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New dynamics and dimensions of Europe's drugs problem



Commissioner Avramopoulos: 'We need to be united, swift and determined in our response to the drugs threat'.

Changing dynamics in the heroin market, the latest implications of cannabis use and new features and dimensions of the stimulant and 'new drugs' scene, are among the issues highlighted in the *European Drug Report 2015: Trends and Developments* (EDR) released on 4 June in Lisbon. In its annual review, the EMCDDA reflects on 20 years of monitoring and examines the global influences and local ramifications of Europe's ever-changing drugs problem.

The report was launched at a press conference at the EMCDDA, featuring: Dimitris Avramopoulos, European Commissioner for Migration, Home Affairs and Citizenship; João Goulão, Chairman of the EMCDDA Management Board; and Wolfgang Götz and Paul Griffiths, EMCDDA Director and Scientific Director respectively, who presented the key findings (see pp. 2–8).

Commissioner Avramopoulos said: 'The report shows that we are confronted with a rapidly changing, globalised drug market and, therefore, we need to be united, swift and determined in our response to the drugs threat. I am particularly concerned that the Internet is increasingly becoming a new source of supply, for both controlled and uncontrolled psychoactive substances'.

The Commissioner continued: 'Europe plays a leading role in tackling the "new drugs" phenomenon and we will continue

to do so for the wellbeing and safety of our citizens. 101 new uncontrolled psychoactive substances were reported in 2014, challenging our existing control mechanisms. I look forward to the forthcoming EU legislation in this area, which is currently under negotiation. This will further strengthen our responses and equip us with better instruments to deal with these substances more rapidly and more effectively'.

'This 20th analysis of the European drug phenomenon demonstrates how much has changed since the EMCDDA's first report in 1996, and how much the agency has enhanced understanding of this issue', added João Goulão. 'The complexity of the drugs problem is now far greater, with many of the substances featured today virtually unknown to users two decades ago. The boundaries between old and new

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European Drug Report package 2015

What are the latest drug market trends and what are the factors driving them? What are the most recent developments in drug prevention, treatment and policy? How many new drugs were detected in Europe over the last year and what are the consequences for those using them? These are just some of the questions explored in the EMCDDA's *European Drug Report 2015: Trends and Developments*.

This annual overview of the European drug situation offers a rich analysis of the latest trends in drug supply, drug use and health and social responses. The report is accompanied by a *Statistical Bulletin*, containing the full European dataset underpinning the report, and by *Perspectives on Drugs*, online interactive windows on key aspects of the drugs problem. *Country Overviews* complete the picture, providing national-level data and analyses.

In print and online in 24 languages, this multilingual, multimedia package offers easy access to evidence-based information on drugs across the 28 EU Member States, Turkey and Norway. As such, it is an essential resource for informing European policies and responses and enhancing understanding of a drug phenomenon in constant evolution.

For more, see www.emcdda.europa.eu/edr2015

EUROPEAN DRUG REPORT 2015

HEROIN

Heroin in decline, but market changes call for close monitoring



Crucial stages of the heroin manufacturing process are now being carried out inside Europe.

1.3 million problem opioid users are now in opioid substitution treatment.

Reported seizures data, which help understand trends in heroin supply, also show declines. The quantity of heroin seized in the EU in 2013 (5.6 tonnes) was among the lowest reported in the last 10 years — half the amount seized in 2002 (10 tonnes). The number of heroin seizures also fell from around 45 000 in 2002 to 32 000 in 2013. But against this positive backdrop, the report flags up a number of market changes which call for close monitoring.

Latest UN estimates, for example, suggest a substantial increase in opium production in Afghanistan in 2013 and 2014, the country supplying most of the heroin used in Europe. A potential knock-on effect of this could be greater availability of heroin on the European market. Also highlighted are signs of market innovation, including the detection inside Europe of heroin processing laboratories, the first time since the 1970s. Two laboratories, converting morphine into heroin, were discovered in Spain in 2013 and 2014. Changes in heroin trafficking into Europe are also noted. While the traditional 'Balkan route' remains prominent, there are signs that the 'Southern route' is gaining ground (see POD, p. 7).

