European Monitoring Centre
for Drugs and Drug Addiction

EMCDDA CONFERENCE PROCEEDINGS

Identifying Europe's information needs for effective drug policy

6–8 May 2009, Lisbon

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Conference website: http://www.emcdda.europa.eu/events/2009/conference

Foreword

The conference *Identifying Europe's information needs for effective drug policy* marked the 15th anniversary of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), and our activity of monitoring drugs and drug addiction in the European Union. It had several objectives: to better understand the current needs of policymakers, practitioners and researchers, to identify new developments in the drugs field and new results of drug-related research, and to provide input on the future work of the EMCDDA and its partners.

This publication summarises the presentations and discussions from the plenary and parallel sessions. It reflects the dynamism and commitment of those who study and respond to the drugs problem, and who made the conference such a productive, stimulating and successful event. The content of this publication will therefore be a vital tool for guiding the further development of our activities here in Lisbon.

The drugs problem Europe faces today is a far more complicated and dynamic phenomenon than it was when the EMCDDA came into existence. The challenge ahead of us is to keep pace with change and provide policymakers with an up-to-date understanding of the issues they face. The conference confirmed the need to ensure the effective monitoring of new substances and patterns of use, to assess their implications and to better feed this information into the policy debate. This is in line with the European drug strategy and action plan which are based on the premise that actions should be evidence driven and that we work most effectively when we work together.

The EMCDDA has always monitored certain aspects of drug supply (seizures, price and purity, drug law offences). However, further development is still needed, particularly in the area of supply reduction. A number of countries in Europe have already looked closely at supply reduction initiatives and strategies. A message from this conference is that such assessments should be more widespread and I recognise the need for the EMCDDA to work closely with our partners from Europol and the European Commission and the Reitox national focal points to improve the information tools and the analysis available in this area.

The world today is also a very different place than it was fifteen years ago. We have seen a revolution in information technologies which has had an impact on every aspect of modern life. The Internet, in particular, has brought both new opportunities and new challenges which will grow in importance in the coming years. We will therefore need to invest more in resources for monitoring developments in this area.

Fifteen years ago, European policymakers decided that there was a need for an independent information point on drugs. Today, Europe possesses considerable capacities to monitor the drugs problem and I strongly believe that this is one of the main reasons why our responses are better and more effective. Although it is clear that the EMCDDA played an important role in this process, we would not have made it without the work of the Reitox national focal points that have been the driving force behind much of the progress made. Let me thank them here for the remarkable job they do in providing data and information on Europe's drug problem and for the contribution they made to the success of this conference.

On a more personal note, I would also like to thank the President of the Portuguese Republic, Mr Aníbal Cavaco Silva and the Prime Minister, Mr José Sócrates, for their participation at the opening and closing sessions of the conference. I appreciate their taking the time to come and talk to the delegates and hence confirm the commitment of our host nation to the work of the EMCDDA.

The overall conclusion from the conference confirmed my belief that we become stronger through exchanges and collective learning opportunities such as this. Europe is a formidable laboratory of ideas and experiences, and an amazing reservoir of people and talents. One of the key tasks of the EMCDDA is to bring these talents closer together and allow experience and knowledge to be shared. The conference clearly encouraged such exchanges and underlined the value of a European perspective.

Wolfgang Götz
Director

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Conclusions: what has the EMCDDA learnt?

Paul Griffiths and **Roland Simon**, EMCDDA

The EMCDDA conference *Identifying Europe's information needs for effective drug policy* marked 15 years of drugs monitoring history in the European Union but it was not an historical review. It showed us where we are today, and more importantly, where to go tomorrow.

This conference was staged at a key point in time, with the EMCDDA on the threshold of a new three-year work programme 2010–12. In the preparation of the conference we looked for speakers with a vision, and we will now identify findings that have direct relevance to our work, explore how we might take these results forward and take concrete steps to integrate them in our work.

During the conference we saw a large diversity of excellent presenters and presentations, we had great opportunities to meet, to network and to exchange ideas between all the different groups and stakeholders working with the EMCDDA who often might not meet: the Management Board, the Scientific Committee, the national focal points and other experts involved in the Reitox network, people working in the field, and not least EMCDDA staff, who appreciated the opportunity to listen, learn, and discuss.

The conference was built around four main themes: Policy, Practice, Trends and Horizons. We will look at them each in turn: what were the main findings, what was new, what was confirmed, what are the implications for our work.

The **policy aspects** discussed during the conference were manifold. Participants expressed a strong and growing commitment to evidence-driven policies, which is difficult to achieve as policies may have shifting priorities and there is no stable concept. Nevertheless, there is a growing interest in the evaluation of the effectiveness of existing or new drug policies and although science is not the only basis for political decisions, it is a crucial one as policymakers need a relevant knowledge base and options which allow them to take decisions. Despite the different perspectives that may exist at local, national, EU and UN level, commonalities also become more visible, together with the wish to learn from the experiences of others. Another important point addressed is that civil society plays an increasingly important role and should be given appropriate attention. In conclusion, policymakers call for timely, solution-oriented information and methods which allow them to better understand the impact of drug policies.

The **implications** for the EMCDDA point towards a need to further develop reporting practices on policies, making them more timely, topical, and in formats which are better suited to inform policy processes. There is a need to move from the mere description of drug policies to the development of tools and methods for policy analysis and evaluation, which also need to include instruments for comparative analysis of drug policies, including legislation, demand and supply reduction issues. The EU action plan on drugs and the evaluation of national drug strategies will be in focus on EMCDDA work. However, local, national, EU and international reporting systems are interdependent, and coordination between them should be promoted as to be able to transpose and link findings from one level to another.

The **interventions on practices** during the conference emphasised that, in many areas, research and systematic evaluations have made it possible to better understand 'what works'. Increasingly, a commitment to evidence-based practice is voiced from both policy and practice. However, in reality this commitment is confronted with difficulties in

transferring knowledge into actions, due to political sensitivities, old traditions, lacking infrastructures and budgetary constraints. Treatment is a much more researched area than, for example, prevention, where the majority of interventions are still not evidence-based. Sometimes a lack of clarity about the objectives of interventions may lead to different definitions of 'successful outcomes' or what 'scientific evidence' is. There is a need to avoid duplication of efforts and to fill the gaps by setting priorities to make best use of international and national research investments. Communication is key to promote the implementation of evidence-based practice, and it is necessary to bring together different types of knowledge, be sensitive to national contexts, and involve stakeholders, including service users.

The **practices parallel sessions** went into detail and highlighted specific aspects related to best practice in prevention, treatment and harm reduction, as well as supply reduction and interventions in the criminal justice system. Speakers made clear that all interventions must be sensitive to the needs of their target groups, and that they must match responses to the particularities of different settings and values of the social systems. New patterns of drug use and new target groups, e.g. polydrug and non-opiate users, need novel approaches, for example, Internet-based treatment. Isolated prevention interventions are generally inefficient but community-based, multi-dimensional strategies appear to be more successful. Similarly, treatment is increasingly seen as a 'journey', with changing objectives over the recovery process. In the area of supply reduction, to which the EMCDDA is paying increasing attention, data sources are often poorly developed, and there is often limited knowledge of what works. A growing awareness of the need for more research in this area exists, and the conference highlighted the need for better data from the law enforcement field, but also the application of readily available evidence, in particular in the prison setting.

The EMCDDA needs to strengthen its role as a platform for knowledge exchange on practice. This may be achieved by making better use of the existing expert networks, expanding EMCDDA contacts to new areas, developing the best practice portal to encompass new areas of responses, and by supporting the development of EU guidelines based on national and international experiences, as foreseen in the EU action plan. Beyond this, many innovative approaches are interesting – they need to be identified, critically evaluated and results reported back to practitioners and policymakers. Supply reduction and criminal justice are areas where our experience is limited and where conceptual frameworks and tools for data collection need to be developed.

In summary, with regard to policies and practices, the EMCDDA has a unique position to inform policymaking and support the development of drug-related interventions in Europe by providing easily accessible and unbiased information. As a platform for knowledge exchange, the EMCDDA needs to be aware of the challenges policymakers and practitioners face and produce ready-to-use knowledge, tailored to the needs of our different audiences. It is also necessary to cover those areas which have as yet received only limited attention.

The **trends aspects** of the conference highlighted multi-method approaches, sensitivity to change and timeliness as common issues for efficient drug monitoring systems. Europe can learn about the strengths and weaknesses of the EU system by also looking at the US and Australia, for example, for issues in relation to monitoring the drug market. One of the critical aspects in data collection and analysis, as well as in credibility, is the existence of sustainable structures. The European data the EMCDDA collects come from a unique structure of national focal points and it is of paramount importance that this system receives the attention it deserves. The EMCDDA needs to look further into how to combine different types of information (qualitative and quantitative). It will be a challenge to meet

the needs for different levels of analysis (local, national and international) and to further inquire into the motives for certain behaviours and not simply question whether behaviours exist or not.

The **trends parallel sessions** illustrated that drugs monitoring is almost like hitting a moving target: there are new drugs and new users; blurred lines exist between medicinal products, legal products and illicit substances; supply routes change constantly. The Spice example may be taken as a case study of the challenges we face. However, an increasing potential to detect changes and follow them over time now exists, as can be seen, for example, in the ESPAD study. An in-depth understanding is needed both of the problems and of their consequences. It would be important, for example, to differentiate between patterns of use in different user groups and to better understand the problems emerging from these. We have learned that we cannot look at single substances from just one perspective. Instead we need to look at the complexity of the various (?) phenomena involved. New data sources and new analytical approaches, such as modelling, were also addressed, as well as interesting novel ideas on how to look at the drugs problem and how to analyse it better. The presentations also showed that there is an understanding of supply-related issues such as drug market and production, trafficking, and availability. Europe is now a major drug producer, the cannabis market has changed radically and amphetamine-type stimulants are rapidly spreading in some countries. A holistic approach is necessary to understand a dynamic marketplace where old drugs may prove to be new threats. Monitoring in this area has considerable potential to inform our understanding but the availability, comparability and reliability of data still pose problems and this clearly requires further development.

