papers, focusing on prevention in recreational settings and travel and drug use.

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

## EMCDDA Scientific Director awarded for excellence in international leadership



EMCDDA Scientific Director, Paul Griffiths, M.Sc. (left), was selected in June as a winner of the 2012 United States National Institute on Drug Abuse (NIDA) International Program Awards of

Excellence (!). The annual awards, which celebrate achievements in mentoring, collaborative research and international leadership, were presented on 9 June during the 2012 NIDA International Forum, taking place in Palm Springs (see p. 4). Mr Griffiths received the Award for Excellence in International Leadership.

'The 2012 Awards of Excellence winners are dedicated and experienced leaders in the international effort to advance drug abuse research and training. This year's winners have helped to prepare international scientists to work together across international borders and to lead the way for key scientific breakthroughs', said Director of the NIDA International Program, Steven W. Gust, Ph.D. (right) 'Mr Griffiths has made a tremendous contribution towards improving systems to monitor drug abuse trends and standardising statistical records, greatly improving the data base for drug programme and policy decisions'.

EMCDDA Director Wolfgang Götz said: 'Paul Griffiths has made a dynamic and inspiring contribution to monitoring and analysing the drugs problem, to boosting scientific standards and to making the EMCDDA today's reference point on drugs in Europe. Along with his colleagues at the agency, I congratulate him wholeheartedly on this award'.

Paul Griffiths expressed his appreciation to NIDA for the award but also noted that he accepted it very much as recognition of the efforts, dedication and professionalism of the EMCDDA staff who had worked hard over the last decade to dramatically improve the scientific quality of the agency's outputs. In doing this, they had been greatly facilitated by the nurturing and supportive environment created by the EMCDDA's Director who had provided the space for the scientific teams to 'do their work'.

For more, see Fact sheet 2/2012 at [www.emcdda.europa.eu/news/2012/fs-2](http://www.emcdda.europa.eu/news/2012/fs-2)

## Calendar 2012

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### EMCDDA meetings

- 2–13 July: European Summer School 2012 — Illicit drugs in Europe: supply, demand and public policies, Lisbon.
- 4 July: EMCDDA Executive Committee and Budget Committee, Lisbon.
- 5–6 July: 45<sup>th</sup> EMCDDA Management Board meeting, Lisbon.
- 9–11 July: EMCDDA visit to Federal Service of the Russian Federation for Narcotics Traffic and Control (FDCS), Moscow.
- 19 September: EMCDDA expert meeting on a treatment data-collection strategy, Lisbon.
- 20–21 September: EMCDDA expert meeting on the treatment demand indicator, Lisbon.
- 26 September: 2012 scientific paper award, Lisbon.
- 11–12 October: EMCDDA expert meeting on the drug-related infectious diseases indicator, Lisbon.
- 25–26 October: EMCDDA expert meeting on the prevalence of problem drug use indicator, Lisbon.
- 15 November: Launch of the EMCDDA 2012 *Annual report*, Lisbon.
- 15–16 November: 37<sup>th</sup> Scientific Committee meeting, Lisbon.

### External meetings

- 26–29 September: ISAJE annual meeting, Lisbon ([www.parint.org/isajewebsite/index.htm](http://www.parint.org/isajewebsite/index.htm)).
- 27–28 September: EU law enforcement expert meeting on new drugs, Europol, The Hague.

### EU meetings

- 3 September: Horizontal working party on drugs, Brussels.
- 18 September: National drug coordinators' meeting, Cyprus anti-drugs Council, Nicosia.

## EMCDDA Management Board adopts next three-year work programme

Among the reasons why we need to understand today's drugs problem is to anticipate the problems we may face in the future. A new three-year strategy and work programme (2013–15), adopted by the EMCDDA Management Board from 5–6 July, promote just such a forward-looking perspective. They do so via three commitments to: provide a relevant, timely and responsive analysis to the drug situation; ensure efficiency and that maximum value is derived from EMCDDA activities; and enhance communication and a customer-oriented approach.

In this context, the Board also adopted a new EMCDDA communication strategy. This update comes at a time of heightened need for an efficient use of resources, which calls for 'an integrated and multidisciplinary response that pools scientific and technical expertise to produce pertinent and cost-efficient results'. Among the developments foreseen by this integrated communication strategy are a shorter multilingual *Annual report*, accompanied by topic overviews in English.

How the EMCDDA fared in its third external evaluation was also the subject of discussion (1). The evaluators (CSES for the European Commission) concluded that, overall, the EMCDDA had performed well in its mission to provide 'factual, objective, reliable and comparable information at the European level on drugs and drug addiction and their consequences'. Information from the EMCDDA had also helped with the development of effective policymaking to combat the drugs problem at EU and Member State levels.

### Monika Blum

(1) See *Drugnet Europe* 76.

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The report chronicles a dramatic shift in the European cannabis market over the last 20 years, describing an overall trend towards 'import substitution' (imported cannabis products being replaced by those grown inside Europe's borders). The analysis shows that, in two-thirds of Europe (30 EMCDDA countries), cannabis consumption is now dominated by herbal products (and by resin in the remaining third). Almost all (29) of the 30 reporting countries stated some cultivation of herbal cannabis. Considerable challenges posed by indoor cultivation techniques have led to a number of intelligence-led approaches to market interdiction involving new technologies and information sharing. Yet, most law-enforcement attention is still focused on cannabis use rather than supply.

Morocco consistently ranks first as exporter of cannabis resin to Europe. Although some sources report recent vast decreases in Moroccan resin production, European data suggest that some production estimates for Morocco could be unrealistically low.

(1) For full story, see news release 5/2012 at [www.emcdda.europa.eu/news/2012/5](http://www.emcdda.europa.eu/news/2012/5)