EMCDDA Director Wolfgang Götz said: 'Changes in law enforcement activity, instability and armed conflict, and the multiple and rapid connections brought by globalisation, are among a variety of factors that can alter trafficking routes. Today, we see marked increases in opium production in Afghanistan and a diversification both in products traded and in trafficking methods and routes used. This is compounded by the fact that crucial stages of the heroin manufacturing process are now being carried out inside Europe. Any potential for a resurgence of heroin problems is worrying and close monitoring of the situation is critical'.

Problems relating to heroin still account for a large share of the drug-related health and social costs in Europe, but the *European Drug Report 2015: Trends and Developments* shows that recent trends in this area have been 'relatively positive', with 'overall stagnation in demand for this drug'. Fewer people are now entering specialised drug treatment for the first time for heroin problems: 23 000 in 2013 compared to 59 000 in 2007. And it is estimated that over half (700 000) of Europe's

AGEING DRUG USERS

Older opioid users in need of tailored services

Opioid dependence is often a chronic condition and providing appropriate treatment and care to long-term opioid users is a 'growing challenge for drug services', states the EDR. The report shows how the average age of those entering treatment for opioid problems is increasing, with the median age rising by five years between 2006 and 2013. A significant number of opioid users in Europe with long-term polydrug use histories are now in their 40s and 50s. A history of poor physical and mental health, bad living conditions, infections and the misuse of multiple substances (including alcohol and tobacco), makes this group susceptible to a range of chronic health problems (e.g. cardiovascular, pulmonary, hepatic).

'Clinical guidelines that take account of the demographic shift in Europe's problem opioid users are needed', says the report. These would support effective clinical practice and cover issues such as: drug interactions; take-home dosages of substitution treatment medications (e.g. methadone, buprenorphine); managing pain and treating infections. At present, few countries report the availability of targeted programmes for older drug users. This group is generally integrated within existing drug treatment services.

INFECTIOUS DISEASES

Hepatitis C treatments improve and new HIV diagnoses stall

Transmitted through the sharing of needles, syringes and other injecting equipment, hepatitis C is the most common infectious disease among people who inject drugs (PWID) in Europe, with national samples of PWIDs showing between 14 % and 84 % infected with the hepatitis C virus in the period 2012–13. Hepatitis C infection is often asymptomatic and can go for decades undiagnosed.

A growing number of countries have adopted, or are preparing, specific hepatitis C strategies, which aim in particular to ensure access to hepatitis C testing. While new antiviral medications are available, lack of diagnosis, together with high medication costs, are limiting the reach of these new treatments.

Latest data show that rises in the number of new HIV diagnoses attributed to injecting in Europe, resulting from outbreaks in Greece and Romania in 2011/12, have now stalled and that the overall EU total has dropped to pre-outbreak levels. Provisional figures for 2013 show 1 458 newly reported HIV infections, compared with 1 974 in 2012, reversing the upward trend since 2010. Despite progress in this area, the report underlines the need for continued vigilance and adequate service provision.

EUROPEAN DRUG REPORT 2015

STIMULANTS

Competition in a crowded stimulant market

Substances compete in a crowded market.

Europe is confronted with a crowded stimulant market, with cocaine, amphetamines, ecstasy and a growing number of synthetic drugs targeting similar consumer groups. Cocaine remains the most commonly used illicit stimulant drug in

Europe, although most users are found in a small number of western EU countries. Around 3.4 million adults (15–64 years) have used cocaine in the last year; of these 2.3 million being young adults (15–34 years).