The **implications** for the EMCDDA's reporting on trends include the need to maximise the analytical value of the available information, for example, by using new and more varied sources and approaches to improve sensitivity to new trends, and by developing capacity to respond more rapidly to critical information needs. This also highlights the need to develop further our approach to monitoring and analysing patterns of use and consequences (problems, dependence, morbidity, mortality) and develop and strengthen drug market indicators.

The **horizons** aspects of the conference sketched out new developments in the drugs field which already influence this ever-changing area. Neurobiological research explores the origins of addiction and adds to the understanding about how it can be prevented and treated. New media and new technologies widen the scope of monitoring, both as objects for study and as instruments, and the EMCDDA needs to keep track of this rapidly developing sector. Drug-related research needs to expand and become better organised in order to meet these challenges. Finally, the drugs problem does not stop at the borders of the EU and Europe needs to be aware of developments, in particular in its immediate vicinity, in order to react in a timely and adequate way.

The EMCDDA needs, for example, to keep track of advances in technology and provide overviews of these developments. It also needs to adjust the monitoring tools to keep them on target. The interaction and cooperation with the European research community needs to be improved, as data providers and users, and as disseminators. Specifically, we need to deal with language issues in order to overcome the current Anglo-Saxon publishing bias. Monitoring should be extended to drug use in neighbouring countries by knowledge transfer and capacity building. This will help put Europe's drug situation in context.

In conclusion, this conference has covered a diverse and complex set of themes and showed the considerable variety of resources that exist in the EU. Monitoring issues were often rather implicit than explicit in our discussions, and it became evident that monitoring is an ongoing endeavour with its specific strengths and weaknesses, which produces useful

and relevant outputs. Important synergies were clear between the conference debate and the EU drug action plan, which is a clear indicator of how the policy agenda has taken the key issues on board. Challenges include the difficulty to sustain the existing system during a time of financial difficulties and how to constantly improve the sensitivity to change whilst remaining non-alarmist and reliable. This conference proved an exciting occasion which brought together many key players of not only the European, but also the international drugs field. As such, a similar event should be organised by the EMCDDA in due course.

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Raising the bar: meeting Europe's future challenges

Michael Farrell, Chair, EMCDDA Scientific Committee

Many themes have come up recurrently during the conference and overall there is a striking positive note and enthusiasm to face up to and tackle future challenges in order to improve our response to drug problems. This summary addresses the scientific community's point of view on some of the key issues and challenges that have been raised.

One of the priorities mentioned during this conference is the need to improve access to a broad range of scientific knowledge and published data across the European Union, taking account of linguistic and cultural aspects, while using new technologies. A key challenge is to improve the communication and cooperation across the full range of scientific areas involved in drug-related research and to ensure good understanding of the links between basic and applied research. There is a major emphasis in many Member States on the importance of translational research, and the need to see new developments and discoveries in basic science applied to actual practice. This is a big challenge for the coming decade.

The EMCDDA has an important role to play in bringing together the addiction sciences and in enabling better links across disciplines on subjects of policy and practice that would benefit from a multidisciplinary approach to problem solving. Many of the questions in the drugs field will benefit from different disciplines working creatively together to find new solutions to old problems. The EMCDDA also has a role in emphasising the importance of scientific research in the field of addiction and the need for a broad range of scientists to engage with addiction problems.

Because of the complex nature of drug problems and some of the strong beliefs behind tackling such problems, the drugs area benefits from a balanced, well informed empirical assessment of approaches that attempts to disentangle what the real benefits of different options are and that guides the field to consensus on some of the more controversial aspects through robust empirical evaluation.

Overall, the development of an evidence-based approach to policy and treatment is very welcome. In particular there is a need to see that, when good evidence accumulates on the benefits of a particular approach to treatment, such an approach is also put into practice. However, it is clear that not all problems, conflicts and different views on approaches to tackling problems in a field as complex as drugs will be solved simply by analyses of the existing evidence and that much uncertainty exists on many important questions. In particular, new technologies and new drugs pose potential ethical and policy questions that require a measured assessment.

As regards prevention, to date we have relied too much on intervention studies conducted in the US and there is a need to have a better range of evidence derived from European research and practice. Larger scale European monitoring and evaluation projects could help this. A better understanding of the development of individuals, families and communities and their resilience in the face of adversity would be very valuable.

At this 15-year juncture we also note the major achievements of the EMCDDA and the success in building up a common framework of information collection. We observe the interesting way in which responses to drug problems in Europe have converged significantly, despite considerable cultural, social and policy differences. Much of this can be attributed to the success of information sharing and exchange of best practices and experience. There is still much work for the EMCDDA to do. Ideally, future work would

enable us to make better creative use of variations in policy implementation in countries, with a firmer view on the policy impact of different approaches. This approach would be important when assisting policymakers to obtain better knowledge on the value of different approaches.

The future requires us to continue to build a good knowledge framework that is sustainable and that assists in the finding of positive and constructive approaches to tackling Europe's drug problems. The EMCDDA has a key role at the heart of this Europe-wide endeavour over the next fifteen years.

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Conference programme

Wednesday 6 May 2009

Opening session

Chair and introductory address: Wolfgang Götz, EMCDDA Director, Lisbon, Portugal

Opening addresses:

Marcel Reimen, Chairman of the EMCDDA Management Board, Lisbon, Portugal

Francisco Fonseca Morillo, Director at the Directorate-General for Justice, Freedom and Security, European Commission

Kamil Kalina, Chairman of the Working Party on Drugs of the Council of the European Union

José Sócrates, Prime Minister of Portugal

Conference overview

Wolfgang Götz, EMCDDA Director, Lisbon, Portugal

Plenary thematic session I: Policy

Information needs for policy – implications for monitoring and science

Chair: Ingo Michels, Office of the Drug Commissioner of the Federal Government, Berlin, Germany

Rapporteur: Frank Zobel, EMCDDA

Presentations

1. Making connections – the questions we have to answer: This presentation will discuss how monitoring agencies and researchers can best respond to the needs of policymakers. Speaker: Jürgen Rehm, Technical University Dresden, Dresden, Germany

2. The national perspective: Presentation of policy-related information needs at national level by a speaker from an EU Member State currently evaluating and reviewing its drug action plan.

Speaker: Piotr Jabłoński, National Bureau for Drug Prevention, Warsaw, Poland and Pompidou Group of the Council of Europe

3. The European perspective: Presentation of policy-related information needs at EU level, updating and charting the implications of the new action plan for information collection and policy formulation in Europe.

Speaker: Carel Edwards, Head of Unit at the Directorate-General for Justice, Freedom and Security, European Commission, Brussels, Belgium

4. The international perspective: Presentation of policy-related information needs at international level in relation to the UNGASS review. The focus will be on connecting reporting at the global level to activities at European and national level.

Speaker: Sandeep Chawla, United Nations Office on Drugs and Crime (UNODC)

5. Civil society forum on drugs: Presentation of policy-related information which can be provided by civil society and in particular non-governmental organisations. The focus will be on experiences from the 'Beyond 2008 NGO forums' held in the framework of the UNGASS review.

Speaker: Michel Perron, Canadian Centre on Substance Abuse, Ottawa, Canada

Thursday 7 May 2009

Plenary thematic session II: Practice

Making the link between science and practice

Chair: Henri Bergeron, Centre of Sociology of Organisations, (CSO), CNRS, Paris, France

Rapporteur: Dagmar Hedrich, EMCDDA

1. Making science speak to policy and practice: An introduction to the difficulties that exist on the road from scientific evidence to practice outlining current developments, challenges and opportunities.

Speaker: Michael Farrell, Chair of the Scientific Committee of the EMCDDA and National Addiction Centre, Kings College, London, UK

2. Understanding the evidence base: The need to critically examine all of the studies and evidence on drug-related interventions as collected and analysed by the Cochrane Collaboration.

Speaker: Marina Davoli, Italian National Health Service, Department of Epidemiology, Rome, Italy

3. Moving beyond experimentation – translating evidence into practice: How to integrate findings from randomised controlled trials (RCT) with other types of evidence to further develop best practice in a range of interventions and settings.

Speaker: Henk Garretsen, Tilburg University, Tilburg, The Netherlands

4. Doing it well: A review of different best practice scenarios in prevention and treatment, looking at target groups, settings, methodologies and evaluation.

Speaker: Zili Sloboda, University of Akron, Akron, USA

Parallel sessions

Presentations will be structured around the central questions:

- What do we know about 'what works'?
- In which intervention areas has progress been made recently and how can practice be further developed?
- How can we keep up-to-date with progress in intervention practice applied in real world settings?

A. Treatment and harm reduction, needs for more tailored interventions

Chair: Annette Verster, World Health Organization (WHO)

Rapporteur: Linda Montanari, EMCDDA

Topics:

1. Making treatment centres more recovery-oriented

Speaker: John Marsden, National Addiction Centre, London, UK

2. Heroin prescription – new responses for the hard to treat

Speaker: Christian Haasen, University of Hamburg, Hamburg, Germany

3. Addressing psychosocial needs

Speaker: Marta Torrens, Municipal Institute of Medical Investigation (IMIM), Hospital del Mar, Barcelona, Spain

4. Meeting different needs – treatment targeted at specific groups

Speaker: Gabriele Fischer, Medical University, Vienna, Austria

B. From prevention to treatment – finding the right setting for the right group

Chair: Irmgard Eisenbach-Stangl, European Centre for Social Welfare Policy and Research, Vienna, Austria

Rapporteur: Gregor Burkhart, EMCDDA

Topics:

1. Indicated prevention – targeting those most at risk

Speaker: Gregor Burkhart, EMCDDA, on behalf of Jörg Fegert, Ulm University Hospital, Ulm, Germany

2. Prevention in nightlife settings – intervening early by staying up late

Speaker: Amador Calafat, European Institute of Studies on Prevention (IREFREA), Palma de Mallorca, Spain

3. Targeting mental health – working in and with the families

Speaker: Joana Prego, Gabinete de Atendimento à Família, Viana do Castelo, Portugal

4. Internet-based interventions – messages that click

Speaker: Peter Tossmann, Delphi Society for Research, Berlin, Germany

C. Interventions related to criminal justice and drug supply

Chair: Brice De Ruyver, University of Gent, Gent, Belgium

Rapporteur: Brendan Hughes, EMCDDA

Topics:

1. Gaps in the knowledge-base – evidence in the criminal justice system and its implementation in practice

Speaker: Krzysztof Krajewski, Jagiellonian University, Cracow, Poland

2. Treatment and harm reduction in prison and continuity of care

Speaker: Caren Weilandt, Scientific Institute of the German Medical Association (WIAD), Bonn, Germany

3. Alternatives to imprisonment – scope and evidence

Speaker: Alex Stevens, University of Kent, Canterbury, UK

4. Supply reduction – how to define it and how it could be monitored

Speaker: Paul Turnbull, Institute for Criminal Policy, School of Law, King's College London, UK

Plenary thematic session III: Trends

Monitoring a fast-moving, complex phenomenon

Chair: Franz Pietsch, Federal Ministry of Health and Women, Vienna, Austria

Rapporteur: Julian Vicente, EMCDDA

1. The Reitox experience – lessons learned in developing a network of national drugs focal points and challenges for the future. The Reitox network provides a unique example of a regional data collection system gathering comparable and standardised national information on the drugs situation in 30 – shortly to become 35 – countries, building on national and supra-national resources and commonly agreed commitments.

Speakers: Alan Lodwick, Head of UK national focal point (NFP) and Reitox Spokesperson, Viktor Mravcik, Head of the Czech Republic NFP

2. What can Europe learn from the US experience of policy-related drugs monitoring? The United States have a long tradition of monitoring and research. The presentation will allow a reflection on how far US ideas could be adapted and used for European needs.

Speaker: Terry Zobeck, The White House Office of National Drug Control Policy (ONDCP), Washington D.C., USA

3. What can Europe learn from the Australian experience of policy-related drugs monitoring? Australia is another global player in drug research and can offer ideas and experiences to be used in Europe to further develop concepts and approaches.

Speaker: Wayne Hall, University of Queensland, Brisbane, Australia

4. The missing link – how do we include qualitative information in monitoring systems? While the bulk of research and monitoring is relying on quantitative information, qualitative research often offers valuable insight into new developments. Methodologies and results will be discussed here.
Speaker: Dirk Korf, University of Amsterdam, Amsterdam, The Netherlands

Parallel sessions

Presentations will be structured around the central questions:

- Europe's drug problem has evolved – how do we keep updated?
- How can monitoring systems remain policy-relevant and sensitive to emerging trends?
- How can we meet the challenges of monitoring a fast-moving and complex phenomenon?

A. Understanding the intricacies of Europe

Chair: Marcel De Kort, Member of the EMCDDA Management Board

Rapporteur: Deborah Olszewski, EMCDDA

Topics:

1. ESPAD – are young Europeans getting more alike?

Speaker: Björn Hibell, Swedish Council for Information on Alcohol and Other Drugs (CAN), Stockholm, Sweden

2. Keeping on target – the need for more rapid and policy-relevant reporting

Speaker: Jane Mounteney, Bergen Clinics, Bergen, Norway

3. Blurred lines – prescription, over-the-counter and in-the-post medicinal products

Speaker: Tim Pfeiffer-Gerschel, Institute for Therapy Research (IFT), Munich, Germany

4. New drugs coming our way – what are they and how do we detect them?

Speaker: Les King, former head of the drugs intelligence unit, Forensic Science Service, and member of the Home Office Advisory Council on the Misuse of Drugs (ACMD), Basingstoke, UK

B. Drug problems and consequences

Chair: João Goulão, National Drugs Coordinator, Ministry of Health, Portugal

Rapporteur: Lucas Wiessing, EMCDDA

Topics:

1. HIV and HCV, TB and other drug-related infections – the way forward

Speaker: Mirjam Kretzschmar, Centre for Infectious Disease Control, Bilthoven, The Netherlands

2. Monitoring drug-related overdose and mortality in Europe

Speaker: Éva Keller, Semmelweis University, Budapest, Hungary

3. Problem cannabis use – what is it and how to assess it?

Speaker: François Beck, National Institute for Prevention and Health Education, Saint Denis, France

4. Monitoring drug emergencies – what does it tell us?

Speaker: Paul Dargan, National Health Service Foundation Trust (NHS), Guy's and St Thomas' Hospital, London, UK

C. Trafficking routes and markets

Chair: Robert Hauschild, Europol, The Hague, The Netherlands

Rapporteur: Laurent Laniel, EMCDDA

Topics:

1. Mapping the changing European cannabis market place

Speaker: Jean-Michel Costes, French Monitoring Centre on Drugs and Drug Addiction (OFDT), Paris, France

2. Impact of drug policy on the drugs market

Speaker: Franz Trautmann, Trimbos Institute, Utrecht, The Netherlands

3. Amphetamines – trends in stimulant production and use in Europe

Speaker: Tomáš Zabranský, Center of Addictology at the Psychiatric Clinic, 1st Medical Faculty, Charles University, Prague, Czech Republic

4. What's happening to heroin? Methodological challenges in understanding trends in heroin production and supply

Speaker: Thomas Pietschmann, United Nations Office on Drugs and Crimes (UNODC), Vienna, Austria

Plenary thematic session IV: Horizons

Friday 8 May 2009

Arising issues

Presentations

Chair: Fernando Rodriguez de Fonseca, Fundación Imabis, Hospital University Carlos Haya, Malaga, Spain

Rapporteur: Anna Gyarmathy, EMCDDA

1. Drug use and addiction – new scientific findings: Developments in biomedicine, genetic and brain research will make the mechanisms of addiction better understood and eventually propose new methods of prevention and treatment. What are the information implications in terms of monitoring and policy?

Speaker: Jean-Pol Tassin, Collège de France, Paris, France

2. Emerging research needs: Highlights from the European Commission study 'A Comparative Analysis of Research in the Field of Illicit Drugs in the EU', updating the current state of European drug-related research and analysing research gaps and needs. How can research feed into policy? What are the implications for monitoring?

Speaker: Gerhard Bühringer, Institute for Therapy Research (IFT), Munich and Technical University of Dresden, Dresden, Germany

3. Looking out from the EMCDDA – regional systems in a global perspective: The widening scope of Europe will make it necessary to understand our neighbours' drugs situation in terms of use, production, and trafficking. How do we achieve a wider vision?

Speaker: Paul Cook, International consultant on drugs and drug addiction, Manchester, UK

4. Monitoring in the technological age: The Internet is a medium for information exchange of hitherto unknown dimensions for drug users, producers, traffickers, professionals, researchers, and policymakers alike. Similarly, new technological advances mean that drug use can be detected with increasing precision by analysing waste water. Which possibilities and dangers arise from such new monitoring technologies and what are the pitfalls?

Speaker: John Ramsey, St George's Hospital Medical School, London, UK

Wrap-up session: Taking forward the findings

Chair: Ralf Löfstedt, Ministry of Health and Social Affairs, Stockholm, Sweden

1. Learning from the past to plan for the future: How is the drugs situation evolving in Europe? How will it look in 15 years from now? Looking at past experience, what can we predict will happen and what challenges will we face? What research is needed to help develop appropriate policies?

Speaker: Virginia Berridge, London School of Hygiene and Tropical Medicine, London, UK

2. Wrap-up presentations: What has the EMCDDA learnt?

Speakers: Paul Griffiths and Roland Simon, EMCDDA

3. Raising the bar – meeting Europe's future challenges

Speaker: Michael Farrell, Chair of the EMCDDA Scientific Committee, National Addiction Centre, King's College London, London, UK

Closing session

Chair and final address: Wolfgang Götz, EMCDDA Director

Closing addresses:

Carel Edwards, Head of Unit at the Directorate-General for Justice, Freedom and Security, European Commission

Mariano Simancas, Deputy Director, Europol

Aníbal Cavaco Silva, President of the Portuguese Republic

Policy – Plenary thematic session I

Information needs for policy – implications for monitoring and science

Chair: Ingo Michels, German drug coordinator's office, Berlin, Germany

Rapporteur: Frank Zobel, EMCDDA

Overview

In 2009, two major international drug policy plans – the EU drugs action plan and the new UN political declaration and plan of action – are in the spotlight. Furthermore, almost half of the 27 EU Member States are drafting or re-drafting their national drug strategy and/or their national drugs action plan. The Policy session took a closer look at current and future information needs for drug policymaking.

Presentations

1	Jürgen Rehm	Making connections – the questions we have to answer
2	Piotr Jabłoński	The national perspective
3	Carel Edwards	The European perspective
4	Sandeep Chawla	The international perspective
5	Michel Perron	Civil society forum on drugs

Summary of presentations

Jürgen Rehm explained that due to the illegal nature of drug use, drug monitoring is confronted with specific problems regarding sampling and screening. There is also no possibility of triangulation with sales data contrary to what is the case with alcohol and tobacco. Another problem is that drug policies cover a wide spectrum of activities, which makes it difficult to understand what works and what does not work. An experimenting and experimental society could be an option. Temporary solutions, or packages of interventions, could be assessed by measuring differences between the places where they were implemented and the places where this was not the case. However, responses may need to change over time, and policymakers must accept that definitive solutions are unlikely. Finally, he mentioned the involvement of civil society as one important condition for the success of drug-related responses and policies.

Piotr Jabłoński presented the Polish drug programme and the related monitoring and evaluation systems. The monitoring system is based on central institutions as well as on provincial and regional experts, while the data used for the evaluation of the national programme are collected among 30 central institutions and more than 2 500 communities. Despite such efforts, and after two evaluation reports, the effectiveness of the policy is still not clear. Particular difficulties exist in the modelling of drug problems and drug policies, but the development of log frames or matrixes are considered key steps for the evaluation. Improving evaluation methodologies is an additional challenge for the future. A better understanding of drug-related public expenditure is also of importance. Finally, it was observed that politicians expect clear answers to simple questions. Their needs are often ad hoc and their goal is to make decisions and take action. Bridging the gap between the needs of politics and the work of experts seems to be essential for progress.