Use of amphetamines (encompassing amphetamine and methamphetamine) remains overall lower than that of

cocaine in Europe, with around 1.6 million adults reporting last-year use; of these 1.3 million being young adults (15–34 years). New patterns in methamphetamine use are highlighted in the report. In the Czech Republic, a marked increase in high-risk methamphetamine use (mainly injection) has been observed, with estimates of the number of users increasing from some 21 000 to over 34 000 between 2007 and 2013. Also reported in a number of European countries is the injection of methamphetamine with other stimulants (e.g. synthetic cathinones) among small groups of men who have sex with men. These so-called ‘slamming’ practices raise concern due to risk-taking in both drug-use and sexual behaviour.

An estimated 2.1 million adults (15–64 years) have used ecstasy in the last year; 1.8 million being young adults (15–34 years). After a period in which tablets sold as ecstasy had a reputation among consumers for poor quality and product adulteration, high-purity MDMA powder and tablets are now more commonly available.

Synthetic cathinones (e.g. mephedrone, pentadone and MDPV) are now a fixture on the illicit stimulant market, in some European countries, and are often used interchangeably with amphetamine and ecstasy.

NEW PSYCHOACTIVE SUBSTANCES

‘New drugs’ detected at the rate of two per week

New psychoactive substances (NPS or ‘new drugs’, often sold as ‘legal highs’) were detected in the EU last year at the rate of around two per week. A total of 101 new substances were reported to the EU Early Warning System (EWS) in 2014 (up from 81 substances in 2013), continuing an upward trend in substances notified in a single year. This brings the total number of substances being monitored by the agency to over 450, with more than half of that figure being identified in the last three years alone.

In 2014, 101 ‘new drugs’ were reported for the first time to the EU Early Warning System

In 2014, the list of substances reported was again dominated by two groups: synthetic cathinones (31 substances) and synthetic cannabinoids (30 substances) — often sold respectively as legal replacements for stimulants and cannabis. These represent the two largest groups monitored by the EWS and, together, make up almost two-thirds of the new drugs notified in 2014. New data on seizures show that around 35 000 seizures of NPS were reported in the EU in 2013. Of these, the most commonly seized were synthetic cannabinoids and synthetic cathinones.

ONLINE MARKETS

The Internet and apps: emerging virtual drug markets

The Internet plays a growing role in supplying and marketing drugs to Europeans, with NPS and established drugs both offered for sale online. Use of the ‘surface web’ (accessible via common search engines) for the sale of NPS has received greater attention over the last decade, with EMCDDA monitoring identifying around 650 websites selling ‘legal highs’ to Europeans.



The growth of online and virtual drug markets poses major challenges to law enforcement and drug control policies.

A challenging development in the online market is the sale of illicit drugs on ‘cryptomarkets’ or ‘deep web’ online marketplaces (accessible via encryption software). These allow goods and services to be exchanged between parties anonymously, often using ‘crypto currencies’ (e.g. Bitcoin) to facilitate hidden transactions. So-called ‘grey marketplaces’ are also emerging, where sites operate on both the surface and deep web. The EDR highlights how social media and apps play an active role in drug markets, whether used directly for buying and selling drugs or indirectly for marketing, opinion-forming or experience-sharing.

‘The growth of online and virtual drug markets poses major challenges to law enforcement and drug control policies’, says the report. ‘Existing regulatory models will need to be adapted to perform in a global and virtual context’.

IN FOCUS

Cannabis in the spotlight



The *European Drug Report 2015: Trends and Developments* (EDR) shows that the overall number of those entering treatment for the first time for cannabis problems in Europe rose from 45 000 in 2006 to 61 000 in 2013. While cannabis clients entering treatment are most likely to self-refer (34 %), around one-quarter of all those entering treatment for primary cannabis use (23 000) were referrals from the criminal justice system.

The most recent survey results show divergent trends in last-year cannabis use among young adults. Population surveys for three countries (Germany, Spain and the UK), report decreasing or stable cannabis prevalence over the past decade. In contrast, rising use is observed in Bulgaria, France and four Nordic countries (Denmark, Finland, Sweden, Norway).

Acute cannabis-related emergencies, although rare, can occur after consuming the substance, especially at high doses. A recent study in emergency settings showed an increase in the numbers of cannabis-related emergencies reported between 2008 and 2012 in 11 of the 13 European countries analysed.