Carel Edwards pointed out that policymakers need a relevant knowledge base, policy options and that they want immediate solutions. Research is sometimes too slow and its results are sometimes disappointing for policymakers. In addition, decision-making is not

only based on science but also on many other elements. Thus, researchers should try to better understand these policy processes if they want to make an impact on them.
The European Commission financed a study *A report on global illicit drugs markets 1998–2007*, which indicated that, worldwide, there are no reliable data available to suggest that the drugs problem has been contained or reduced. Such an uncomfortable truth should not be ignored as it undermines the credibility of drug policy. Evaluation and data collection are also not always welcome in the supply reduction field. The EU aims to ensure that its policies are increasingly based on available scientific evidence. The new EU action plan 2009–12 focuses on the availability and quality of services and has one important main goal: to delay the onset of drug use. There is a need for monitoring the different objectives of this action plan and for obtaining more data on the availability of services and on minimum delivery standards, as well as on supply reduction, crime and markets. More collaboration within the European drug research community is needed to respond to these tasks.

Sandeep Chawla introduced the United Nations Office on Drugs and Crime (UNODC) data collection system on drug production, seizures, prices, and on drug use. Cannabis and amphetamine production are almost impossible to measure. A survey on cannabis production in Morocco is being discussed, while a global survey – based on a set of countries – would need USD 10 million of funding. Seizure data have improved, but are overall still weak. Data on drug prices in producer countries are quite good but those in retail countries are not. Prevalence data are very poor in many parts of the world. Expert perceptions are often used, but their validity is unknown. At the last Commission for Narcotic Drugs (CND), a resolution on data collection at international level was adopted, and the political declaration re-stated the importance of data to inform drug policy. During 2009, the UNODC is organising expert meetings leading to the revision of the Annual Report Questionnaire (ARQ), for consideration and ratification at the 2010 CND. At the UNODC, the next practical steps are to support countries in need of information systems and the development of prevalence studies; to implement the new Amphetamine-Type Stimulants (ATS) programme (SMART); to promote more collaboration with regional systems; to carry out more regional extrapolations to estimate drug use; and to insert a reference to all data sources in the next World Drugs Report.

Michel Perron described the consultation process for the NGO initiative 'Beyond 2008', which was launched in the framework of the UNGASS review. It involved more than 900 organisations from around the world and ended with a meeting in Vienna with 300 participants. Among the requests made by the NGOs was the application of common standards to measure and evaluate drug demand and harm reduction interventions. The NGOs called for shared responsibility in drug policy as they consider that they are best situated to represent those most in need. NGOs are a strategic asset and can provide data, insight and expertise for the drug policy debates.

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Practice – Plenary thematic session II

Making the link between science and practice

Chair: Henri Bergeron, Centre of Sociology of Organisations, (CSO), Centre nationale de la recherche scientifique (CNRS), Paris, France

Rapporteur: Dagmar Hedrich, EMCDDA

Overview

Europe has seen an increase in the provision, effectiveness and diversification of prevention, treatment, harm reduction and social reintegration interventions. Sound information is the basis for both targeting different kinds of interventions and evaluating their impact. However, making the connection between what is known and what needs to be done is not an easy task, given the complex nature of real world settings. The Practice session explored how to ensure that the evidence available informs practice and critically examined the extent to which current approaches are fit for that purpose.

Presentations

1 Michael Farrell — Making science speak to policy and practice
2 Zili Sloboda — Doing it well
3 Henk Garretsen — Moving beyond experimentation – translating evidence into practice
4 Marina Davoli — Understanding the evidence base

Summary of presentations

Michael Farrell addressed the dialogue between science and practice, reminding the audience of the influence of political and moral values of the social system, and of service providers' as well as service users' views and opinions as mediating factors. When practice identifies a new need for intervention there may be a lack of evidence, and research has to be undertaken. However, it might more often be the case that evidence exists, but is not widely known, or that more than one intervention is effective, and choices have to be made. With a number of examples, including opioid maintenance as a treatment option for heroin dependence, he illustrated that the implementation of research findings in practice is typically a gradual and rather slow process. It may take between one and three decades after evidence is available until guidelines are produced and the message reaches practice. A main challenge for health policy is 'to see things through', in particular as the 'life span' of actions, as seen by politicians, is the period of a legislative mandate. He ended his presentation with a recent and very striking example of the delays in transfer of research to interventions: knowledge about the highly increased risk of drug-related death after release from prison has been available since 1998. Still today, this has barely been translated into concrete preventive actions. Making a link between science and practice involves an ongoing dialogue within the scientific community, and between stakeholders in science, policy and practice; but also a stronger culture of developing and implementing guidelines.

Marina Davoli talked about the need to critically examine all existing studies on drug-related interventions in order to understand the evidence base. Practitioners, policymakers and the general public are responsible for making use of research evidence, and this can not be replaced either by good intentions or plausible theories. She focused on the role and achievements of the Cochrane Collaboration's Drugs and Alcohol Review Group, which has in the ten years of its existence developed into a main contemporary transfer

tool for information on effective interventions. As one of 51 review groups within the Cochrane Collaboration, this international network of experts conducts, updates and disseminates systematic reviews on the effects of health care interventions. The reviews of the group identify the relevant questions that have been researched, synthesise the results and present the 'best available evidence', as well as the interventions that are unlikely to be beneficial or are even harmful. While underlining that the evidence base for interventions differs considerably between the fields of treatment and prevention, the reviews produced by the group enable practitioners to keep up-to-date with the relevant evidence and help to recognise further areas where evidence is needed.

Henk Garretsen stated in his presentation that scientific underpinning of policy and care is (still) not common, that methods and interventions in the drugs field are often not evidence-based and that a gap exists between research and practice. The translation of scientific evidence into practice in the drugs field is a three-way process, involving scientific research, professional knowledge, and the preferences and experiences of clients. Further actors in the definition of drug policies may be local governments, neighbourhood associations, or patients' groups. While randomized controlled trials (RCTs) and meta-analyses are important inputs and preferable sources of evidence, new interventions and policies are often confronted with a lack of research. Also, experimental studies may not always be appropriate for specific settings, so other methods must be found to synthesise and combine scientific knowledge with information about policy options and with other contextual variables in an objective way. Practice transfer, or the continuous, active and regular exchange and communication between producers and users of knowledge, is needed to improve science.

Zili Sloboda identified the 1990s as the period when the 'evidence-base' movement began to influence drug prevention and treatment policy in the US, triggering the development of a national agenda to move evidence-based prevention and treatment programming into communities. This was backed up by the publication of national guidelines and principles for prevention and treatment by the National Institute on Drug Abuse (NIDA) in 1997. Examining progress about a decade later, some improvement in the proliferation of knowledge can be documented, but there is less certainty about the sustainability of such efforts. Translation of evidence has been more successful in the field of treatment than in the field of prevention, and in prevention, even today, most interventions are still not evidence based. Progress was mainly achieved when funding was linked to the delivery of evidence-based interventions. In this regard, the prevention field has still to catch up and evaluation studies of 'real world' prevention programmes are needed.

Practice – Parallel session A

Treatment and harm reduction, needs for more tailored interventions

Chair: Annette Verster, World Health Organization (WHO), Geneva, Switzerland

Rapporteur: Linda Montanari, EMCDDA

Presentations

1	John Marsden	Making treatment systems more recovery-oriented
2	Christian Haasen	Heroin prescription – new responses for the hard to treat
3	Marta Torrens	Addressing psychosocial needs
4	Gabriele Fischer	Meeting different needs – treatment targeted at specific groups

Summary of presentations

John Marsden explained that the debate on drug treatment is often polarised between two philosophical approaches: abstinence and substitution. At the same time, treatment professionals have to deal with a variety of individual needs, from reduction of drug consumption to improvement of health and social problems. It is necessary to find a rational and balanced approach, based on the real problems of drug users and on effective interventions. There is not a unique treatment for everyone, but every treatment should be targeted to a unique person. Experience has shown that drug treatment is a long-term process, where people usually go through several treatment episodes before full recovery. Even after recovery it is important to maintain contact with the client. In order to create a flexible and effective system, the UK has adopted an approach based on four tiers of drug treatment: Tier 1 – non-specialist/generic services; Tier 2 – open-access drug services; Tier 3 structured community-based treatment, and; Tier 4 – residential treatment. A client moves across these different levels (treatment journey) aiming at recovery, which is defined as what is considered to be the best condition for that specific individual.

Christian Haasen said that a large proportion of clients in drug services are chronic heroin users who have failed several types of treatment. In the US, the American Bar Association started the first experiment of Heroin Assisted Treatment (HAT) in 1972. This was followed by other countries, also in Europe. Today, HAT is available in some sites in Switzerland, the Netherlands, Germany, Spain, and the United Kingdom. In Denmark HAT will be available soon, whereas in Norway and France a debate to introduce it has started. Studies have been carried out on the effectiveness of HAT, showing largely positive results. However, these studies present several methodological limitations (absence of a control group, small sample size, etc.), which should be avoided in future studies. Recently, a German HAT model project has been implemented, targeting a population of long-time heroin users, and the outcome has been evaluated. Evaluation results show positive outcomes in improving the patients' physical and mental health, decreasing criminality and contact with other drug users, and reducing substance use. The results suggest that HAT may be an important treatment option for chronic heroin users with several previous treatment failures.

Marta Torrens showed in her presentation that the high prevalence of co-occurrence of substance use and psychiatric disorders represents an increasingly relevant problem in the drugs field. Studies show that 40 % to 60 % of problematic substance users seeking treatment have a concurrent psychiatric disorder. A study in Barcelona showed that substance users, especially polydrug users, report a substantially higher prevalence of co-morbidity compared to the general population. Compared to patients with a single

diagnosis, those with psychiatric co-morbidity have more individual and social problems and a worse prognosis at treatment entry. Treatment of co-morbid patients is complex, because of the involvement of both the drugs and the mental health sectors. Often interventions are not integrated between the two areas, which has a negative impact on the patients' condition. It is therefore crucial to detect the occurrence of psychiatric co-morbidity among drug service users in order to create integrated responses.

Gabriele Fischer talked about pregnant women using drugs as another pertinent group who needs targeted interventions. Since a considerable part of women drug users are in reproductive age, pregnancy is a crucial issue to consider in drug treatment, and substance use is a crucial issue to consider in pregnancy. Treatment for pregnant women targets two persons: the pregnant woman and the unborn child. Many studies focus on pharmacological treatment targeting the drug use, while it is also fundamental to consider other related problems. For example, a high percentage of women in methadone treatment have concurrent psychiatric disorders and are heavy tobacco and alcohol users. In pregnancy, this may cause various health problems for the woman and the child. Treatment for pregnant women aims at stabilising the women's medical condition and preparing a safe environment for the child. The primary objective is to maintain women in substitution treatment, since abstinence is mostly an unrealistic goal. Substitution treatment, especially with methadone, has proven to have several advantages; however the medication itself has never been officially approved by either the US Food and Drug Administration (FDA) or the European Medicines Agency (EMEA) for treatment during pregnancy. Buprenorphine has become available as an alternative; however, statistical and methodological difficulties limit the conclusiveness of research on this substance.