Over 130 synthetic cannabinoids, sold as legal replacements for cannabis, have been detected to date by the EU Early Warning System (EWS), adding a new dimension to the cannabis market. The use of these substances can result in adverse health consequences (e.g. kidney damage, pulmonary and cardiovascular effects, convulsions). Recent deaths and acute intoxications in Europe, and internationally, linked to these substances have prompted the EMCDDA to issue public health-related alerts.

For more, see www.emcdda.europa.eu/edr2015

FEATURE

Growing importance of effective treatment for cannabis use

Providing effective treatment for those with cannabis use disorders is likely to become a matter of growing importance in European drug policy. This is according to a new in-depth EMCDDA study released in April: *Treatment of cannabis-related disorders in Europe* ⁽¹⁾.

Cannabis is the most widely used illicit drug in Europe, with an estimated 19.3 million adults (15–64 years) reporting to have used it in the last year, 14.6 million of these being young adults (15–34 years). An estimated 1 % of all adults are daily or almost daily users.

This is reflected in the numbers entering specialised drug treatment, with the largest group of first-time treatment entrants citing cannabis as their main problem drug.

Opening with an overview of cannabis use and its health effects, the report proceeds to: present the latest evidence underpinning interventions; map out the availability and provision of cannabis treatment in 30 countries (with examples of cannabis-specific programmes); and compare treatment needs with provision.

Most European countries now offer treatment programmes for cannabis use disorders

up the published evidence on a range of treatment programmes. It differentiates between those targeting adults or adolescents and between cannabis-specific and general substance-use programmes. Telephone and online approaches are among those examined.

Drawing on data from the EU Member States, Turkey and Norway, the report finds that many countries have implemented, expanded or modified national treatment programmes to better serve this population of drug users. It describes how most European countries now offer treatment programmes for cannabis use disorders.

The study reveals that 15 countries declared providing at least one cannabis-specific treatment programme, while 14 other countries reported treating individuals with cannabis problems via general substance-use interventions. No evidence was found for the superiority of specific over general treatment, as 'both approaches can work'. Comparing indicators of treatment needs with treatment provision, the report concludes that, despite exceptions, 'the overall situation in Europe looks positive'.

EMCDDA Director Wolfgang Götz says: 'In recent years, we have seen seismic shifts in the cannabis market, evolving patterns of use and a growing debate on cannabis controls, with the drug now high on the political agenda in many parts of the world. It is both timely and appropriate then that we address the treatment of cannabis use disorders today. With large numbers entering cannabis programmes every year in Europe, largely paid for by public funds, treatment effectiveness is a key consideration for policy. With this report we hope to offer experts and policymakers a firm basis for their decision-making.'



Many countries have implemented, expanded or modified national treatment programmes to better serve cannabis users.

'Treatment for cannabis-related problems', states the report, 'relies primarily on psychosocial approaches combining elements of classical psychotherapy with social support and care' ⁽²⁾. To highlight the interventions most likely to succeed, the study weighs

⁽¹⁾ EMCDDA Insights 17. For more, see www.emcdda.europa.eu/news/2015/treatment-of-cannabis-related-disorders-in-Europe (Figures in the above article have been updated in line with those released in the EDR on 4 June).

⁽²⁾ For more on cannabis and psychosocial interventions, see POD, p. 7.

INTERNATIONAL

Morocco: first national report

The Moroccan Observatory on Drugs and Addictions (ONDA) launched in Rabat, on 2 March, its first national report on the drug situation, with the support of the Council of Europe's Pompidou Group and the EMCDDA ⁽¹⁾⁽²⁾. The publication focuses on indicators of prevalence among the general population and among young people (15–17 years), as well as on drug use among people who inject drugs (PWID) and the demand for treatment in harm reduction services and prison.