Summary of discussions

The main objective for drug treatment is the recovery from drug-related problems. The concepts of problem drug use and recovery have changed over time. It is becoming clear that problem drug use is a chronic condition, which usually needs several treatment episodes and a complex mix of interventions. Furthermore, treatment should be targeting specific groups of drug users, assessing their needs and analysing the most effective treatment options for each of them. Relevant issues to be considered for monitoring at European level concern the following topics:

- The assessment of treatment needs (size and characteristics of the population in need of treatment) is fundamental to plan suitable and effective treatment
- Monitoring should consider the dynamic nature of drug treatment, which is often a 'journey' through a complex mix of programmes and interventions
- The population of problem drug users includes various groups with specific needs
- Long time heroin users, co-morbid patients and pregnant drug users are groups of increasing importance in number and gravity in the drugs field
- There is a need to improve effective treatment options for clients using substances other than opioids
- Drug treatment should increasingly be integrated with interventions from other health and social fields (mental health, social and alcohol services, gynaecological, paediatric and other medical sectors); monitoring should consider that complexity and create synergies with other sectors
- Outcome studies based on rigorous scientific methodology should be encouraged and target specific populations.

Practice – Parallel session B

From prevention to treatment – finding the right setting for the right group

Chair: Irmgard Eisenbach-Stangl, European Centre for Social Welfare Policy and Research, Vienna, Austria

Rapporteur: Gregor Burkhart, EMCDDA

Presentations

1	Jörg Fegert	Indicated prevention – targeting those most at risk
2	Amador Calafat	Prevention in nightlife settings – intervening early by staying up late
3	Joana Prego	Targeting mental health – working in and with the families
4	Peter Tossman	Internet-based interventions – messages that click

Summary of presentations

Jörg Fegert presented the findings, methods and background of the research published in the EMCDDA Thematic paper *Preventing later substance use disorders in at-risk children and adolescents*. The study, which combined literature review with a survey among government officials in Member States, could only identify very few high quality interventions. Major attention needs to be given to a clear definition of indicated prevention as a new form of intervention that targets the individual, who participates either voluntarily or through referral from parents, teachers, social workers or paediatricians. Vulnerability is assessed at the individual level and by expert diagnosis. The individual might use substances, but does not fulfil criteria for dependence, or show behavioural indicators that are highly correlated with an individual risk of developing problematic substance use later in life (such as a psychiatric disorder, school failure, antisocial behaviour etc.). Several psychopathological features in children are strong predictors for later problem drug use. The dual pathway hypothesis suggests that both externalising behaviours, such as conduct problems, aggressive behaviour and delinquency, together with sensation seeking and lack of impulse control; and internalising disorders, including depressive and anxiety disorders, may be risk factors for substance use problems. Indicated prevention interventions are therefore highly individualised and, before being implemented on a large scale, they need to be carefully evaluated for effectiveness, safety and ethical aspects such as stigmatisation, consent and iatrogenic effects. Common standards of programme description, evaluation and implementation, as well as better development of intervention protocols (including standardised manuals), with large-scale evaluations and replications are needed, instead of small-scale ad hoc reinventions at local level.

Amador Calafat described and presented a critical analysis of the wide range of responses in night-life settings and their capacity to reduce the harm associated with recreational drug use. Most uni-dimensional or one-setting interventions do not show clear evidence. These include interventions such as Responsible Beverage Serving (RBS); alternative leisure activities at the same times and similar venues as conventional events; community mobilisation (such as putting pressure on bars); or interventions focusing on venues (such as Safe Dancing guidelines). There is also no evidence for the effectiveness of information strategies, such as leaflet distribution, when implemented in isolation. However, multi-dimensional, community-based approaches in combination with community mobilisation appear to be effective, but need political support for sustainability. Such strategies might however be difficult to transfer to regions of Europe where community

involvement is less common. Some studies in the Nordic countries showed positive effects of policing and licensing strategies in nightlife settings. Across all studies, a general conclusion is that alcohol use has to be tackled first, since most harm and problems in nightlife settings (risky sexual behaviour, violence, intoxication) can be attributed to alcohol.

Joana Prego reviewed the evidence of selective family-based prevention, including the development of resilience, on positive family and child development. Prevention programmes involving sessions with family, parents and children sessions are much more efficient than single-targeted prevention interventions. Programmes should focus on family-level characteristics, such as communication, cohesion, bonding, joint problem-solving and conflict resolution, emotional climate, positive discipline, monitoring and supervision, roles and family rules, as well as other family resilience processes such as a positive outlook on life, perception of family strength, optimism, positive humour, etc. Evidence-based programmes tend to be comprehensive and multi-component, and address family strengths and resilience processes, seek to improve relationships and empower families. They have a duration of 25 to 50 hours, are appropriate for the age and development of the children, and address life cycle transitions. Successful programmes tend to be culturally sensitive to the population they serve, incorporate recruitment and retention enhancement strategies, have well trained and supervised staff, and use interactive, attractive and diverse methodologies. Effective retention strategies for vulnerable families are appropriate scheduling (e.g. at the end of the working day), provision of meals and transportation, rewards and small gifts for children, or free services, such as babysitting.

Peter Tossman presented the results from the recently launched EMCDDA study *Internet-based drug treatment interventions*. A large number of websites provide information on drugs, but there are only a few sites that provide interactive counselling, e.g. through chat rooms or fora. Only four structured Internet-based treatment protocols could be identified in the study, all of them focusing on cannabis users: Know Cannabis (UK), Jellinek Live Onlinebehandeling Cannabis (NL), Cannabis onder Controle (NL) and Quit the Shit (DE). Most of them share common features such as craving and smoking diaries, tailored feedback, a forum, and treatment and emergency plans. Duration ranges from four weeks to three months. Three of the programmes are free of charge and anonymous. The evaluation of Quit the Shit showed significant positive outcomes on days and amounts of cannabis used.

Summary of discussions

Common to all presentations was the argument that the structure of interventions is key for success, i.e. evidence of efficacy for interventions in all areas discussed (indicated prevention, prevention in recreational settings, selective family-based prevention, and Internet-based treatment) is available only for protocol-based interventions with standardised manuals and multiple sessions, and with a sound theoretical base. All four experts recommended that best practice examples and standards, as well as screening and assessment instruments, should be made available to intervention decision-makers and planners, and to practitioners across Member States, in order to increase transfer and quality of interventions. Both for family-based prevention and for indicated prevention, several important intervention models and assessment instruments are available in non-drug-related fields of expertise and cross-disciplinary work needs to be encouraged.

Practice – Parallel session C

Interventions related to criminal justice and drug supply

Chair: Brice De Ruyver, University of Ghent, Ghent, Belgium

Rapporteur: Brendan Hughes, EMCDDA

Presentations

1	Krzysztof Krajewski	Gaps in the knowledge base – evidence in the criminal justice system and its implementation in practice
2	Caren Weilandt	Treatment and harm reduction in prison and continuity of care
3	Alex Stevens	Alternatives to imprisonment – scope and evidence
4	Paul Turnbull	What is supply reduction and how could it be monitored?

Summary of presentations

Krzysztof Krajewski illustrated that there was little knowledge about the relationship between laws and their enforcement. Figures on drug law offences (DLO) generally show that law enforcement seems to concentrate on users, but there are big differences between numbers of DLOs and convictions. The conviction rate of use-related offences seems to be lower than for supply-related offences. It is crucial to study the selection mechanisms, such as systems of discretion whether or not to prosecute offenders, and diversions to treatment. Gaps in the knowledge about criminal justice interventions are quite substantial. Although the criminal justice system identifies users through law enforcement, it is not known if it deals with them efficiently or effectively. Collection and analysis of DLO and conviction statistics, and relations between them, may contribute to evaluate the effect of law enforcement on drug problems, but qualitative research may also be required to answer specific questions.

Alex Stevens illustrated how prisons do not deter, rehabilitate, or incapacitate offenders nor deliver retribution yet have a high cost. Alternatives to prison (ATPs) have shown to be cost-effective ways of reducing both drug use and related crime, and the evidence from a study of over 800 offenders in six EU countries is that court-ordered treatment is as successful as voluntary treatment for these two aims. Unfortunately, we have no data on how many persons enter ATPs in Europe; consequently we also do not know enough about the completion rates or of evaluation results at a larger scale. There is evidence that in some cases they are: real alternatives to prison but in other cases used in addition to prison sentences; the option is used but there is no decrease in the overall imprisonment rate. In order to evaluate the impact of ATPs, more facts are needed (numbers, results, effectiveness) and understanding of how better targeting may improve success rates. Effective treatment guidelines for offenders in the criminal justice system could be added to the EMCDDA's *Best Practice Portal*.

Caren Weilandt described how increasing drug consumption and drug injecting in prisons demand intensified support services. These need to meet the particular requirements for security and good order in such settings. (Mandatory) drug testing can have adverse effects which could even make it counterproductive. There is a need for more research as to the effectiveness of responses in prisons, but the implementation of those types of interventions that have already proven effective should improve: prevention (education, counselling, including families), treatment (with a range of different treatment modalities), harm reduction (screening, vaccination and treatment for infectious diseases, needle and syringe exchange programmes (NSP), distribution of condoms, preparation of prison

release to decrease overdose risks), and reintegration (post-release aftercare). The cost-benefit of prison-based interventions should be considered, and prison staff should be better informed of these benefits in order to win their support. Research on the effectiveness of prison-based interventions should be presented to policymakers, as they still seem to need persuasion to implement such measures. A draft proposal for a Council Recommendation on drugs in prison, that was called for in the Action Plan on Drugs 2005–08 to be put forward by the Commission, had still not been tabled.