The data collected mainly stem from: a national household survey on mental disorders and drug use (2006); two surveys of the Mediterranean School Survey Project on Alcohol and Other Drugs (MedSpad) (2009, 2013); and bio-behavioural surveys among PWID in the Northern region of the country (2006, 2009, 2011). The most used substance in Morocco is tobacco, followed by cannabis, alcohol, benzodiazepines (diverted from licit use), cocaine, heroin, solvents and other glues and stimulants. Excluding tobacco, the annual prevalence of drug use is 4.85 % of the population over 15 years, amounting to at least 800 000 drug users in the country. Over 95 % (750 000) of these are cannabis users and some 20 000 report using cocaine. Around 20 000 Moroccans use heroin, two-thirds report being injectors and around half are estimated to carry the hepatitis C virus.

Prof. Jallal Toufiq MD, Director of ONDA

⁽¹⁾ Downloadable in French at www.onda-drogues.com/index.php/fr/rapports

⁽²⁾ The EMCDDA supported the drafting of this report within its European Neighbourhood Policy (ENP) project www.emcdda.europa.eu/html.cfm/index233016EN.html

PARTNERS

CLEN project group meeting

From 5–6 February, the Portuguese Taxes and Customs Authority and the EMCDDA hosted the second meeting of the European Commission's (EC) Customs Laboratories European Network (CLEN) project group, funded by the EC Customs 2020 programme. The meeting focused on 'Designer drugs and other illicit products'. The event was organised by the EC's Directorate-General (DG) for Taxation and Customs Union, the Institute for Health and Consumer Protection of the Joint Research Centre, with the participation of the DG for Migration and Home Affairs. The CLEN project group is composed of customs laboratories from the 28 EU Member States and aims to promote cooperation between them.

The 'new drugs' phenomenon is developing at an unprecedented pace. With new substances from diverse chemical groups emerging rapidly and sold in combination with other drugs, one of the main challenges for responding effectively to new psychoactive substances is their forensic identification. The need to identify and assess increasingly diverse sets of chemicals, and the costs of doing so, requires more robust cooperation and increased sharing of chemical data, reference samples and expertise among customs laboratories. The two-day meeting provided a unique opportunity for representatives of these laboratories to share experiences, compare their practices and discuss the next steps of the project.

Ana Gallegos and Andrew Cunningham

For more, see www.emcdda.europa.eu/news/2015/clen-meeting

LISBON ADDICTIONS 2015

European conference on addictive behaviours and dependencies and EMCDDA monitoring event

Registration is still open for the first European conference on addictive behaviours and dependencies, to be held in Lisbon from 23–25 September 2015. Hosted by the Portuguese General-Directorate for Intervention on Addictive Behaviours and Dependencies (SICAD), the event is held in collaboration with: the scientific journal *Addiction*; the International Society of Addiction Journal Editors (ISAJE); and the EMCDDA.

The conference is organised around four 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*. Close to 300 abstracts for three categories (paper presentations, symposia and posters) were submitted for consideration and the conference Scientific Committee (SC) reviewed the high-quality submissions. On the basis of the SC's ratings, the conference Programme Committee is now shaping the agenda and has been able to accommodate half of the proposals for the first two categories. Many renowned speakers have already confirmed their attendance, demonstrating the high profile of the event.

Alongside the conference, the EMCDDA will be organising an event from 21–22 September on the issue of 20 years of drug monitoring, with a focus on key epidemiological indicators (KIs). This will replace the EMCDDA's 2015 annual expert meetings of four of its five KIs (general population surveys; problem drug use; treatment demand; and drug-related deaths and mortality).

This EMCDDA side event is in line with the agency's new integrated and holistic approach to its expert meetings, designed to inspire cross-discipline, multi-indicator analyses of the drugs problem, including analyses of demand reduction and supply reduction indicators. The event, which will include thematic sessions on new monitoring approaches, will allow participants to reflect on progress made over two decades with the KIs and on new challenges for drug monitoring in the years ahead.

Maria Moreira, Renate Hochwieser and Julián Vicente

For more, see www.lisbonaddictions.eu — twitter.com/Lxaddictions15

SPOTLIGHT



European drugs summer school 2015

The final countdown has begun for the fourth European drugs summer school (EDSS) to take place in Lisbon from 29 June–10 July ⁽¹⁾. Entitled 'Illicit drugs in Europe: demand, supply and public policies', the initiative is organised by the University Institute of Lisbon (ISCTE–IUL) and the EMCDDA, with the support of the US National Institute on Drug Abuse (NIDA).

EMCDDA scientific experts and ISCTE–IUL professors, along with leading academics, guest speakers and policymakers, will prepare participants to meet the complex policy challenges in this field. 'Keynote lectures', a prominent feature of the summer school, will be continued in 2015. Speakers include: Prof. Robert West (University College London and Editor-in-chief of the journal *Addiction*), Dr Owen Bowden-Jones (Honorary Senior Lecturer at Imperial College) and Dr João Goulão (Director of Portugal's General-Directorate for Intervention on Addictive Behaviours and Dependencies/SICAD).

Week 1 of the summer school focuses on 'Monitoring the problem' and will feature lectures on: problem drug use; drug supply in Europe; and detecting new drugs. Week 2 is dedicated to 'Hitting a moving target', with lectures on: broadening the scope (addictive behaviours and dependencies); international drug policy; and the analysis of best practice as a means to enable decision-making. Students will look at the Portuguese drug policy as a case study. Some 25 students have already enrolled for the course from the EU Member States, Ghana, India and the USA. Registration is open until 15 June.

Marica Ferri, Alessandra Bo and Sónia Vicente

⁽¹⁾ www.drugsummerschool.cies.iscte-iul.pt

REITOX

EMCDDA publishes first overview of the drug situation in the Western Balkans



In focus: drug situation in the Western Balkans.

The EMCDDA published on 23 March its first overview of the drug situation in the Western Balkans ⁽¹⁾. Focusing on Albania, Bosnia and Herzegovina, the former Yugoslav Republic of Macedonia, Kosovo*, Montenegro and Serbia — all candidate and potential candidate countries to the European Union — the report describes a region facing a complex array of drug use problems and associated health and social consequences.

Entitled *Drug use and its consequences in the Western Balkans 2006–14*, the report focuses specifically on problem drug use, drug-related deaths, the health effects of injecting and treatment and harm reduction responses.

'This region is still all too often associated with the "Balkan route", used by organised crime groups to smuggle

illicit drugs, mainly heroin, from Central Asia to the European Union', commented EMCDDA Director Wolfgang Götz. 'But this restrictive view does not do justice to the progress made in addressing the local, and highly complex, drug situation'.

The report describes how, over the last 10–15 years, cooperation between the EMCDDA and the Western Balkans has developed, with support from specific EU programmes ⁽²⁾.

Substantial progress has been made in this time in defining national drug strategies and setting up national drug coordination mechanisms, drug information systems and focal points in the region. The report draws on these achievements, particularly on data gathered and analysed in national reports submitted by Western Balkan countries to the EMCDDA.

Alexis Goosdeel

⁽¹⁾ Key findings available at www.emcdda.europa.eu/news/2015/fs5/western-balkans-report

* All references to Kosovo in this report should be understood to be without prejudice to positions on status, and in line with UNSCR 1244 and the International Court of Justice Opinion on the Kosovo declaration of independence.

⁽²⁾ Phare Programme; Community Assistance for Reconstruction, Development and Stabilisation (CARDS); and Instrument for Pre-Accession Assistance (IPA).

NEW PSYCHOACTIVE SUBSTANCES

10 NPS under international control

The Commission on Narcotic Drugs (CND), the central drug policy-making body within the UN system, held its 58th session in Vienna from 9–17 March ⁽¹⁾. During the session, the CND decided to place 10 new psychoactive substances (NPS) under international control, adding them to the relevant schedules of the UN Single Convention on Narcotic Drugs of 1961 (as amended by the 1972 Protocol) and of the UN Convention on Psychotropic Substances of 1971.