Paul Turnbull defined supply reduction as interventions aiming at minimising supply, increasing prices, and reducing availability to illicit markets. Their main objective is to make drug transactions difficult. Current indicators such as drug law offences, seizures, and price data are of limited help to monitor supply reduction as they only report successes. One needs to first strengthen the design of the indicators (enforcement activity, price, availability), then invest in order to obtain better data. So far it seems that trends in the situation have few links with responses. An example from the UK market showed that there is poor information on domestic cannabis cultivation and no strategic approach to related law enforcement. Nevertheless, recently there is more willingness to evaluate interventions, and in the future there should be a closer collaboration between law enforcement and researchers. In order to have more accurate figures for monitoring and evaluation, one needs to refine indicators and add new measurement criteria, and link them. To estimate the domestic production of cannabis, and perhaps also amphetamines and other synthetic drugs, data sources other than law enforcement seizures, which are very unreliable, are needed.

Summary of discussions

Seizures do not have a major impact on the availability of drugs on the market, thus changes in availability are not reflected in a change in prices. However, with local price data collection before and after a seizure, some monitoring might be possible. It was acknowledged that at least in Poland and the UK, user arrest statistics rose to meet police targets rather than for scientific monitoring purposes. Concerning the proposal for a Council recommendation on prison and drugs, it was clarified that the Commission had recently published an overview report on the status quo of drug-related health services in prison, on reintegration and on monitoring. Although issues of subsidiarity are still being assessed, access to health care for drug users in prison is an objective in the action plan on drugs 2009–12. Technical work will focus on the development of a framework for monitoring in the prison setting and the EMCDDA will play an important role in this respect. Furthermore, three supply reduction indicators are to be developed under the EU drugs action plan. It was discussed whether ATPs could encourage people to commit crimes in order to get into treatment. However, research had shown that the reasons to commit crimes were far more complex, and treatment was certainly not a main incentive. At the same time, it is true that offenders may overcrowd the treatment system, sometimes to the detriment of more needy voluntary clients. Overall, the main message from the presentations was that researchers are not yet able to measure the efficiency and effectiveness of Criminal Justice System (CJS) responses. There is a resistance from the CJS to give away the data they may have, and the data might not be useful. It would be preferable if, in the future, the CJS could collect data for research and not only for operational purposes, and that it could share it.

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Trends – Plenary thematic session III

Monitoring a fast-moving, complex phenomenon

Chair: Franz Pietsch, Federal Ministry of Health and Women, Vienna, Austria

Rapporteur: Julián Vicente, EMCDDA

Overview

The European drugs problem today differs considerably from the situation in the early 1990s when the EMCDDA began its work. The problem of heroin remains, but cocaine, cannabis and polydrug use play a different role than they did before. New psychoactive substances present an additional challenge, as does the misuse of prescription medicines. In addition, drug availability has changed considerably through geopolitical influences and changes in production. The Internet has impacted on both the availability of drugs and on methods of information collection and dissemination. Europe's drug monitoring capacity has developed considerably but now needs to provide a picture of a faster moving and more diverse phenomenon – these are the challenges that the Trends session addressed.

Presentations

1	Alan Lodwick and Viktor Mravcik	The Reitox experience – lessons learned in developing a network of national focal points and challenges for the future
2	Terry Zobeck	What can Europe learn from the US experience of policy-related drugs monitoring?
3	Wayne Hall	What can Europe learn from the Australian experience of policy-related drugs monitoring?
4	Dirk Korf	The missing link – how do we include qualitative information in monitoring systems?

Summary of presentations

Alan Lodwick and Viktor Mravcik outlined how fifteen years ago the European Union put in place a monitoring centre, the EMCDDA, and a system for collecting and reporting drug information, the Reitox network of national focal points (NFPs). Over the years the network has developed and implemented common methodologies and conceptual frameworks with a range of harmonised instruments for data reporting. The tasks of NFPs include the collection of epidemiological data, policy and demand reduction information, including examples of best practice, supply and market data, and early warning information. A reporting package consisting of national reports, standard tables and standard questionnaires is submitted annually. The administrative structures of the NFPs are diverse and depend on national decisions. But from a practical point of view, all NFPs have a key role as national reference points on drugs. With the progressive expansion of European drugs monitoring to 27 Member States and several associated countries, the considerable differences in social and cultural contexts and in their evolution, the various forms of organisation of social and health services and policies, and the diverse nature of markets and drug availability must be taken into account. In order to function effectively, it is necessary to strike a balance between standardisation and flexibility, in order to adapt reporting to new developments in drug use, consequences and responses.

Terry Zobeck presented the drugs monitoring strategy of the Office for Drug Control Policy (ODCP) in the United States. It includes four domains: prevalence of drug use, drug

availability, consequences of drug use and drug availability, and the status of drug treatment. Each domain is represented by a set of specific indicators and data sources used. Estimates are generated annually to enable monitoring of changes in critical, policy-relevant indicators, for example prevalence data from population surveys and selected groups (i.e. arrestees), estimated treatment needs, reported drug-induced deaths, estimated economic cost of the national drug policy, and different indicators of drug availability and supply. A harmonisation between US and European measures would facilitate the ability to address international drug markets.

Wayne Hall presented the Australian drugs monitoring system. This system is based on classical population surveys, mortality (overdoses) and morbidity (hospital discharges and treatment demand) data, as well as a new component to track drug use, consumption patterns and drug availability: this uses sentinel populations (arrestees, panels of injecting and recreational users) together with professionals as key informants. This innovative component was presented in detail, regarding methodology, e.g. sampling criteria, its strengths and limitations, and results. In meetings, researchers analyse observations on phenomena such as overdose deaths and emergency calls, effects on treatment services and crime, the availability of substances, stimulant use and related harms, as reflected by the evidence from the panels.

Dirk Korf focused on the added value of qualitative information to give insight and understanding to results obtained by classical quantitative monitoring methods. Qualitative methods can be essential to interpret epidemiological indicators, for example, why people use or do not use drugs, how they use them, under which circumstances, how they perceive benefits and risks. The strengths of such methods lie in a better understanding of behaviours, beliefs and attitudes related to drug use, whereas there are limitations in completeness and comparability. Qualitative research methodologies such as ethnography and panel studies, and theoretical concepts (i.e. triangulation, contextualisation) were exemplified in case studies on the geographical and social diffusion of different forms of drug use.

Trends – Parallel session A

Understanding the intricacies of Europe

Chair: Franz Trautmann, Trimbos Institute, Utrecht, the Netherlands

Rapporteur: Deborah Olszewski, EMCDDA

Presentations

1	Björn Hibell	ESPAD – are young Europeans getting more alike?
2	Jane Mounteney	Keeping on target – the need for more rapid and policy relevant reporting
3	Tim Pfeiffer-Gerschel	Blurred lines – prescription, over-the-counter and in-the-post medicinal products
4	Les King	New drugs coming our way – what are they and how do we detect them?

Summary of presentations

Björn Hibell presented ESPAD, a multinational survey among 15- to 16-year-old school students. An increasing trend was found in cannabis use from 1995 to 1999 to 2003 but this trend was broken with lower figures in 2007 (based on 20 countries with data from all four surveys). Increases in illicit drug use from 1995 to 2007 were mainly found in new EU Member States in central and eastern Europe. Proportions that have used cannabis were higher in 2007 than in 1995 but European students were not much more alike in 2007 than they were in 1995. The differences between high and low cannabis prevalence countries remained about the same. However, there were increases in some countries in eastern Europe while there was a decrease in some western European countries. Girls' pattern of use has become more like boys' regarding cigarettes and alcohol, but there was no change regarding illegal drugs.

Jane Mounteney suggested that the best solution to speed up drugs monitoring is to use city level and/or local systems to avoid bureaucratic delays. Pragmatic and unconventional use of existing data, and multi-indicator and multi-method approaches may be more advantageous than launching new studies. The validity of studies can be attained through triangulation of sources, methods and results. Researchers may include sensitive sources (key informants and media), or rapid assessment and response methodology. Early identification and speedy reporting of new developments allow for early intervention. Policymakers need to be involved when choosing the focus of investigation and integrated action is necessary in planning research that offers solutions.

Tim Pfeiffer-Gerschel defined the topic of his presentation as the 'non-medical use of a prescription drug without a doctors prescription (encompassing self-medication and recreational use)'. The situation in Europe is blurred. Different user groups (age, gender, background) are involved and they are difficult to identify and distinguish. Among these subtypes are adolescents utilising such drugs for recreational or experimental purposes; users of other psychoactive substances including alcohol, nicotine, other prescription drugs, and all kinds of illicit drugs; chronic pain patients; and elderly people. Information is partly available for drug treatment clients but specialised treatment centres only reach parts of the total using population, and 'hidden' populations are difficult to access. The question arises which additional groups should be monitored, how and to what extent. ICD-10 codes (International Classification of Disease) are insufficient for monitoring this type of drug use. Frequently, misuse of pharmaceuticals remains undiscovered and is often regarded as less problematic than other substance use problems.

Les King put forward that most of the 90 new psychoactive substances that have been reported in the last years are synthetic compounds. Most were not widespread and most did not survive for long on the illicit market. Nearly all of these substances presented analytical challenges when first encountered, and for many, little was and still is known about their pharmacology and toxicology. Nearly all substances had been described in the scientific literature, they are effectively 'failed' pharmaceutical agents. In the early years of 'new drugs' monitoring, most substances were either phenethylamines or tryptamine derivatives. Since then a much more diverse range of substances has appeared, including piperazine derivatives, one of which, 1-benzylpiperazine (BZP), was risk-assessed in 2007 and recommended for EU-wide control. Rather than being reactive, it should be possible to anticipate new substances given a knowledge of the literature and the use of a set of rules for predictions. The emergence of products such as Spice, which serves as a 'Trojan Horse' for synthetic cannabinoids, highlight the legal, analytical and toxicological problems faced.

Summary of discussion

The discussion highlighted some key gaps in information and understanding. One suggestion was that solutions may be found by reference to historical data, particularly in the field of alcohol and tobacco. Better use could be made of the differences within the EU to gather evidence and improve understanding, using both quantitative and qualitative methods.

Trends – Parallel session B

Drug problems and consequences

Chair: João Goulão, National Drugs Coordinator and Director of the Instituto de Drogas e Toxicodependências (IDT), Lisbon, Portugal

Rapporteur: Lucas Wiessing, EMCDDA

Presentations

1	Mirjam Kretzschmar	HIV and HCV, TB and other drug-related infections – the way forward
2	Éva Keller	Monitoring drug-related overdose and mortality in Europe
3	François Beck	Problem cannabis use – what is it and how to assess it?
4	Paul Dargan	Monitoring drug emergencies – what does it tell us?