The substances are: AH-7921 (schedule I, 1961 Convention); 25B-NBOMe, 25C-NBOMe, 25I-NBOMe (schedule I, 1971 Convention); and mephedrone,

BZP, JWH-018, AM-2201, MDPV and methylone (schedule II, 1971 Convention) ⁽²⁾.

The CND decided not to schedule 1,4-butanediol and GBL. It also postponed its discussion on the control of ketamine.

Ana Gallegos and Roumen Sedefov

⁽¹⁾ For more, see www.emcdda.europa.eu/news/2015/cnd

⁽²⁾ AH-7921, 25I-NBOMe, mephedrone, BZP and MDPV have all been risk-assessed by the EMCDDA and are already controlled throughout Europe. For more, see www.emcdda.europa.eu/publications/risk-assessments

PRODUCTS AND SERVICES

Perspectives on Drugs

The EMCDDA released alongside its *European Drug Report 2015* package (see p. 1), four new additions to its *Perspectives on Drugs* (PODs) series. Outlined below are highlights from these online interactive windows on key aspects of the drug situation.

Opioid trafficking routes from Asia to Europe

This new analysis reviews the current evidence of how opioids are being trafficked into Europe. It points to a diversification in heroin and morphine production, greater diversity of opioids on the market and innovation in trafficking methods and routes. While the traditional 'Balkan route' remains prominent, there are signs that the 'Southern route' is gaining ground. This originates in Iran and Pakistan and reaches Europe directly or indirectly via countries in the Arabian Peninsula and east, southern and west Africa. The review is set against a backdrop of increases in opium production in Afghanistan in 2013 and 2014, the country supplying most of the heroin used in Europe.

Misuse of benzodiazepines among high-risk opioid users

This POD places the spotlight on benzodiazepine misuse among high-risk opioid users in Europe, who may take these medicines to self-medicate or to enhance the effects of opioids. The analysis shows how the combined use of opioids with benzodiazepines and other central nervous system depressants (e.g. alcohol) contributes to an increased risk of overdose deaths. It suggests that prescribing and clinical practice guidelines could play a key role in the management of this complex issue (video available).

Drug consumption rooms: an overview of provision and evidence

Six EMCDDA reporting countries currently provide 'drug consumption rooms' (DCRs), totalling around 70 facilities (Denmark, Germany, Spain, Luxembourg, the Netherlands, Norway), while France recently approved the experimental trial of DCRs. This review of services delivered in these settings shows how DCRs can help reduce drug-related harms and serve as useful spaces to connect hard-to-reach drug users with health services (video available).

The role of psychosocial interventions in drug treatment

Psychosocial interventions are structured psychological or social interventions used to address substance-related problems. They can be used at different stages of drug treatment to identify the problem, treat it and assist with social reintegration. Evidence supports the use of psychosocial interventions in treating many different types of drug problem and behavioural addictions. This analysis explores what the main psychosocial interventions are and to whom they are provided.

The full *European Drug Report 2015* package is available at www.emcdda.europa.eu/edr2015

An e-publication, including interactive maps and graphics, is available in English.

Audiovisual material can be viewed at www.youtube.com/user/emcddatube

EUROPEAN DRUG REPORT PACKAGE 2015

A set of interlinked elements allowing full access to the available data and analysis on the drugs problem in Europe



PUBLICATIONS



New psychoactive substances in Europe

This report, released to coincide with the 58th session of the Commission on Narcotic Drugs, provides an update on new psychoactive substances in Europe for 2014. Accompanied by a poster, it highlights recent developments, including the growth of the market, as well as the growing number of serious harms reported.

For more, see www.emcdda.europa.eu/news/2015/1/cnd-new-drugs

Insights 17

Treatment of cannabis-related disorders in Europe presents a review of research on treatments for adolescent and adult cannabis users.

For more, see p. 4

Euro-DEN guidelines

The European Drug Emergencies Network project has published guidelines for the recreational drug scene: *When to call the emergency services for unwell recreational drug users*. These are now available in the EMCDDA Best Practice Portal.

For more, see www.emcdda.europa.eu/news/2015/euro-den

Coming soon

The EMCDDA will release the following titles in the next quarter: *General Report of Activities 2014*; *A Year in Review 2014*; *Drug policies of large European cities* (EMCDDA Papers); and *Assessing illicit drugs in wastewater – potential and limitations of a new monitoring approach* (Insights).

For more, see www.emcdda.europa.eu/publications/upcoming

EMCDDA meetings

4 June:	Launch of the <i>European Drug Report 2015</i> package, Lisbon.
8–9 June:	15 th annual meeting of the Reitox Early Warning System network, Lisbon.
15–16 June:	Drug-related infectious diseases (DRID) key epidemiological indicator annual expert meeting, Lisbon.
16–18 June:	52 nd Reitox Heads of focal point meeting, Lisbon.
29 June–10 July:	European drugs summer school (EDSS), Lisbon.
8 September:	Budget Committee meeting, Lisbon.
8–9 September:	16 th Legal and policy correspondents meeting, Lisbon.
9 September:	Executive Committee meeting, Lisbon.
9–11 September:	51 st Management Board meeting, Lisbon.
21–22 September:	EMCDDA event on monitoring and key indicators, Lisbon.
23–25 September:	First European conference on addictive behaviours and dependencies, Lisbon.

External meetings

3–4 June:	'Health without barriers', European Federation for Prison Health (3 rd board of Directors meeting) and 'Good practice in prison health' (1 st annual general meeting), Cagliari.
12–15 June:	NIDA international forum, Phoenix.
26 June:	International Day against Drug Abuse and Illicit Trafficking.
28 July:	World Hepatitis Day.

EU meetings

16 June:	Horizontal working party on drugs, Brussels (Latvian Presidency).
16–17 June:	Presentation of the EDR 2015 to the LIBE Committee, European Parliament.
17 June:	EU–Central Asia dialogue on drugs, Brussels.

Scientific Committee update

The EMCDDA's draft 2016–18 strategy and work programme and 2016 work programme provided the focus of the latest Scientific Committee meeting, held in Lisbon from 28–30 April. Discussions were organised in break-out sessions, allowing each Committee member to provide input on his/her area of expertise and to exchange views with EMCDDA scientific staff. Also addressed at the meeting was the implementation of the agency's recently adopted policy on conflicts of interests and the preparation of contributions to the EU Action Plan on Drugs (2013–16) — namely on drug-related research priorities and the scientific evaluation of policies.

In addition, the Committee reviewed the 54 eligible articles nominated for the fifth round of the EMCDDA scientific paper award, to be held in Lisbon in the autumn. These scientific papers, judged to enhance understanding of the European drugs problem, were nominated by members of the EMCDDA Scientific Committee, the Reitox national focal points, scientific journals/associations and EMCDDA staff. Up to five of these papers may be acknowledged in this year's award ceremony.

During their stay, the Committee members visited the Champalimaud Foundation, a renowned and cutting-edge, Lisbon-based research centre, dedicated to stimulating new discoveries and knowledge to improve the health and well-being of people around the world.

Maria Moreira and Renate Hochwieser

For more on the award, see www.emcdda.europa.eu/activities/scientific-paper-award

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drugs are also becoming harder to define, as novel substances increasingly mimic controlled drugs. This annual window on Europe's drugs problem provides a valuable basis for informing discussions on drug policy today. It also offers important insight for the policies we will need tomorrow'.

Wolfgang Götz concluded: 'As an agency, we have always recognised the importance of delivering sound and policy-relevant information in a timely fashion. We remain committed to this goal, and to ensuring that whatever the nature of the drugs problem we face, Europe's responses will be supported by an information system that remains viable, relevant and fit for purpose'.

For more, see www.emcdda.europa.eu/edr2015

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