Summary of presentations

Mirjam Kretzschmar showed how infectious diseases display a dynamic behaviour over time and that differences between countries in infection prevalence of HIV, HCV and HBV in IDUs (injecting drug users) are substantial. Together with the EMCDDA she is coordinating a network of mathematical modellers and epidemiologists who try to increase the understanding of the epidemiology of these drug-related infections. There are important associations between HIV and HCV, where HCV prevalence may be used as an indicator of injecting risk behaviour and of the risk of HIV outbreaks in counties where HIV in IDUs is still low. She presented the modelling work that is being performed to estimate the force of infection and incidence from cross-sectional prevalence data, and how the heterogeneity in force of infection between different infections in a population of IDUs may provide another indicator of risk behaviour. Although there is little doubt that harm reduction interventions reduce self-reported risk behaviours, there is still a discussion as to whether the evidence for their effectiveness for preventing HIV, and especially hepatitis infections, is conclusive or not. More work is needed to disentangle the effects of harm reduction from other effects such as demographic changes. There is a need for strengthening the European research area by creating conditions for more comparable epidemiological data collection (surveys, cohort studies) in Member States. This should enhance the potential to apply mathematical and statistical modelling and other analytical tools to assist public health and drug policies by increasing the understanding of the epidemiology of infectious diseases in IDU.

Éva Keller discussed the two major types of drug-related deaths: those that are directly caused by drug consumption (e.g. overdose) and those that are indirectly related, such as resulting from AIDS, accidents, suicide, or violence. A range of factors determine the final coding of a drug-related death, and differences may be due to the legal system, the examination to determine the cause of death, scene investigation, autopsy, the national data collection system, toxicology in emergency rooms or hospitals, and the coding of the results. In Hungary, a new monitoring system has been set up, and the data quality and reliability on drug-induced deaths have improved. The Hungarian methods were compared with other Member States' drug-related death data collection systems.

François Beck discussed how the high prevalence of cannabis use in the population and increasing treatment demand for cannabis use may suggest that problematic use is increasing in Europe. General population surveys may not reach all illegal drug users, and there is no consensus on what cannabis-related problems are. He defined problematic cannabis use as the 'use leading to negative consequences on a social or health level,

both for the individual user and the larger community'. He discussed different screening tests for problematic cannabis use. Some criteria for problematic cannabis use, e.g. in DSM-IV (Diagnostic and Statistical Manual of Mental Disorders), may be confounded by the legal status of the drug, for example 'spending a great deal of time obtaining the substance' or 'feeling of guilt after using cannabis', The French screening test CAST consists of six questions such as 'have you ever smoked cannabis before midday' or 'have you ever smoked cannabis when you were alone'. Measuring problem or dependent cannabis use is complex; however, implementation of a common screening tool can deliver important information for prevention in Europe. With an increasing demand for cannabis treatment, it is crucial to be able to distinguish those who suffer from a cannabis use disorder or who manifest patterns of cannabis use that may require an intervention. There is a need to develop screening tests which are more reliable in measuring the adverse effects of cannabis use.

Paul Dargan discussed how and why the monitoring of drug emergencies should be implemented at European level. Recreational drug use is common across Europe. Data from one hospital in the UK showed that cocaine, MDMA and GHB/GBL were the most common drugs associated with hospital presentations with acute toxicity. A major limitation of such datasets is that they rely on patients' self-report of the drug(s) used, since toxicological screening is not undertaken routinely. There is a need for adequately funded research involving the systematic screening of recreational drug toxicity presentations to fully understand the epidemiology of established and novel/emerging recreational drugs, and establish patterns of toxicity associated with individual agents. Such research can then be used to inform drug legislation and develop guidelines for the management of recreational drug toxicity.

Summary of discussions

There appears to be a move away from purely descriptive drugs monitoring towards increasing use of advanced research and analysis tools, especially in the more established areas such as infectious diseases. Several speakers suggested that there is a need in Europe to more strongly support the implementation of research designs and epidemiological analysis techniques, such as surveys, cohort studies and mathematical modelling, and to take better stock of the available data and expertise in order to provide more useful information for policymaking. The importance of social determinants on data and data quality was apparent, for example, regarding both drug-related deaths and infectious diseases. Stigma and shame often cause under-notification of cases and may lead to considerable bias in routine monitoring systems, which should be assessed. The session also highlighted the potential for developing new indicators and data sources that are more sensitive to tracking trends in acute health problems, such as drug emergencies.

Trends – Parallel session C

Trafficking routes and markets

Chair: Robert Hauschild, Europol

Rapporteur: Laurent Laniel, EMCDDA

Presentations

1	Jean-Michel Costes	Mapping the changing European cannabis market place
2	Franz Trautmann	Impact of drug policy on the drugs market
3	Tomáš Zábranský	Amphetamines – trends in stimulant production and use in Europe
4	Thomas Pietschmann	What's happening to heroin? Methodological challenges in understanding trends in heroin production and supply

Summary of presentations

Jean-Michel Costes presented an ongoing study by a group of French partners of the EMCDDA: the Observatoire français des drogues et des toxicomanies (OFDT), the Institut national des hautes études de sécurité (INHES) and the National Forensic Laboratory of Lyon. The main objectives of the study are to map major cannabis trafficking routes to and within Europe, in particular a shift away from cannabis resin produced in Morocco toward European-grown herbal cannabis, mainly from Albania. Cannabis is the main illicit drug consumed in Europe, with 13 to 14 million people having used it in the past 30 days. Among the early results presented, an estimate of the size of the market suggested that between 1 500 and 2 000 metric tonnes of cannabis may be consumed in the EU each year, and an insight into the relative efficacy of police and customs agencies in countering cannabis trafficking was discussed.

Franz Trautmann presented key results from *A report on global illicit drugs markets, 1998–2007*, a study carried out by the Trimbos Institute and the Rand Corporation and financed by the European Commission. Policy trends were described for the 10-year period. Drug policy expenditure increased substantially in many countries, with the majority of funding going to supply reduction. Measures against production and trafficking intensified (more arrests and tougher penalties), as did demand and harm reduction measures (consensus on the importance of prevention, in spite of doubts regarding its effectiveness). Drug use was stable or declining in western countries; although an increase in cocaine use in Europe was noted. Regarding supply, cocaine and heroin were fairly constant with production concentrating in Afghanistan for opium and Columbia for coca, while the evolution of cannabis and ATS supply was depicted as diffuse, with production sites in a wide range of countries. The impact of anti-trafficking measures on quantities trafficked was said to be hard to measure. A number of unintended policy consequences were highlighted, while the study suggested that control efforts have a minimal effect on global drug supply.

Tomáš Zábranský talked about amphetamine, methamphetamine and other ephedrine-based substances in Europe. Amphetamine issues have traditionally affected mainly countries in north-western Europe (British Isles and Scandinavia), while methamphetamine is a highly-prevalent problem drug only in the Czech Republic, and lately Slovakia, where it has replaced heroin as the main problem drug. Use and production of methamphetamine-related substances has increased substantially worldwide, including – although to a lesser extent than in other world regions – eastern EU and neighbouring countries. Thus, the use of ephedrine-based drugs, like methamphetamine and

methcathinone, seems to be rapidly increasing in prevalence in the Baltic states, Hungary, Russia and the Caucasian countries, and there is a new trend of recreational use of such substances. The relatively straightforward production of small amounts of ephedrine-based substances from a wide array of easily available products, and the rapidity with which use may spread are challenges for control, as well as monitoring and early warning systems in the EU and beyond.

Thomas Pietschmann introduced the UNODC's approach for measuring the area under poppy cultivation, opium yields and amounts produced, as well as amounts of morphine and heroin manufactured, especially in Afghanistan. After presenting the latest UNODC survey results and providing forecasts of trends for 2009, additional UNODC monitoring activities in Afghanistan were described, notably price data collection. Estimates of the outflow of opium and morphine/heroin from Afghanistan to neighbouring countries, the issue of opiates stockpiles, and the main drug trafficking routes to Europe were also presented. Finally, areas needing further research to improve understanding of the impact on Europe were highlighted.

Summary of discussions

Two interesting points emerged from the discussion. Firstly, there is a need to set up 'real-time' monitoring systems of drug trends in order to detect new trends quicker than is presently the case. These could be based on a range of qualitative data (interviews of key informants, analysis of seizures, etc.), which were suggested to be better able to identify new trends quickly. Quantitative systems often pick up new trends too late for effective action, for instance only after a new drug epidemic is well underway. There is also a need to improve understanding of the amounts of illicit drugs traded each year on European markets. A first step in this direction would be to carry out research into patterns of use and the corresponding amounts of drugs consumed by individual users. Better knowledge of total amounts consumed would contribute a great deal to understanding the general dynamics of drug markets, and would be especially useful to identify major destinations for the opiates produced in Afghanistan.

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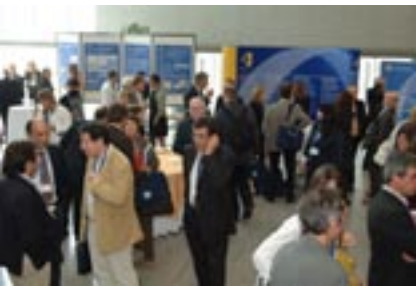

Horizons – Plenary thematic session IV

Arising issues

Chair: Fernando Rodriguez de Fonseca, Fundación Imabis, Hospital University Carlos Haya, Málaga, Spain

Rapporteur: V. Anna Gyarmathy, EMCDDA

Overview

The world of science is constantly evolving, as are patterns of drug use and communication structures. New scientific findings deepen our understanding of the mechanisms behind drug use and drug addiction. New methodologies make us know more about human behaviour and analyse our findings better. The Horizons session highlighted recent developments and outlined information needs and perspectives for the future, including ethical issues.

Presentations

1	Jean-Pol Tassin	Drug use and addiction – new scientific findings
2	Gerhard Bühringer	Emerging research needs
3	Paul Cook	Looking out from the EMCDDA – regional systems in a global perspective
4	John Ramsey	Monitoring in the technological age

Summary of presentations

Jean-Pol Tassin summarised research on the neurobiological processes of pleasure. Much research has focused on the role of the 'addiction hormone' dopamine, the release of which is related to the feeling of pleasure. Cocaine blocks the re-uptake of dopamine, hence dependence develops. The NA/5-HT coupling system is related to the dopamine system, and this coupling system is destroyed ('uncoupled') when drugs are used. Another aspect of addiction is the interconnectivity between drugs: if mice are sensitised to cocaine, they will also be sensitised to other drugs (e.g. amphetamines, opiates etc.). The repeated consumption of drugs results in the uncoupling of the NA/5-HT system, which results in hyperactivity and chronic stress. Drugs artificially re-couple the system and bring temporary relief.

Gerhard Bühringer pointed out that much of existing drug-related research is published in the US. This situation is due to a deficit of research funding and to the complexities of the drugs problem in Europe. There is a need for interdisciplinary research and for better management of research, especially research outcome analysis, so that published research is followed up. Another problem in Europe is the low quality of the research infrastructures: there is a lack of qualified research staff and research networks. However, one of the main problems is the lack of funding continuity. He ended his presentation by calling: 'Scientists of Europe unite'.

Paul Cook elaborated on the drugs situation east of the European Union, and the drug monitoring activities within the EU programmes for countries in the process of accession and under the European neighbourhood policy. In order to understand and describe the drug situation in each of these countries in terms of use, production and trafficking, the five key epidemiological indicators developed in Europe have been implemented. One major problem is that the more we travel east from Europe, the more cultural differences we find. These cultural differences need to be understood in order to work with these nations. The

EMCDDA can assist by delivering comparable and compatible monitoring systems to countries which have only just started or which plan to start reporting on the drugs situation.

John Ramsey called attention to the fact that there is a large variety of new drugs and they have various alternative forms. Widespread standard methods to detect them are indirect modelling, which observes trends in drugs based, for example, on test purchases, the use of drugs in biological samples, and impairment tests. Also, new advanced and expensive technology can be used. Oral fluid testing can help detect and monitor drug use better than urine testing due to its ease of use. Thermal imaging is one method to detect indoor cannabis production. It detects buildings that are hotter than surrounding buildings, hence potential locations for clandestine greenhouse plant production. This is because such production requires a considerable amount of heat and artificial light.

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Taking forward the findings

Chair: Ralf Löfstedt, Swedish Ministry of Health and Social Affairs, Stockholm, Sweden

Presentations from Paul Griffiths and Roland Simon, as well as Michael Farrell included earlier in this publication were made at this point in the proceedings to wrap-up the event. The following presentation by Virginia Berridge gives valuable insight into how previous events and experiences can help guide and inform current and future practice.

Presentation

Virginia Berridge Learning from the past to plan for the future

Summary

Virginia Berridge informed the delegates that 20 years ago she produced a report called *Drug Research in Europe*, commissioned by WHO's European Regional Office. She travelled through Europe interviewing researchers and policymakers who commissioned research. The idea of European cooperation in the drugs field was in its infancy. Networks of researchers gathered to argue about the development of common indicators in groups such as the 'multi city study'. This was at the time when the EMCDDA was about to be set up. The structures which operate in Europe now are very different. Struggles over data sets and data formats are over and information is available in a common format. Convergence is the subject of current debate. This could involve adhering to some common features of policy, despite enduring national differences. Or it could mean seeking common approaches across the substances of drugs, alcohol, tobacco and prescription drugs. To understand potential future developments we need to understand that the relationship between evidence and policy is complex, often the result of a long process. We will need different forms of evidence, moving beyond epidemiology and integrating quantitative and qualitative research. An historical understanding of where we have come from and an appreciation of policy processes will teach us to look back in order to look forward.

List of speakers – Alphabetical

First name	Last name	Affiliation	City	Country
Mr François	Beck	National Institute for Prevention and Health Education	Saint Denis	France
Mr Henri	Bergeron	Centre of Sociology of Organisations (CSO), CNRS	Paris	France
Mrs Virginia	Berridge	London School of Hygiene and Tropical Medicine	London	United Kingdom
Mr Gerhard	Bühringer	Institute for Therapy Research (IFT) and Technical University of Dresden	Munich and Dresden	Germany
Mr Gregor	Burkhart on behalf of Mr Jörg Fegert	EMCDDA/Ulm University Hospital	Ulm	Germany
Mr Amador	Calafat	European Institute of Studies on Prevention (IREFREA)	Palma de Mallorca	Spain
Mr Sandeep	Chawla	United Nations Office on Drugs and Crime (UNODC)	Vienna	Austria
Mr Paul	Cook		Manchester	United Kingdom
Mr Jean-Michel	Costes	French Monitoring Centre for Drugs and Drug Addiction (OFDT)	Saint Denis	France
Mr Paul	Dargan	National Health Service Foundation Trust (NHS), Guy's and St Thomas' Hospital	London	United Kingdom
Mrs Marina	Davoli	Italian National Health Service, Department of Epidemiology	Rome	Italy
Mr Marcel	De Kort	Alcohol, Drugs and Tobacco Unit Nutrition, Health Protection and Prevention Department Ministry of Health, Welfare and Sport	The Hague	The Netherlands
Mr Brice	De Ruyver	University of Ghent	Ghent	Belgium
Mr Carel	Edwards	European Commission, Directorate-General for Justice, Freedom and Security	Brussels	Belgium
Mrs Irmgard	Eisenbach-Stangl	European Centre for Social Welfare Policy and Research	Vienna	Austria
Mr Michael	Farrell	National Addiction Centre, King's College	London	United Kingdom
Mrs Gabriele	Fischer	Medical University of Vienna	Vienna	Austria
Mr Henk	Garretsen	Tilburg University	Tilburg	The Netherlands
Mr João	Goulão	National Drugs Coordinator, Ministry of Health	Lisbon	Portugal
Mr Christian	Haasen	University of Hamburg	Hamburg	Germany
Mr Wayne	Hall	University of Queensland	Brisbane	Australia
Mr Robert	Hauschild	Europol	The Hague	The Netherlands
Mr Björn	Hibell	Swedish Council for Information on Alcohol and Other Drugs (CAN)	Stockholm	Sweden
Mr Piotr	Jabłoński	National Bureau for Drug Prevention of Poland and Pompidou Group of the Council of Europe	Warsaw	Poland
Mrs Éva	Keller	Semmelweis University	Budapest	Hungary
Mr Les	King	former Head of the Drugs Intelligence Unit Forensic Science Service and member of the Home Office Advisory Council on the Misuse of Drugs (ACMD)	Basingstoke	United Kingdom
Mr Dirk	Korf	University of Amsterdam	Amsterdam	The Netherlands
Mr Krzysztof	Krajewski	Jagiellonian University	Cracow	Poland
Mrs Mirjam	Kretzschmar	Centre for Infectious Disease Control	Bilthoven	The Netherlands
Mr Alan	Lodwick	Sexual Health and Substance Misuse Policy, Department of Health	London	United Kingdom
Mr Ralf	Löfstedt	Ministry of Health and Social Affairs	Stockholm	Sweden
Mr John	Marsden	National Addiction Centre	London	United Kingdom
Mr Ingo	Michels	Office of the Drug Commissioner of Germany	Berlin	Germany
Mrs Jane	Mounteney	Bergen Clinics	Bergen	Norway

First name	Last name	Affiliation	City	Country
Mr Viktor	Mravcik	Secretariat of the National Drug Commission, Office of the Government of the Czech Republic	Prague	Czech Republic
Mr Michel	Perron	Canadian Centre on Substance Abuse	Ottawa	Canada
Mr Tim	Pfeiffer-Gerschel	Institute for Therapy Research (IFT)	Munich	Germany
Mr Franz	Pietsch	Federal Ministry of Health and Women	Vienna	Austria
Mr Thomas	Pietschmann	United Nations Office on Drugs and Crime (UNODC)	Vienna	Austria
Mrs Joana	Prego	Gabinete de Atendimento à Família	Viana do Castelo	Portugal
Mr John	Ramsey	St George's Hospital Medical School	London	United Kingdom
Mr Jürgen	Rehm	Technical University of Dresden	Dresden	Germany
Mr Fernando	Rodríguez de Fonseca	Fundación Imabis, Hospital University Carlos Haya	Malaga	Spain
Mrs Zili	Sloboda	University of Akron	Akron	USA
Mr Alex	Stevens	University of Kent	Canterbury	United Kingdom
Mr Jean-Pol	Tassin	Collège de France	Paris	France
Mrs Marta	Torrens	Municipal Institute of Medical Investigation (IMIM), Hospital el Mar	Barcelona	Spain
Mr Peter	Tossmann	Delphi Society for Research	Berlin	Germany
Mr Franz	Trautmann	Trimbos Institute	Utrecht	The Netherlands
Mr Paul	Turnbull	Institute for Criminal Policy, School of Law, King's College London	London	United Kingdom
Mrs Annette	Verster	World Health Organization (WHO)	Geneva	Switzerland
Mrs Caren	Weilandt	Scientific Institute of the German Medical Association (WIAD)	Bonn	Germany
Mr Tomáš	Zabranský	Center of Addictology at the Psychiatric Clinic, 1st Medical Faculty, Charles University	Prague	Czech Republic
Mr Terry	Zobeck	The White House Office of National Drug Control Policy (ONDCP)	Washington D.C.	USA

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Mrs Virginia	Berridge	London School of Hygiene and Tropical Medicine	London	United Kingdom

European Monitoring Centre for Drugs and Drug Addiction

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About the EMCDDA

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) is one of the European Union's decentralised agencies. Established in 1993 and based in Lisbon, it is the central source of comprehensive information on drugs and drug addiction in Europe.

The EMCDDA collects, analyses and disseminates factual, objective, reliable and comparable information on drugs and drug addiction. In doing so, it provides its audiences with an evidence-based picture of the drug phenomenon at European level.

The Centre's publications are a prime source of information for a wide range of audiences including policymakers and their advisers; professionals and researchers working in the drugs field; and, more broadly, the media and general public.

This publication contains the presentations and key findings from the conference held in Lisbon to mark the fifteenth anniversary of the EMCDDA.

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